

**Payment of Gratuity (Central) Rules
FORM 'I'**

See sub-rule (1) of Rule 7

Application for Gratuity by an Employee

To
Payroll Shared Services – Benefits Team
Cognizant Technology Solutions India Pvt. Ltd,
DLF Info City, 1/124, Sivaji Gardens
Block 9, B Wing, 11th Floor Mount
P.H. Road Manapakkam
Chennai – 600 089

Dear Team,

I hereby apply for payment of gratuity to which I am entitled under sub-section (1) of Section 4 of the Payment of Gratuity Act, 1972 on account of my ~~superannuation/retirement/resignation~~ after completion of not less than four years 240 days of continuous service/~~total disablement due to accident/total disablement due to disease with effect from the~~ **Not applicable**. Necessary particulars relating to my appointment are given in the statement below.

Statement

1. Name in full : **JEGAN MAHARAJAN**
2. Address in full : **PLOT NO : 5 , OLD NUMBER:10, T.T.K NAGAR
EXTN ,IRUMBULIYUR,WEST
TAMBARAM,CHENNAICHENNAITNIND600045HOME**
3. Department / Section where last employed (*India*): **QUALITY ENGINEERING
&ASSURANCE**
4. Post held (*India*) with Associate ID : **SR. ASSOCIATE - PROJECTS, 123502**
5. Date of appointment : **21/MAR/2005**
6. Date and cause of termination of service : **20/DEC/2022,RESIGNED**
7. Total period of service : **18**
8. Amount of wages last drawn in India : **36350**
9. Amount of gratuity claimed : **377481**
- (Basic pay * No of years of service*15/26)

2. I was rendered totally disabled as a result of ---
(Here give the details of the nature of disease or accident) – **Not applicable**

The evidences/witnesses in support of my total disablement are as follows:--
(Here give details) – **Not applicable**

3. Payment may please be made in ~~cash/open or crossed bank cheque~~ my bank account through **“National Electronic Fund Transfer”**. Details of the bank account are given below:

Bank Account Number :
Bank IFSC Code :
Bank Name :
Branch Name :
(NRO account only accepted)

4. As the amount of gratuity payable is less than rupees one thousand, I shall request you to arrange for payment of the sum due to me by Postal Money Order at the address mentioned above after deducting postal money order commission therefrom -- **Not applicable**

Yours faithfully,

Place:
Date:

Signature/Thumb-impression of the
applicant employee.

Notes.—(1) Strike out the words not applicable.
(2) Strike out paragraph or paragraphs not applicable.