

FORM 'I'

Application of gratuity by an employee

To _____,

[Give here name or description of the establishment with full address]

Sir/Gentlemen,

I beg to 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 five years of continuous service/ total disablement due to accident/ total disablement due to disease with effect from the Necessary particulars relating to my appointment in the establishment are given in the statement below:

Statement

- | | |
|---|---|
| 1. Name in Full | : |
| 2. Address in Full | : |
| 3. Department/Branch/Section where last employed. | : |
| 4. Post held with Ticket No. or Serial No., if any. | : |
| 5. Date of appointment | : |
| 6. Date cause of termination of service. | : |
| 7. Total period of service. | : |
| 8. Amount of wages last claimed. | : |
| 9. Amount of gratuity claimed. | : |

[Here give the detail of the nature of disease or accident]

The evidence/witnesses in support of my total disablement are as follows:

[Here give Detail]

Payment may please be made in cash/open or crossed bank Cheque.

As the amount of gratuity payable is less than Rupees one thousand, I shall request you to arrange for payment of the sum to me by Postal Money Order at the address mentioned above after deducting postal money order commission therefrom.

Place : Yours faithfully,

Date :

Name :

Time :

Note : 1.Strike out the words not applicable.

2.Strike out paragraph or paragraphs not applicable..