

FORM '1'

(See Sub-rule(1) of rule(7))

(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 Sec-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 appointments in the establishment are given in the Statement below :-

(A)

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 periods of service:
8. Amount of wages last drawn :
9. Amount of Gratuity claimed :-

(B) I was rendered totally disable as a result of (here give the details of the nature of disease or accident)

(The evidence/witness in support of my total disablement are as follows:(Here give details)

- (C) Payment may please be made in cash/open or crossed Bank Cheque.
- (D) As the amount of gratuity payable is less than rupee 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:

Date:

Yours faithfully

Signature/Thumb Impression
of the Applicant/Employee.

