

FORM -I  
(See Rule -7)

## Application for Gratuity by an employee

To,

The Trustee Secretary,  
Rajasthan State Industrial  
& Mineral Development  
Corporation Ltd.  
Employee Group Gratuity Fund,  
Tilak Marg, C-Scheme,  
Jaipur

Sir/ Gentlemen

I beg to apply for payment of gratuity to which I am entitle under section IV Group Gratuity cum Assurance Scheme on account of my superannuation /retirement/resignation after completion of not less than five years of continuous service disablement due to accident/total disablement due to disease with effect from the..... necessary particulars relating to my appointment in the establishment are given in the statement below.

### STATEMENT

Master Policy Assurance No. <b>63036</b>	
Name	:
Address	:
Department/ Branch/ Section were last employed	:
Post held with Ticket No. of Serial No. if any	:
Date of Birth	:
Date of appointment	:
Date and cause of termination resignation of service & Superannuation	:
Total Period of Service	:
Amount of wages/average wages last drawn	:
Amount of gratuity claimed	:
CPF No. of Employee	: <b>RJ/1475/</b>

2. I was rendered totally disable as a result of.....

(Here give the details or the name of disease or accident)

The evidences/ witnesses in support of my total disablement as follows:-

(Here give details)

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

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 there from.

Yours faithfully

Place: Jaipur

Date :

Signature/Thumb impression of the  
applicant employee

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### Certificate

"It is certified that the particulars of the above application of gratuity claim have been verified with reference to the re event records mentioned in this establishment/unit. A Sum of `.....( `.....only) is payable by the Fund to the applicant as a gratuity claim"

"It is further certified that during this service in one of the years he was employed less than 190 days/240days in a particular year. The wages in respect of piece rated employees employed on daily wages is based on the average of the total wages paid to them for a period of three months immediately preceding the termination of service and same works out to `.....)

SR. ACCOUNTANT

Signature with designation  
of the Head of the Office.

Note :- (1). Strike out the words not applicable  
(2) Strike out paragraph or paragraphs not applicable

Enclosures :- 1. Copy of retirement Letter  
2.No Dues Certificate  
3. Last Pay Certificate  
4. Copy of Relive Order  
5. Copy of Age Certificate