

**FORM 'J'**

[See sub-rule (2) of rule 7]

**Application for gratuity by a nominee**

To .....  
[Give here the name or 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 as a nominee of late..... [name of the employee] who was an employee of your establishment 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 the ..... Necessary particulars relating to my claim given in the statement below:

**Statement**

1.	Name of applicant nominee.	:
2.	Address of full in applicant nominee.	:
3.	Marital status of the applicant nominee (unmarried/married/widow/widower)	:
4.	Name in full of the employee.	:
5.	Marital status of employee.	:
6.	Relationship of the nominee with employee.	:
7.	Total period of service of the employee.	:
8.	Date of appointment of the employee.	:
9.	Date and cause of termination of service of the employee.	:
10.	Department/Branch/Section where the employee last worked.	:
11.	Post last held by the employee with Ticket or Serial No., if any.	:
12.	Total wages last drawn by the employee.	:
13.	Date of death and evidence/witness as proof of death of the employee.	:
14.	Reference No. of recorded nomination, if available.	:
15.	Total gratuity payable to the employee.	:
16.	Share of gratuity claimed.	:

I declare that the particulars mentioned in the above statement are true and correct to the best of my knowledge and belief.

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

As the amount payable is less than Rupees one thousand, 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 therefrom.

Yours faithfully,

Place :  
Date :

Signature/Thumb impression  
of applicant nominee.

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