



# भारतीय पटसन निगम लिमिटेड

(भारत सरकार का उपक्रम)

## The Jute Corporation of India Limited

(A Government of India Enterprise)

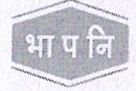
पंजीकृत और प्रधान कार्यालय: पटसन भवन, तीसरी और चौथी मंजिल, एक्शन एरिया I,

न्यू टाउन, पश्चिम बंगाल - 700156

Head Office: Patsan Bhavan, 3<sup>rd</sup> & 4<sup>th</sup> Floor, Action Area I,

New Town, West Bengal - 700156

सी.आई.एन./ C.I.N.: U17232WB1971GOI027958



Ref. No. JCI/Pers./HO/2025-26

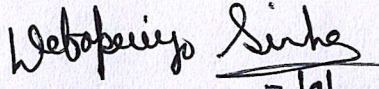
Date: 03.09.2025

### OFFICE ORDER

Consequent to the decision of Hon'ble Trustee members of "The Jute Corporation of India Employees Gratuity Fund", all the Regular employees of the Corporation are required to claim their Gratuity only in Form-I (copy attached), from now onwards.

This is in line with "The Payment of the Gratuity Act, 1972".

For The Jute Corporation of India Ltd.

  
Debopriyo Sinha 3/9/2025  
(Manager-HR)

#### Distribution: -

1. MD's Secretariat- For inf. of MD
2. D(F)'s Secretariat- For inf. of D(F)
3. GM (O/M)
4. DGM (Finance)
5. Chief Managers
6. Sr. Managers
7. Managers
8. Dy. Managers
9. Assistant Managers
10. All employees of the Corporation
11. Guard File/Notice Board/Website



FORM "I"  
[See Sub-Rule (1) of Rule 7]  
Application of Gratuity

To  
Manager-HR  
The Jute Corporation of India Ltd.  
Patsan Bhavan,  
3rd & 4th Floor,  
CF Block,  
Kolkata-700156.

Sir/Madam,

I wish to apply for the Gratuity amount, I am entitled to 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 is given in the statement below:

1. Employee Code
2. Name in full.
3. Address in full.
4. Bank Details: (Cancelled Cheque to be attached)
  - a. Bank A/C No:
  - b. Bank Name & Branch
  - c. IFSC code
5. I was rendered totally disabled as a result of:  
[Here given the details of the nature of diseases or accident]
6. The evidence/ witnesses in support of my total disablement are as follows:  
[Here give Details]

Yours faithfully,

Place

Date

Signature of the employee/ applicant

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**To be filled up by employer**

1. Name of the RO/RLD/HO where last employed:
2. Post held:
3. Date of appointment:
4. Date of cessation of service:
5. Total Period of service:
6. Last Drawn Basic Pay:

Authorised Signatory  
Employee Code:

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