

To

.....
(School Name)

Sir / Madam,

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 is given in the statement below: -

STATEMENT

1. Name in full :
2. Father Name / Spouse Name :
3. Address and phone no:
4. School where last employed:
5. Post held with employee id if any :
6. Date of appointment :
7. Date and cause of termination of service:
8. Total period of service:
9. Amount of wages last drawn:

2. I was rendered totally disabled as a result of.....(Here give the details of the nature of disease or accident). The evidence/witness in support of my total disablement are as follows: -

- - (here give details) - -

3. Payment may please be made in cash/draft/ cheque. (Enclose a copy of the cheque)

Attachments:

- Joining letter.
- Reliving letter.
- Last drawn salary proof.
- Leave (above one month) in excel along with supporting documents.
- Letter from the accounts department duly approved by the Head of the Institution, stating that the employee has never claimed Gratuity earlier in the past.
- Letter from Principal that no legal/administrative inquiry has ever been initiated against the employee. If any then full documentation is required.

I hereby declare that the above statement is true to my knowledge and I accept that I had not taken any leave without pay for more than one month, in a year, during my service tenure.

.....
Thanking you:
(Employee Name)

Prepared By:
(Accountant)

Checked By:
(Principal)

Recommended By:
(Member In Charge)

We hereby attest that the above mention data is correct and best to our knowledge.