

FORM "G"

[See sub-rule (3) of rule 6]

FRESH NOMINATION

To

(Give here name or description of the establishment with full address).

I, Shri/Shrimati.....whose particulars are given in the statement below, have acquired a family within the meaning of clause (h) of section (2) of the Payment of Gratuity Act, 1972 with effect from the.....(date here) in the manner indicated below and therefore nominate afresh the person(s) mentioned below to receive the gratuity payable after my death as also the gratuity standing to my credit in the event of my death before that amount has become payable, or having become payable has not been paid direct that the said amount of gratuity shall be paid in proportion indicated against the name(s) of the nominee(s).

2. I hereby certify the person(s) nominated is a/are member(s) of my family within the meaning of clause (h) of section 2 of the said Act.

3. (a) My father/mother/parents is/are not dependent on me.

(b) My husband's father/mother/parents is/are not dependent on my husband.

4. I have excluded my husband from my family by a notice dated the....to the controlling authority in terms of the proviso to clause (i) of section 2 of the said Act.

NOMINEE(S)

Name in full with full address of nominee(s)	Relationship with the employee	Age of nominee	Proportion by which the gratuity will be shared
1	2	3	4
1.			
2.			
3.			
So on.			

Manner of acquiring a "family"

(Here give details as to how a family was acquired, i.e. whether by marriage or parents being rendered dependent or through other process like adoption).

STATEMENT

1. Name of the employee in full.
2. Sex.
3. Religion.
4. Whether unmarried/married/widow/widower.
5. Department/Branch/Section where employed.
6. Post held with Ticket No. or Serial No., if any.
7. Date of appointment.
8. Permanent address.

Village	Thana	Sub-division
Post Office	District	State

Place..... *Signature/thumb impression of the employee.*
 Date.....

Declaration by witnesses

Fresh/nomination signed/thumb impressed before me.

Name in full and full addresses of witnesses:	Signature of witnesses:
1.....	1.....
2.....	2.....

Place.....
 Date.....

Certificate by the employer

Certified that the particulars of the above nomination have been verified and recorded in this establishment.

Employer's reference No., if any.

Date..... *Signature of the employer/
officer authorised.*

Designation.....
 Name and address of the
 establishment or rubber stamp
 thereof.

Acknowledgement by the employee

Received the duplicate copy of the nomination in Form..... file by
 me on..... duly certified by the employer.

Date..... *Signature of the employer.*

Note.—Strike out the words and paragraphs not applicable.

FORM "H"

[See sub-rule (4) of rule 6]

MODIFICATION OF NOMINATION

To (Give here name or description of the establishment with full address).

I, Shri/Shrimati/Kumari..... (Name in full here)

whose particulars are given in the statement below, hereby give notice that the nomination filed by me on..... (date) are recorded

under your reference No.....dated..... shall stand modified in the following manner:—

(Here give details of the modifications intended).

STATEMENT

- 1. Name of the employee in full.
2. Sex.
3. Religion.
4. Whether unmarried/married/widow/widower.
5. Department/Branch/Section where employed.
6. Post held with Ticket No. or Serial No., if any.
7. Date of appointment.
8. Address in full.

Place.....
Date.....

Signature/thumb impression of the employee.

Declaration by witnesses

Modification of nomination signed/thumb impressed before me.

Name in full and full address of witnesses: Signature of witnesses:

- 1..... 1.....
2..... 2.....

Place.....
Date.....

Certificate by the employer

Certified that the above modification have been recorded. Employer's

reference No., if any.

*Signature of the Employer/
officer authorised.*

Designation

Name and Address of the
establishment or rubber stamp
thereof.

Date

Acknowledgement by the employee

Received the duplicate copy of the notice for modification in Form 'H'
filed by me on duly certified by the employer.

Date

Signature of the employee.

Note.—Strike out the words not applicable.

FORM "I"

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

APPLICATION FOR GRATUITY BY AN EMPLOYEE

To

(Give here 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 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.
2. Address in full.
3. Department/Branch/Section where last employed.
4. Post held with Ticket No., or Serial No., if any.
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 evidences/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.
4. As the amount of gratuity 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
the applicant employee.*

- Notes.— (1) Strike out the words not applicable.
(2) Strike out paragraph or paragraphs not applicable.

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 or 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 are given in the statement below:—

STATEMENT

1. Name of applicant nominee.
2. Address in full of the 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 the 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.

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

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

4. 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.—Strike out the word, words, paragraph or paragraphs not applicable.

FORM "K"

[See sub-rule (3) of rule 7]

APPLICATION FOR GRATUITY BY A LEGAL HEIR

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 legal heir of late.....(Name of the employee) who was an employee of your establishment and died on the.....without making any nomination. The Gratuity is payable on account of the death of the aforesaid employee while in service/superannuation of the aforesaid employee on the retirement or resignation of the aforesaid employee on the.....after completion of..... year(s) 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 are given in the statement below.

