## F O R M - 'I'

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

То
//Through Proper Channel//
Sir,
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 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 APNPDCL are given in the statement below:
<u>STATEMENT</u>
1. Name in full :
2. Address in full :
3. Place of working :
4. Post held and name of the Office:
5. Date of appointment :
6. Date and cause termination of :
service.
7. Total period of service :
•
8. Amount of last pay drawn : (LPC to be enclosed)
9. Amount of gratuity claimed :
II) I was rendered totally disabled as a result of
The evidences / witnesses in support of my total disablement are as follows:
<u>Details to be given</u> :

- III) Payment may please be made in cash/open or crossed bank cheque.
- IV) 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 faithfully

<u>Encl</u>:- 1. L.P.C.

V)

2. Termination of service orders.

Signature / Thumb impression of the applicant employee.

(Name and Designation)

Place :

Date :

Signature o the Controlling Officer,

Certified that above particulars have been verified and found correct.

Note:- 1. Strike out the words not applicable.

2. Strike out paragraph or paragraphs not applicable.

## F O R M - 'J'

#### [See Sub-rule (2) of Rule 7 ] Application of gratuity by a nominee

То	
//Through Proper Channel// Sir,	
I beg to apply for payment of gratuity to which I am entitled under su	ıb-
section (1) of Section 4 of Payment of Gratuity Act, 1972 as a nominee	
· · · · · · · · · · · · · · · · · · ·	
late	
was an employee of your establishment and died on the T	he
gratuity is payable on account of the death of the aforesaid employee while	in
service/ superannuation of the aforesaid employee on aft	ter
completion of years of service/total disablement of the aforesa	iid
employee due to accident or disease while in service with effect from t	he
	he
statement below:	
<u>S T A T E M E N T</u>	
1. Name of applicant nominee :	
2. Address in full of the applicant : Nominee.	
Nonmice.	
<ol><li>Marital status of the applicant : Nominee (Unmarried / Married/</li></ol>	
Widow / Widower)	
4. Name in full of the employee :	
5. Marital status of 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.	of service of the employee.
10.	Department / Branch / Section : where the employee last worked
11.	Post last held by the employee :
12.	Last pay drawn by the employee: (LPC tobe enclosed).
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 : employee.
16.	Share of gratuity claimed :
II) correc	I declare that the particulars mentioned in the above statement are true and et to the best of my knowledge and belief.
III)	Payment may please be made in cash/open or crossed bank cheque.
	As the amount payable is less than Rupees one thousand. I shall request a arrange for payment of the sum due to me by Postal Money Order at the ss mentioned above after deducting Postal Money Order commission from.
Encl:-	1. L.P.C. Yours faithfully
	<ol> <li>Death Certificate.</li> <li>Witness in support thereof.</li> <li>Family members certificate.</li> <li>Signature / Thumb impression of the applicant nominee.</li> </ol>
V)	Certified that above particulars have been verified and found correct.
Place	:
Date	:
	Signature o the Controlling Officer, (Name and Designation)
Note:-	<ol> <li>Strike out the words not applicable.</li> <li>Strike out paragraph or paragraphs not applicable.</li> </ol>

## F O R M - 'K'

# [See Sub-rule (3) of Rule 7] Application of gratuity by a legal heir

То	
//Through Proper Channel//	
Sir,	
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	s a legal heir of late
	nployee] 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/ superannuati	on of the aforesaid
employee on the retirement or resigna	tion 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 N	ecessary particulars
relating to my claim are given in the statement below:	
STATEMENT	
1. Name of applicant legal heir :	
1. Name of applicant legal field .	
2. Address in full of the 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 :
10.	Last pay drawn by the employee: (LPC tobe enclosed).
11.	Date and cause 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.
II) corre	I declare that the particulars mentioned in the above statement are true and ct to the best of my knowledge and belief.
III)	Payment may please be made in cash/open or crossed bank cheque.
addre	As the amount payable is less than Rupees one thousand. I shall request to arrange for payment of the sum due to me by Postal Money Order at the ess mentioned above after deducting Postal Money Order commission from.
Encl:	<ul> <li>1. L.P.C. Yours faithfully</li> <li>2. Death Certificate.</li> <li>3. Witness in support thereof.</li> <li>4. Legal heir certificate.</li> <li>Signature / Thumb impression</li> </ul>
• •	of the applicant legal heir.
V)	Certified that above particulars have been verified and found correct.
Place Date	
2 400	Signature o the Controlling Officer (Name and Designation)
<u>Note</u> :	- Strike out the words not applicable.