FORM T

(See sub-rule (1) of rule 7)

Application for gratuity by an employee

(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 supernnuation/retirement/resination after completion of not less than five years of continuous service/total desablement due to accident/total desablement due to disease with effect from the

Nacessary 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 fast employed
- 4. Post held with ticket No, or Sorial 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 d awn
- 9, Amount of grautulty claimed

2. I was renderd totally disable 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/open or crossed bank chaque.
- 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

Yours fairhfully

Signature/Thumb Impression of the applicant employee