

F O R M - 'J'
[See Sub-rule (2) of Rule 7]
Application of gratuity by a nominee

To

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//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 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 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:

S T A T E M E N T

1. Name of 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 employee :

6. Relationship of the nominee :
with the employee.

7. Total period of service of the :
employee.

8. Date of appointment of the :
employee.

(Contd..2.p.)

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 :
12. Last pay drawn by the employee:
(LPC to be 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) I declare that the particulars mentioned in the above statement are true and correct to the best of my knowledge and belief.

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

IV) 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.

Encl:- 1. L.P.C.

2. Death Certificate.
3. Witness in support thereof.
4. Family members certificate.

Yours faithfully

Signature / Thumb impression
of the applicant nominee.

V) Certified that above particulars have been verified and found correct.

Place :

Date :

Signature of the Controlling Officer,
(Name and Designation)

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