FORM No. 'K' (Sec. Clause 14:1)

Application for Gratuity/Assurance Claim by a Legal heir.

To,	The Trustee Secretary, Rajasthan State Industrial Development	
	and Investment Corporation Limited. Employee Group Gratuity Fund	
Sir,		
	I beg to apply for payment of gratuity/ass	surance claim to which I am entitled under rule 7
of Ra	ajasthan State Industrial Development an	d Investment Corporation Limited, Employees
Group	p-Gratuity-Cum Life assurance Scheme a lo	egal heir of late (Name of the employee).
	was an employee of your establishment	
	said employee while in service/superar	claim is payable on account for the death of the nuation of the aforesaid employee on the
		year of service/total disablement
		year of service/total disablement of the aforesaid
	byee due to accident or while in service	
Neces	ssary particulars relating to my claim are gi	ven in the statement below:-
	<u>S T A 7</u>	<u> FEMENT</u>
1.	Name of the applicant legal heir	•
2.	Address in full of applicant legal heir	:
3.	Marital Status of the applicant legal heir (married/unmarried/widow/widower)	:
4.	Name in full of the employee	:
5.	Relationship of the applicant with the employee	:
6.	Relation of both of the applicant and the employee	:
7.	Date of birth of the employee	•
8.	Date of appointment and total period of service of the employee.	:
9.	Departmental/Branch/Section where the employee worked last.	:
10.	Post last held by the employee with Ticket or serial No., if any.	:
11.	Total wages/ Average wages last drawn by the employee.	:
12.	Date and causes of termination of	:
	service of the employee (death or otherwise)	
13.	Date of death of the employee and evidence/witness in support thereof.	:
14.	Total Gratuity/Assurance claim payable to the employee	:
15.	Percentage of the gratuity/assurance claimed.	:
16.	CPF account Number	: RJ/1475/

Declare that the particulars mentioned in the above statement are true and correct to the heat of my knowledge and belief.

Payment may please be made in cash/crossed or open bank cheque. As the amount payable in loan to then Rupees one thousand, I shall request you to arrange for payment of the sum due to me by postal money order money at the address mentioned above after deducting postal money order commission there firm.

Yours faithfully.

Signature with Designation

of the Head-of-the-Office/Adv.(A&M)/ Unit-Head

Signature/ Thumb impression of applicant nominee Place:
Date:
<u>CERTIFICATE</u>
"It is certified that the particulars of the above application of gratuity/ assurance claim
have been verified with reference to the relevant records maintained in this
establishment/unit. As sum of ` (
only) is payable by the fund to the applicant as gratuity/assurance claim. It is further
certified that during his service in none of the years he was employed less that 190
days/240 days in a particular year. The wages in respect of placed rated employees
employed on daily wages is based on the average of the total wages paid to them for a
period of 3 months immediately preceding the termination of service and the same wok
out to `)".
"It is further certified that for establishing identity in the claim of the claimant as nominee
all the evidence or witnesses, as deemed relevant have been obtained and appears no
doubt or dispute in these regard.

Note:- 1. Strike out the words not applicable. (Not accepted photocopy death certificate)

2. Strike Out Paragraph or paragraphs not applicable.

Encl:-

- 1. Original Death Certificate.
- 2. Last Pay Certificate

Sr. Accountant

- 3. No Dues Certificate
- 4. Any related documents.