FORM 'I'

[See sub-rule (1) of rule 7] Application of gratuity by an employee

То

	ore name or description of the establishment with full address.
[Give n	ere name or description of the establishment with full address]
Sir/Ge	ntlemen,
	I beg to apply for payment of gratuity to which I am entitled under sub-section (1) of section 4 of
the Pa	yment of Gratuity Act, 1972 on account of my superannuation/ retirement/ resignation after
comple	etion of not less than five years of continuous service/ total disablement due to accident/ total
disable	ment due to disease with effect from theNecessary particulars relating to my appointment in
the est	ablishment are given in the statement below:
	Statement
	e in full
	ress in full
	artment/Branch/Section where last employed.
	held with Ticket No. or Serial No., if any
	of appointment.
	cause of termination of service.
7. Tota	I period of service
8. Amo	unt of wages last claimed.
9. Amo	unt of gratuity claimend
2.	I was rendered totally disabled as a result of
	(Here Give Details)
	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 to me by Postal Money Order at the address mentioned above after
	deducting postal money order commission there from.
	Yours faithfully,
Plac	
Dat	·
Note: 1	. Strike out words not applicable.
	e out paragraph or paragraph not applicable