

THE PAYMENT OF GRATUITY (CENTRAL) RULES, 1972

FORM 'I'

[See sub-rule (1) of rule 7]

Application of Gratuity by an employee

To

Birlasoft Limited

.....Type your text

[Give here name of description of the establishment with full address]

Sir/Gentlemen,

I beg to 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 in the establishment are given in the statement below.

Statement

1. Name in full. SAGAR DHARMARAJ PATIL
2. Address in full. FLAT NO 1401, A WING, PARITOSH SOCIETY
BALEWADI,PUNE PIN:411045, MAHARASHTRA,INDIA
3. Department /Branch /Section where last employed. Cummins LnA Support / IES HBU
4. Post held with Ticket No. or Serial No., if any. INC0698722
5. Date of appointment. 26-Aug-2013
6. Date cause of termination of service.
7. Total period of service. 11 Year 3 months
8. Amount of wages last claimed.
9. Amount of gratuity claimed.

I was rendered totally disabled as a result of

[Here give the detail of the nature of disease of accident]

The evidence/witnesses in support of my total disablement are as follows:

[Here give Detail]

Payment may please be made in cash/open or crossed bank Cheque.

As the amount of gratuity payable is less than Rupees one thousand, I shall request you to arrange for payment of the sum to me by Postal Money Order at the address mentioned above after deducting postal money order commission therefrom.

Yours faithfully,

Sagar Dharmaraj Patil

Place: Pune

Signature/Thumb impression of
the applicant employee.

Date: 04-Dec-2024

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