

FORM – I
[See sub-rule (1) of rule 7]

To

.....
(give here name or description of the establishment with full address)

Sir,

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 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 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 evidence/witness in support of my total disablement are as follows:-

- - (here give details) - -

3. Payment may please be made in cash/draft.

Yours faithfully

Place.....

Date.....

Signature/Thumb-impression
of the applicant employee.

.....

FORM – N
[See sub-rule (1) of rule 10]

Before the Controlling Authority under the Payment of Gratuity Act, 1972

Application No.....

Date.....

Between

(name in full of the application with full address)

And

(name in full of the employer concerned with full address)

The applicant is an employee of the above-mentioned employer/nominee/legal heir of late _____, an employee of the above-mentioned employer; and is entitled to payment of gratuity under section 4 of the Payment of Gratuity Act, 1972, on account of his own/aforesaid employee's superannuation/retirement/resignation on after completion of years of continuous service/ his own aforesaid employee's total disablement with effect from Due to accident/disease/death of the aforesaid employee on

2. The applicant submitted an application under rule of the Payment of Gratuity Act, 1972 on but the above-mentioned employer refused to entertain it/issued a notice dated the under clause of sub-rule..... Of rule offering an amount of gratuity which is less than my due/issued a notice dated Under clause of sub-rule of rule Rejecting my eligibility to payment of gratuity. The duplicate copy of the said notice is enclosed.

3. The applicant submits that there is a dispute on the matter.

(here specify the dispute)

4. The applicant furnishes the necessary particulars in the annexure hereto and prays that the controlling authority may be pleased to determine the amount of gratuity payable to the petitioner and direct the above mentioned employer to pay the same to the petitioner.

5. The applicant declares that the particulars furnished in the Annexure hereto are true and correct to the best of his knowledge and belief.

Signature/Thumb-impression
of the applicant

Date.....

ANNEXURE

1. Name in full of applicant with address.
2. Basis of claim (death/superannuation/retirement/resignation/disability of employee).
3. Name and address in full of the employee.
4. Marital status of the employee (unmarried/married/widow/widower).
5. Name and address in full of the employer.
6. Department/Branch/section (where the employee was last employed) (if known).
7. Post held by the employee with ticket or serial no. if any (if known)
8. Date of appointment of the employee (if known).
9. Date and cause of termination of service of the employee. (superannuation/retirement/resignation/disablement/death)
10. Total period of service by the employee.
11. Wages last drawn by the employee.
12. If the employee is dead, date and cause thereof.
13. Evidence/witness in support of eath of the employee.
14. If a nominee. No. and date of recording of nomination with employer.
15. Evidence/witness in support of being a legal heir, if a legal heir.
16. Total gratuity payable to the employee (if known)
17. Percentage of gratuity payable to the applicant as a nominee/legal heir.
18. Amount of gratuity claimed by the applicant.

Signature/Thumb-impression
of the applicant

Place.....

Date.....

(note: Strike out the words not applicable)