

## JAMIA MILLIA ISLAMIA

Accredited by NAAC in 'A' Grade  
(A Central University by an Act of Parliament)  
Maulana Mohammed Ali Jauhar Marg, New Delhi-110025

## जामिया मिल्लिया इस्लामिया

(संसदीय अधिनियमानुसार केन्द्रीय विश्वविद्यालय)  
मौलाना मोहम्मद अली जौहर मार्ग, नई दिल्ली-110025

Tel. : 26984075, 26988044  
26981717, 26985176

Fax. : 011-26980229

Grams : JAMIA

E-mail : registrar@jmi.ac.in

Website: http://jmi.ac.in



جامیہ  
میلیہ  
اسلامیہ

### Office of the Registrar

F. No. Notice/Pen.& S.B/R.O.

### कुलसचिव कार्यालय

20.04.2023

### CIRCULAR

The Executive Council of Jamia Millia Islamia at its meeting held on 22.02.2023 has approved the adoption of the Office Memorandum dated 16.12.2022 issued by the Govt. of India, Ministry of Education, regarding applicability of Payment of Gratuity Act 1972 to the employees covered under the New Pension Scheme in JMI.

All the employees covered under New Pension Scheme since 01.01.2004, are hereby informed to submit the required proforma available on the website [www.jmi.ac.in](http://www.jmi.ac.in), for nomination for claim of Gratuity and submit the same to the Pension & Service Book Section along with the supporting documents of the nominee.

The time schedule for submission of proforma is as under:

#### Teaching staff

11.30 to 1.00 p.m.

#### Non-Teaching staff

03.30 p.m. to 5.00 p.m.

*Mohd. Hadis Lari*  
20/4/23

(Mohd. Hadis Lari)  
Asstt. Registrar (Pen. & S.B.)

Copy to:

1. All Deans, Directors, Head of the Deptt., Principal (School) and Section Head – with a request to circulate in the Faculty / department / Centre / Section / school.
2. The Finance Officer, JMI – for information
3. The Assistant Registrar, Registrar Sectt., JMI – for information to the Registrar.

**FORMS AS PER PAYMENT OF GRATUITY ACT 1972**

FORM – D	Notice for <b><u>excluding Husband from family</u></b>
FORM – E	Notice for <b><u>withdrawal of Notice</u></b> for excluding Husband from Family
FORM – F	<b><u>Nomination for Gratuity</u></b>
FORM – G	<b><u>Fresh Nomination</u></b>
FORM – H	<b><u>Modification of Nomination</u></b>
FORM - I	Application for Gratuity by an Employee ( <b><u>withdrawal</u></b> )
FORM – K	Application for <b><u>Gratuity by a Legal Heir</u></b>
FORM – J	<b><u>Application for gratuity by a Nominee</u></b>
FOR M– L	<b><u>Notice for Payment of Gratuity</u></b>

**Payment of Gratuity  
Act, 1972  
(Central Rules)  
FORM 'D'**

See sub-rule (1) of Rule 5

**Notice for Excluding Husband from  
Family**

**From----**

1. Name of the female employee \_\_\_\_\_
  2. Name or description of establishment where employed \_\_\_\_\_
  3. Post held with Ticket or Serial No., if any \_\_\_\_\_
  4. Department/Branch/Section where employed \_\_\_\_\_
  5. Permanent address \_\_\_\_\_  
\_\_\_\_\_
- 

Take notice that I, Shrimati \_\_\_\_\_ desire to exclude my husband  
Shri \_\_\_\_\_ from my family for the purposes of the Payment of  
Gratuity Act, 1972.

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

Signature/Thumb-impression of  
the Employee.

Date: \_\_\_\_\_

---

**Declaration by Witnesses**

The above notice was signed/thumb-impressed before me.

Name in full and full address of witnesses.

1. \_\_\_\_\_  
\_\_\_\_\_  
2. \_\_\_\_\_  
\_\_\_\_\_

Signature of Witnesses.

1. \_\_\_\_\_  
2. \_\_\_\_\_

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

To,

The Controlling Authority (through the employer)

(Name and address of the employer here.)

\_\_\_\_\_  
\_\_\_\_\_

---

**For use by the Employer**

Received and recorded in this establishment.

Reference No. \_\_\_\_\_

Signature of the employer or an  
officer authorised in this behalf  
by the Employer.

Date \_\_\_\_\_

To,

1. (Employee)

\_\_\_\_\_

2. The Controlling Authority

\_\_\_\_\_

\_\_\_\_\_

---

**Note.**—Strike out the words not applicable.

**Payment of Gratuity  
Act, 1972  
(Central Rules)  
FORM 'E'**

See sub-rule (2) of Rule 5

**Notice of Withdrawal of Notice for excluding Husband  
from Family**

1. Name of the female employee\_\_\_\_\_
2. Name or description of establishment where employed\_\_\_\_\_
3. Post held with Ticket or Serial No., if any\_\_\_\_\_
4. Department/Branch/Section where employed\_\_\_\_\_
5. Permanent address\_\_\_\_\_

Take notice that I, Shrimati\_\_\_\_\_ hereby withdraw the notice dated\_\_\_\_\_ whereby I excluded my husband Shri\_\_\_\_\_ from my family for the purposes of the Payment of Gratuity Act, 1972. The earlier notice was recorded under your reference No. \_\_\_\_\_ dated\_\_\_\_\_.

