

<b>COMPANY NAME:</b>			
<b>Address:</b>			
<b>Pay Slip for</b>			
Name		UAN	
Employee ID		PF No	
Designation		ESI No	
Department		Bank Name	
DOJ		Bank A/C No	
Total Working Days		Paid Days	
LOP days		Leaves Taken	
<b>Earnings</b>		<b>Deductions</b>	
Basic Wage		EPF	
HRA		Professional Tax	
Conveyance Allowances		TDS	
Medical Allowances		Loan Recovery	
Other Allowances			
Total Earnings		Total Deductions	
<b>Net Salary</b>			

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Employer Signature

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Employee Signature