

**FORM 'D'**  
**[See sub-rule (1) of Rule VI]**  
**Application of gratuity by an employee**

To,

The Deputy Commissioner,  
Navodaya Vidyalaya Samiti,  
Regional Office,  
160. Zone-II, M. P. Nagar,  
BHOPAL -462011,  
MADHYA PRADESH

Sir,

I beg to apply for payment of gratuity to which I am entitled under sub - rule (1) of Rule VI of NVS Payment of Gratuity Rules,2007 on account of my superannuation/retirement/ with effect from \_\_\_/\_\_\_/\_\_\_\_\_. Necessary particulars relating to my appointment in the establishment are given in the statement below.

**STATEMENT**

1	Name of the employee in full	
2	Address in full.	
3	Department/Branch/Section where last employed.	
4	Post held.	
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.	

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]

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 due to me at the address mentioned above.

Yours faithfully,

Place: \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Note:

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