## 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,

## **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.

I was rendered totally disabled as a result of

[Here give Detail]

Payment may please be made in cash/open or crossed bank Cheque.

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 therefrom.

Place Date Yours faithfully, Signature/Thumb impression of the applicant employee.

## Note:

- 1. Strike out words not applicable.
- 2. Strike out paragraph or paragraph not applicable.