|  |
| --- |
| **Company Name** |
| **Pay Slip** |
| **Employee Name :**  |
| **Designation :**  |
| **Department :**  |
| **Month :**  |
| **Earnings** | **Deductions** |
| **Salary head** | **Amount** | **Salary head** | **Amount** |
| Basic |  | PF Employee |  |
| H R A |  | ESI Employee |  |
| Conv. All |  | Loan |  |
| Trans. All |  | Tax |  |
| CEA |  |  |  |
| Others |  |  |  |
| Medical Allowance |  |  |  |
| **SALARY (GROSS) / PM** |  |  |  |
| PF Employer |  |  |  |
| ESI Employer |  |  |  |
| Medical |  |  |  |
| Telephone |  |  |  |
| Others |  |  |  |
| **Salary** |  | **Total Deduction** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Prepared by |  | Checked by |  | Authorized by |  |