Payment of Gratuity (Central) Rules
FORM 'I'

See sub-rule (1) of Rule 7

Application for 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 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 and cause of termination of service_____
7. Total period of service_____
8. Amount of wages last drawn_____
9. Amount of gratuity claimed_____

2. I was rendered totally disabled as a result of---

   (Here give the details of the nature of disease or accident)_____

   _____

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

(Here give details)_____

_____

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

Yours faithfully,
Signature/Thumb-impression of the applicant employee.

Place:_____

Date:_____

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