

FORM – ‘E’
(See Rule 34(i) of the Rules)
APPLICATION FOR GRATUITY BY AN EMPLOYEE

To

The Secretary
Board of Trustees
Satluj Jal Vidyut Nigam Ltd.
Employees Gratuity Fund.
Shimla.

Sir,

I hereby apply for payment of gratuity to which I am entitled (Rule 30 of the Rules and Regulations of the Satluj Jal Vidyut Nigam Ltd. Employees Gratuity Fund) 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 Necessary particulars relating to my appointment in the Company are given in the statement below:

1. Name in full.....
 2. Address in full
 3. Department/Branch/Section where last employed
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 4. Post held with Employee No.
 5. Date of appointment
 6. Date and cause of termination of service.....
 7. Total period of service
 8. Amount of wages last drawn
 9. Amount of gratuity claimed.....
2. I was rendered totally disabled as a result of (here give the details of the nature of disease or accident). The evidence/witnesses in support of my total disablement are as follows: (Here give details)
3. Payment may please be made in cash/open or crossed bank cheque/demand draft.
4. As the amount of gratuity payable is less than Rs. 1,000/- (Rupees one thousand) only 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.....

Date.....

Signature/Thumb impression of the employee

Note: Strike out the words or paragraphs not applicable.