

COMPANY NAME:			
Address :			
Pay Slip for			
Employee Name		Total Working Days	
Employee ID		LOP Days	
Designation		Paid Days	
Department,		Bank Name	
Date of Joining		Bank A/c No	
UAN			
Earnings		Deductions	
Basic Salary		EPF	
Dearness Allowances		Professional Tax	
House Rent Allowances		Health Insurance/ESI	
Conveyance Allowances		TDS	
Medical Allowances			
Special Allowances			
Gross Salary		Total Deductions	
Net Pay			
Amount in Words			

Employer Signature

Employee Signature