

FORM I

[See sub-rule (1) of Rule 7]

Application for Gratuity by an Employee

To,

(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 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 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 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 for payment of the sum due 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

FORM J

[See sub-rule (2) of Rule 7]

Application for gratuity by a nominee

To,

Given here the 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 of Payment of Gratuity Act, 1972 as a nominee of late..... (Name of the employee) who was an employee of your..... Establishment and died on the..... The gratuity is payable on account of the death of the aforesaid employee while in service/superannuation of the aforesaid employee on..... retirement or resignation of the aforesaid employee..... after completion of..... years of service/total disablement of the aforesaid employee due to accident or disease while in service with effect from the..... Necessary particulars relating to my claim are given in the statement below.

Statement

1. Name of the applicant nominee
2. Address in full of the applicant nominee
3. Marital status of the applicant nominee
(Unmarried/ married/ widow/widower)
4. Name in full of the employee
5. Marital status of the employee
6. Relationship of the nominee with the employee
7. Total period of service of the employee
8. Date of appointment of the employee
9. Date and cause of termination of service of the employee
10. Department/Branch/section where the employee last worked
11. Post last held by the employee with Ticket No. or Serial No., if any
12. Total wages last drawn by the employee
13. Date of death and evidence/witness as proof of death of the employee
14. Reference No. of recorded nomination, if available
15. Total gratuity payable to the employees
16. Share of gratuity claimed



2. I declare that the particulars mentioned in the above statement are true and correct to the best of my knowledge and belief.
3. Payment may please be made in cash/crossed or open bank cheque.
4. As the amount payable is less than Rupees one thousand, I shall request you to arrange for the payment of the sum due to me by postal money order at the address mentioned above after deducting postal money order commission therefrom.

Place:

Yours Faithfully,

Date:

Signature/Thumb impression
of the applicant/nominee

Nil for the month of Jun 22



FORM K

[See sub-rule (3) of Rule ii]

Application for gratuity by a legal heir

To

(Give here the name and 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 of the Payment of Gratuity Act, 1972 as a legal heir of late (Name of the employee) who was an employee of your..... establishment and died on the.....without making any nomination. The gratuity is payable on account of the death of the aforesaid employee while in service/ superannuation of the aforesaid employee on the retirement or resignation of the aforesaid employee on the..... after completion of..... years of service/total disablement of the aforesaid employee due to accident or disease while in service with effect from the Necessary particulars relating to my claim are given in the statement below:

Statement

1. Name of applicant legal heir
2. Address in full of the applicant legal heir
3. Marital status of the applicant legal heir
(unmarried/married/widow/widower)
4. Name in full of the employee
5. Relationship of the applicant with the employee
6. Religion of both the applicant and the employee
7. Date of appointment and total period of service of the employee
8. Department/Branch/Section where the employee worked last.
9. Post last held by the employee with Ticket No. or Serial No., if any
10. Total wages last drawn by the employee
11. Date and cause of termination of service of the employee (death or otherwise)
12. Date of death of the employee and evidence/ witness in support thereof
13. Total gratuity payable to the employee
14. Percentage of the gratuity claimed
15. Basis of the claim and evidence/witness in support thereof



2. I declare that the particulars mentioned in the above statement are true and correct the best of my knowledge and belief.
3. Payment may please be made in cash/open or crossed bank cheque.
4. As the amount payable is less than Rupees one thousand, I shall request you to arrange for payment of the sum due to me by postal money order at the address mentioned above, after deducting postal money order commission therefrom.

Place:

Date:
impression

Yours Faithfully,

Signature/Thumb-

Of applicant legal heir

Nil for the month of Jun 22



FORM L

[See clause (i) of sub rule (1) of Rule 8]

Notice for Payment of Gratuity

To,

(Name and address of the applicant employee/nominee legal heir)

.....
.....

You are hereby informed as required under clause (i) of sub-rule (1) of Rule 8 of The Rajasthan Payment of Gratuity Rules, 1973 that a sum of Rs.....(Rupees.....) is payable to you as gratuity/as your share of gratuity in terms of nomination made by.....and..... recorded in this.....as a legal heir of.....an employee of this.....establishment.

2. Please call at.....on.....(Here specify place).....(date).....at(time) for..... collecting your payment in cash/open or crossed cheque.
3. Amount payable shall be sent to you by postal money order at the address given in your application after deducting the postal money order commission, as desired by you, by.....

Brief statement of calculation

1. Total period of service of the employee concerned:
.....years.....months
2. Wages last drawn:
.....
3. Proportion of the admissible gratuity payable in terms of nomination/as a legal heir:
.....
4. Amount payable:
.....

Place:

Date:

Signature of the

Employer/authorised officer.

Name or description of

establishment or rubber stamp thereof

Copy to the Controlling Authority

Note.—Strike out the words not applicable.