STATEMENT

- 1. Name of applicant legal heir.
- 2. Address in full of applicant legal heir.
- 3. Marital status of the applicant legal heir (unmarried/married/widow/widower).
- 4. Name in full of the employee.
- 5. Relationship of the applicant with the employee.
- 6. Religion of both the applicant and the employee.
- 7. Date of appointment and total period of service of the employee.

- 8. Department/Branch/Section where the employee worked last.
- 9. Post last held by the employee with Ticket No. or Serial No., if any.
- 10. Total wages last drawn by the employee.
- 11. Date and cause of termination of service of the employee (Death or otherwise).
- 12. Date of death of the employee and evidence/witness in support thereof.
- 13. Total gratuity payable to the employee.
- 14. Percentage of the gratuity claimed.
- 15. Basis of the claim and evidence/witness in support thereof.

2. I declare that the particulars mentioned in the 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.

4. 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 legal heir.

Note.—Strike out the words or paragraph(s) not applicable.

FORM "L"

[See clause (i) of sub-rule (1) of rule 8]

NOTICE FOR PAYMENT OF GRATUITY

To

(Name and address of the applicant employee/nominee legal heir)

You are hereby informed as required under clause (i) of sub-rule (1) of rule 8 of the Payment of Gratuity (Himachal Pradesh) Rules, 1972 that a sum of Rs. (Rupees.....) is payable to you as gratuity/as your share of gratuity in terms of nomination made by..... onand recorded in this.....as a legal heir of an employee of this establishment.

2. Please call at on..... (here specify place).....(date) at..... for collecting your payment in cash/ open or crossed cheque,

3. Amount payable shall be sent to you by postal money order at the address given in your application after deducting the postal money order commission, as desired by you, by

Brief statement of calculation

1. Total period of service of the employee concerned:
..... years months.
2. Wages last drawn.
3. Proportion of the admissible gratuity payable in terms of nomination/
as a legal heir.
4. Amount payable.

Place: *Signature of the employer/authorised officer.*

Date :

Name or description of establishment or rubber stamp
thereof.

Copy to the Controlling Authority

Note.—Strike out the words not applicable.

FORM "M"

[See clause (ii) of sub-rule (1) of rule 8]

NOTICE REJECTING CLAIM FOR PAYMENT OF GRATUITY

To

(Name and address of the applicant employee/nominee legal heir)

You are hereby informed as required under clause (ii) of sub-rule (1) of rule 8 of the Payment of Gratuity (Himachal Pradesh) Rules, 1972 that your claim for payment of gratuity as indicated on your application in Form..... under the said rules is not admissible for the reasons stated below :

REASONS

(Here specify the reasons)

Place: *Signature of the employer/Authorised Officer.*

Date:

Name or description of establishment of rubber stamp
thereof.

Copy to the Controlling Authority

Note.—Strike out the words not applicable.

FORM "N"

[See sub-rule (1) of rule 10]

APPLICATION FOR DIRECTION

Before the Controlling Authority under the Payment of Gratuity Act,
1972.

Application No. Date.....

Between

(Name in full of the applicant with full address)

And

(Name in full of the employer concerned with full address)

The applicant is an employee of the above-mentioned employers
nominee of late.....
an employee of the above-mentioned employer(s), legal heir of late.....
an employee of the above-mentioned employer, and is entitled to payment of
gratuity under section 4 of the Payment of Gratuity Act, 1972, on account
of his own/aforesaid employee's superannuation on...../his own
retirement/aforesaid employee's resignation..... on.....
after completion.....years of continuous service/his
own aforesaid employee(s) total disablement with effect from.....
due to accident/disease/death of the aforesaid employee on(Date).

2. The applicant submitted an application under rule
of the Payment of Gratuity Act, 1972 on the..... but
the above-mentioned employer refused to entertain it/issued a notice dated
theunder clause
of sub-rule (1) of rule.....offering an amount of gratuity
which is less than my due/issued a notice dated the
under clauseof sub-rule.....
of rule.....rejecting my eligibility to payment
of gratuity. The duplicate copy of the said notice is enclosed.

3. The applicant submits that there is a dispute on the matter (Specify
the dispute).

4. The applicant furnishes the necessary particulars in the annexure
hereto and prays that the controlling authority may be pleased to determine
the amount of gratuity payable to the petitioner and direct the above-
mentioned employer to pay the same to the petitioner.

5. The applicant declares that the particulars furnished in the annexure
hereto are true and correct to the best of his knowledge and belief.

*Signature of the applicant/Thumb
impression of the applicant.*

Note.—The application along with annexure shall be made in duplicate.

ANNEXURE

1. Name in full of applicant with full address.
2. Basis of Claim (Death/Superannuation/Retirement/Resignation/Disablement of employee).
3. Name and address in full of the employee.
4. Marital Status of the employee (unmarried/married/widow/widower).
5. Name and address in full of the employer.
6. Department/Branch/Section where the employee was last employed (if known).
7. Post held by the employee with Ticket or serial No., if any (if known).
8. Date of appointment of the employee (if known).
9. Date and cause of termination of service of the employee (superannuation/retirement/resignation/disablement/death).
10. Total period of service by the employee.
11. Wages last drawn by the employee.
12. If the employee is dead, date and cause thereof.
13. Evidence/witness in support of death of the employee.
14. If a nominee, No. and date of recording of nomination with the employer.
15. Evidence/Witness in support of being a legal heir, if a legal heir.
16. Total gratuity payable to the employer (if known).
17. Percentage of gratuity payable to the applicant as a nominee/legal heir.
18. Amount of gratuity claimed by the applicant.

