

Whereas a notice was given to you on requiring you to make payment of Rs..... to Shri/Smt./Kumari.....as gratuity under the Code on Social Security, 2020 (36 of 2020).

And whereas the application was heard in your presence on.....and after the hearing have come to the finding that the said Shri/Smt./Kumari..... is entitled to a payment of Rs..... as gratuity under the Code on Social Security, 2020 (36 of 2020); or

Whereas you or the applicant went in appeal before the appellate authority, who has decided that an amount of Rs..... is due to be paid to Shri/Smt./Kumari.....as gratuity due under the Code on Social Security, 2020 (36 of 2020).

Now, therefore, I hereby direct you to pay the said sum of Rs. to Shri/Smt./Kumari within thirty days of the receipt of this notice with an intimation thereof to me.

Given under my hand and seal, this day of.....20.....

Competent Authority
under the Code on Social Security Code, 2020

Copy to:

1. The Applicant- He is advised to contact the employer for collecting payment.
2. The Appellate Authority if applicable.

Note.--- (*Strike out paragraphs if not applicable*)

FORM – IX

[(See rule 33 (13)]

Application for Recovery of Gratuity

Before the Competent Authority for Chapter V under the Code on Social Security, 2020

Application No. _____

Date _____

BETWEEN

(Name in full of the applicant with full address)

AND

(Name in full of the employer/Trust/Insurer concerned with full address)

1. 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 the above-mentioned employer, and you were pleased to direct the said employer in your notice dated the under sub-rule (11) or sub-rule (12) of rule 33 of Social Security (Central) Rules, 2026for payment of a sum of Rs..... as gratuity payable under the Code on Social Security, 2020 (36 of 2020).

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 129 for recovery of the said sum of Rs. due to me as gratuity in terms of your direction.

Signature/Thumb-impression of applicant.

Place:

Date:

Note.—Strike out the words not applicable.

FORM – X

[See rule 35(1)(a), 35(1)(d) and 35(2)(f)]

Certificate of Medical Officer/Medical Practitioner for confinement/miscarriage/ Medical termination of pregnancy or tubectomy operation/ delivery of a child

This is to certify that-

1. *I examined.....wife/ daughter of a woman employee in..... (Name of the establishment) on..... (Date) and found/ cannot discover that she is pregnant and is expected to be delivered of a child within (month and/days) from the above mentioned date or has undergone miscarriage/ Medical termination of pregnancy or tubectomy operation/has been delivered of a child on..... (Date) or is suffering from.....(date) from illness arising out of pregnancy or delivery or premature birth of a child or miscarriage/ Medical termination of pregnancy or tubectomy operation.
2. *Smt..... wife/daughter of..... employed in..... (Name of the establishment) expired on before/during/ after confinement. The child died on.....or survives her.
3. *I examined....wife/ daughter of....a woman employed in..... (Name of establishment) and found that she has been delivered of a child or has undergone miscarriage on..... (date).

*Strike out unnecessary portion.

Signature and designation of

Medical Officer/Medical Practitioner/ASHA/ANM/Gram Pradhan/Village Administrative Officer/
Authorised Officer of the Municipality

Date.....

Definitions of "child" and "miscarriage" as in the Code on Social Security, 2020(36 of 2020).-

1. "Child" includes a still-born child.
2. "Miscarriage" means expulsion of the contents of a pregnant uterus at any period prior to or during the twenty-sixth week of pregnancy but does not include any miscarriage, the causing of which is punishable under the Indian Penal Code.

FORM – XI

[See rule 35 (2)(a) and (c)]

(Notice of claim for maternity benefit and payment thereof under sections 62 and 63)

To

..... (name of establishment)