

FORM — IX

[(see rule 7(11) and 7(12)]

Notice for Payment of Gratuity as Determined by Competent/Appellate Authority

(Strike out the words not applicable)

To,

(Name and address of employer)

1. Whereas Shri/Smt./Kumari.....of
an employee..... (Address) under you/a nominee(s)/legal heir(s) of
late.....an employee under you, filed an application under section 56 of the Code on
Social Security, 2020, before me; or

Whereas a notice was given to you on requiring you to make payment of Rs. to
Shri/Smt./Kumari.as gratuity under the Code on Social Security, 2020.

2. And whereas the application was heard in your presence on. and after the hearing have come to the finding
that the said Shri/Smt./Kumari..... is entitled to a payment of Rs.....As gratuity
under the Code on Social Security, 2020; or

Whereas you/the applicant went in appeal before the appellate authority, who has decided that an amount of
Rs... .. is due to be paid to Shri/Smt./Kumari. as gratuity due under the Code on Social Security, 2020.

Now, therefore, I hereby direct you to pay the said sum of Rs. to
Shri/Smt./Kumari. within thirty days of the receipt of this notice with an intimation thereof
to me.

Given under my hand and seal, this day of. 20.

Competent Authority

under the Code on Social Security Code, 2020

Copy to:

1. The Applicant- He is advised to contact the employer for collecting payment.
2. The Appellate Authority if applicable.

Note---- (Strike out paragraphs if not applicable)