­­­

**To Place:**

The Employee Name, Date:

Employee ID,

Designation,

Department.

**Sub: Salary increment.**

Dear Mr./Ms.\_\_\_\_\_\_\_\_\_\_\_(Employee Name),

We are pleased to inform you that your salary has been revised under the annual incremental policy. You will be entitled to get an increment of 20% on your current C.T.C, the new CTC will be effective from the current/next month onwards i.e. W.E.F \_\_\_\_\_\_\_ (Date).

Please find the enclosed annexure to know the breakup of your new CTC.

We appreciate your efforts and hard work and hope the same will continue in the future as well.

Best wishes.

For the **Company Name**,

Authorized Signatory.

|  |  |  |
| --- | --- | --- |
|  | Per month | Per annum |
| Basic Salary |  |  |
| HRA |  |  |
| Conveyance allowances  |  |  |
| Medical allowances  |  |  |
| Special / Other allowances |  |  |
| **Total Gross Salary** |  |  |
| EPF |  |  |
| ESI /Health Insurance  |  |  |
| Professional Tax (PT) |  |  |
| TDS |  |  |
| **Net Salary** |  |  |
|   |   |   |
| Employer PF contribution |  |  |
| Employer ESI contribution |  |  |
| Other benefits |  |  |
| **CTC** |  |  |

Annexure