

**COMPANY NAME:**

**ADDRESS:**

**PAY SLIP FOR**

Name of the Employee

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

**Earnings**

**Deductions**

Basic Wage

EPF

HRA

Professional Tax

Conveyance Allowances

TDS

Medical Allowances

Loan Recovery

Other Allowances

**Total Earnings**

**Total Deductions**

**Net Salary**

Employer Signature

Employee Signature