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

Signature/Thumb-impression of the  
Employee.

Date:\_\_\_\_\_

---

**Declaration by Witnesses**

The above notice was withdrawal was signed/thumb-impressed before me.

Name in full and full address of witnesses.

Signature of Witnesses.

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_

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

Date:\_\_\_\_\_

To,

The Controlling Authority (through the employer)  
(Name and address of the employer)

\_\_\_\_\_

---

---

**For use by the Employer**

Received and recorded in the establishment.

Reference No. \_\_\_\_\_

Date \_\_\_\_\_

Signature of the employer or  
Officer authorised  
Seal or rubber-stamp of the  
establishment.

To,

1. (Employee)

\_\_\_\_\_

2. The Controlling Authority

\_\_\_\_\_

\_\_\_\_\_

---

**Note.**—Strike out the words not applicable.

**Payment of Gratuity  
Act, 1972  
(Central Rules)  
FORM 'F'**

See sub-rule (1) of Rule 6

**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 nominate 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 and 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 that the person(s) mentioned is/are a member(s) of my family within the meaning of clause (h) of Section 2 of the Payment of Gratuity Act, 1972.
3. I hereby declare that I have no family within the meaning of clause (h) of Section 2 of the said Act.
- 4 (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.
5. I have excluded my husband from my family by a notice dated the \_\_\_\_\_ to the controlling authority in terms of the proviso to clause (h) of Section 2 of the said Act.
6. Nomination made herein invalidates my previous nomination.

**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.				

---

**Statement**

1. Name of 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**

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 particulars of the above nomination have been verified and recorded in this establishment.  
Employer's Reference No., if any \_\_\_\_\_

Signature of the employer/Officer authorised  
Designation

Date: \_\_\_\_\_

Name and address of the establishment or  
rubber stamp thereof.

---

---

**Acknowledgement by the Employee**

Received the duplicate copy of nomination in Form 'F' filed by me and duly certified by the employer.



Date: \_\_\_\_\_

Signature of the Employee

---

**Note.**—Strike out the words/paragraphs not applicable.

**Payment of Gratuity  
Act, 1972  
(Central Rules)  
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/Kumari \_\_\_\_\_

(Name in full here)

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 and 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 that the person(s) mentioned is/are a 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 (h) 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 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 address of witnesses.

Signature of Witnesses.

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_

1. \_\_\_\_\_
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. \_\_\_\_\_

Signature of the Employer/Officer authorised.

Date: \_\_\_\_\_

Designation \_\_\_\_\_

Name and address of the establishment or rubber stamp thereof. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

**Acknowledgement by the Employee**

Received the duplicate copy of the nomination in Form \_\_\_\_\_ filed by me on \_\_\_\_\_

duly certified by the employer.

Date: \_\_\_\_\_

Signature of the Employee.

---

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

**Payment of Gratuity  
Act, 1972  
(Central Rules)  
FORM 'H'**

See sub-rule (4) of Rule 6

**Modification of Nomination**

(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 filled by me

on \_\_\_\_\_ and recorded under your reference No. \_\_\_\_\_

(date) \_\_\_\_\_ No. \_\_\_\_\_ dated \_\_\_\_\_ shall  
stand modified in the following manner---

(Here give details of the modifications intended)

---

---

---

---

**Statement**

1. Name of 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: \_\_\_\_\_

Signature/Thumb-impression of the  
Employee

Date: \_\_\_\_\_

---

**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.

Date: \_\_\_\_\_

Designation \_\_\_\_\_

Name and address of the establishment or rubber stamp thereof. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

**Acknowledgement by the Employee**

Received the duplicate copy of the nomination in Form 'H' filed by me on \_\_\_\_\_  
duly certified by the employer.

Date: \_\_\_\_\_

Signature of the Employee.

---

**Note.**—Strike out the words not applicable.

**Payment of Gratuity  
Act, 1972  
(Central Rules)  
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 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,  
Signature/Thumb-impression of the  
applicant employee.

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

---

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



**Payment of Gratuity  
Act, 1972  
(Central Rules)  
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 Sl. 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\_

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,  
Signature/Thumb-impression of  
applicant nominee.

Place \_\_\_\_\_

Date \_\_\_\_\_

---

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

**Payment of Gratuity  
Act, 1972  
(Central Rules)  
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 \_\_\_\_\_ 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 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 or Sl. 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,  
Signature/Thumb-impression of applicant  
legal heir.

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

---

**Note.**—Strike out the words 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 (Central) 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 \_\_\_\_\_ on \_\_\_\_\_ and 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.

(time)

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: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of the Employer/authorised officer.

Name or description of establishment or rubber stamp thereof.

**Copy to the Controlling Authority.**

\_\_\_\_\_

**Note.**—Strike out the words not applicable.

\_\_\_\_\_