FORM 'I'

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

То

[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 c
the Payment of Gratuity Act, 1972 on account of my superannuation/ retirement/ resignation afte
completion of not less than five years of continuous service/ total disablement due to accident/ total
disablement due to disease with effect from theNecessary 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 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 arrang
for payment of the sum to me by Postal Money Order at the address mentioned above afte
deducting postal money order commission there from.
Yours faithfully
Place Signature/Thumb impression of
Date the applicant employee
Note: 1. Strike out words not applicable.

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2. Strike out paragraph or paragraph not applicable