Place : *Signature/Thumb impression of the applicant.*

Date :

Note.—Strike out the words not applicable.

FORM "O"

[See rules (1) of rule 11]

Notice for appearance before the Controlling Authority.

From :

The Controlling Authority under the Payment of Gratuity Act, 1972

To

(Name and address of the employer/applicant)

Whereas Shri, an employee under you/ a nominee (s)/legal heir (s) of Shri an employee under the above-mentioned employer, has/have filed an application under sub-rule (1) of rule 10 of the Payment of Gratuity (Himachal Pradesh) Rules, 1972 alleging that—

(A copy of the said application is enclosed)

Now, therefore, you are hereby called upon to appear before me ateither personally or through a person duly
(place)

authorised in this behalf for the purpose of answering all material questions relating to the application on theday of 19..... atO' clock in the forenoon/afternoon in support of/to answer the allegations and as the day fixed for your appearance is appointed for final disposal of the application, you must be prepared to produce on that day all the witnesses upon whose evidence, and the documents upon which you intend to rely in support of your allegation/defence.

Take notice that in default of your appearance on the day before-mentioned the application will be dismissed/heard and determined in your absence.

Given under my hand and seal, this day of 19 .

Controlling Authority.

Note.—Strike out the words and paragraphs not applicable.

FORM "P"

(See rule 14)

Before the Controlling Authority under the Payment of Gratuity Act, 1972.

To

(Name and address)

Whereas your attendance is required to give evidence/you are required to produce the documents mentioned in the list below, on behalf of in the case arising out of the claim for gratuity by (from) and referred to this Authority by an application under section 7 of the Payment of Gratuity Act, 1972, you are hereby summoned to appear personally before this Authority on theday of19.....at..... O'clock in the forenoon/afternoon and to bring with you (or to send to this Authority) the said documents.

LIST OF DOCUMENTS

- 1.
- 2.
3. So on.

Controlling Authority.

Dated this day of 19 .

Notes.—(1) The portion not applicable to be deleted.

- (2) The summons shall be issued in duplicate. The duplicate is to be signed and returned by the person served before the date fixed.
- (3) In case the summons is issued only for producing a documents and not to give evidence, it will be sufficient compliance to the summons if the documents are caused to be produced before the controlling authority on the day and hour fixed for the purpose.

FORM "Q"

[See sub-rule (1) of rule 16]

PARTICULARS OF APPLICATION UNDER SECTION 7

1. Serial No.
2. Date of the application.
3. Name and address of the applicant.
4. Name and address of the employer.
5. Amount of gratuity claimed.
6. Dates of hearing.
7. Findings with date.
8. Amount awarded.
9. Cost, if any, awarded.
10. Date of notice issued for payment of gratuity.
11. Date of appeal, if any.
12. Decision of the appellate authority.
13. Date of issue of final notice for payment of gratuity.
14. Date of payment of gratuity by Employer with mode of payment.
15. Date of receipt of application for recovery of gratuity.
16. Date of issue of recovery certificate.
17. Date of recovery.
18. Other remarks.
19. Signed.
20. Date.

FORM "R"

NOTICE FOR PAYMENT OF GRATUITY

To

(Name and address of employer)

Whereas Shri/Smt./Kumari.....
of (address)
an employee under you/a nominee(s) legal heir (s) of late
..... an employee under you, filed an application under
section 7 of the Payment of Gratuity Act, 1972 before me;

And whereas the application was heard in your presence on and after
the hearing I have come to the finding that the said Shri/Smt./Kumari
..... is entitled to a payment
of Rs..... as gratuity under the Payment of
Gratuity Act, 1972;

FORM "T"

(See rule 19)

APPLICATION FOR RECOVERY OF GRATUITY

Before the Controlling Authority under the Payment of Gratuity Act, 1972

Application No. Date.....

Between
(Name in full of the applicant with address)

and
(Name in full of the employer with full address)

The applicant is an employee of the above-mentioned employer/a nominee of late.....
an employee of the above-mentioned employer/a legal heir of late.....
an employee of theabove-mentioned employer,
and you were pleased to direct the said employer in your notice dated theof the Payment of Gratuity (Himachal Pradesh) Rules, 1972 for payment of a sum of Rs.as gratuity payable under the Payment of Gratuity Act, 1972.

2. The applicant submits that the said employer failed to pay the said amount of gratuity to me as directed by you although I approached him for payment.

3. The applicant therefore prays that a certificate may be issued under section.....of the said Act for recovery of the said sum of Rs.....due to me as gratuity in terms of your direction.

Place:

Date:

Signature/Thumb impression of the applicant.

Note.—Strike out the words not applicable.

By order,
P. K. MATTOO,
Secretary.