## FORM 'I'

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

То

	ere name or description of the establishment with full address]
the Pay comple disable	I beg to apply for payment of gratuity to which I am entitled under sub-section (1) of section 4 of yment of Gratuity Act, 1972 on account of my superannuation/ retirement/ resignation after tion of not less than five years of continuous service/ total disablement due to accident/ total ment due to disease with effect from theNecessary particulars relating to my appointment in
the esta	ablishment are given in the statement below:  Statement
1. Nam	e in full
	ess in full
3. Depa	rtment/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	
	period of service
	unt of wages last claimed
9. Amo	unt of gratuity claimend
2.	I was rendered totally disabled as a result of
۷.	(Here Give Details)
	(nore enve betains)
	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 ${\sf I}$
	for payment of the sum to me by Postal Money Order at the address mentioned above after
	deducting postal money order commission there from.
DI	Yours faithfully,
Plac	•
Date: 1	
Note: 1. Strike out words not applicable.  2. Strike out paragraph or paragraph not applicable	
Z. JUIN	e out paragraph or paragraph not applicable