

FORM – ‘F’
(See Rule 33(ii) of the Rules)

APPLICATION FOR GRATUITY BY A NOMINEE

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 under Rule 30 of the Rules and Regulations of Satluj Jal Vidyut Nigam Ltd. Employees Gratuity Fund as a nominee of late Shri/ Shrimati/ Kumariwho was an employee of SJVNL 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/retirement of resignation 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 Necessary particulars relating to my claim are given in the statement below:

1. Name of the applicant nominee
 2. Address in full of the applicant nominee.
 3. Marital status of the applicant nominee (unmarried (widow/widower).....
 4. Reference No. of recorded nomination available.....
 5. Name in full of the employee.....
 6. Department/Branch/Section where last employed.....
 7. Post last held with Employee No.....
 8. Date of appointment of the employee.....
 9. Date and cause of termination of service of the employee.....
 10. Date of death and evidence/witness as proof of death of the employee.....
 11. Total period of service of the employee.....
 12. Amount of wages last drawn by the employee.....
 13. Total gratuity payable to the employee.....
 14. Share of gratuity claimed.....
2. I declare that the particulars mentioned in above statement are true and correct to the best of my knowledge and belief.

3. Payment may please be made in cash/open or crossed bank cheque/demand draft.
4. As the amount 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 Nominee

Note: Strike out the words or paragraphs not applicable.