

Payment of Gratuity (Central) Rules

FORM 'I'

See sub-rule (1) of Rule 7

Application for Gratuity by an Employee

To,
The Under Secretary
E- I / E- II / E- III Section
N. C. E. R. T. New Delhi - 110 016.

Sir/Madam,

I hereby 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 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 are given in the statement below.

Statement

1. Name in full _____
2. Address in full _____

3. Department/Branch/Section where last employed _____
4. Post held with Emp. No., or PRAN No., if any _____
5. Date of appointment _____
6. Date and cause of termination of service _____
7. Total period of service _____
8. Amount of Basic Pay/ wages last drawn _____
9. Amount of gratuity claimed _____
(a) I was rendered totally disabled as a result of (Here give the details of the nature of disease or accident)

(b) The evidences/witnesses in support of my total disablement are as follows (Here give details) :--

10. Bank details for payment (cancelled cheque enclosed) _____

Date _____

Place _____

Yours faithfully

Signature/Thumb-impression applicant
Mobile No.

Declaration & attestation by competent authority

To be filled/ attested by Establishment Section

I/ We have verified the documents as submitted by the claimant with the original and authorized this application for processing the subject claim of the claimant. It is certified that the details as provided in the application form are matching with the information available in the official record maintained by us. The complete information provided in this form including declaration and nomination details have been provided by the subscriber/Claimant..... after he/she having read the entries/entries have been read over to him/her by me and got confirmed by him/her.

Signature of Responsible Officer with Stamp

UNDERTAKING

To

The Chief Accounts Officer

NCERT

Payment of Pension/NPS benefits – regarding

In consideration of your having, at my request, agreed to make payment of Pension/NPS due to me by credit to my account with you. I the undersigned agree and undertake to refund or make good any amount to which I am not entitled or any amount which may be credited to my account in excess of the amount to which I am or would be entitled . I further hereby undertake and agree to bind myself and my heirs, successor, executors and administrators to indemnify the council from and against any loss, suffered or incurred by the council in so crediting my Pension/NPS to my account under the scheme and to forthwith pay the same to the council and also irrevocably authorize the council to recover the amount due by debit to my said account or any other account/deposits belonging to me in the possession of the council.

The date of birth of spouse is _____ and his/her mark of identification is _____

Yours faithfully

Signature: _____

Signature: _____

Spouse Name: _____

Name: _____

Address: _____

Address: _____

Witnesses:

1. Signature:

Name:

Address:

Date:

2. Signature:

Name:

Address:

Date: