Payment of Gratuity FORM-I

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

To,
The Secretary,
K. K. Wagh Education Society,
Hirabai Haridas Vidyanagari,
Amrutdham, panchavati,
Nashik-422 003.

Nasi	hik-422 003.		
Resp	pected Sir,		
4 of resignece	gnation after completion of not less	than	o which I am entitled under sub-section (1) of section account of my superannuation / retirement five years of effect from the
		STA	TEMENT
1)	Name of in full	1	
2)	Address in full	:	
3)	Department / Branch / Section where last employed	:	
4)	Post held with staff ID number		
5)	Date of appointment	2	1 1
6)	Date and cause of termination of service	:	/ / Cause :
7)	Total period of service	:	
8)	Amount of wages last drawn		
9)	Amount of gratuity claimed.	:	
details	I was rendered totally disable as a result of (Here give the ils of the nature of disease or accident). The evidence / witness in support of my total olement are as follows:-		
	(H	lere gi	ve details)
3.	Payment may please be made in cro	ssed b	ank cheque.
			Yours faithfully
Place :	:		
Date:	_		Signature of the applicant employee.