

**PAY BILL FOR THE MONTH OF..... 2022**

School Name:				BEO Code	
Part (side) No:				email ID	
Bill Group Name (Give Tick)	P.U	SSA	AIDED	Mobile No	
Teacher Name:				GPF/CPS No	
Post with Post Code:				TNGS Time Scale & Level	
IFHRMS No:				DOB	
Increment Date				PAN No	
DOJ in Present Post				Date of Retirement	

DUES			DEDUCTIONS		
Duty (Basic) pay		Remarks	TPF		Remarks
Dearness Allowance ___ %			TPF Loan Advance		
Personal pay			CPS10% (PAY+DA)		
House Rent Allowance			SPF		
Medical Allowance			SPF Arrear		
Special Allowance			FBF (New Amount Rs 110)		
City Compensatory Allowance			NHIS (Rs 295+5)		
			FA		
			KLA/KA		
			PLI 1 With GST		
			PLI 2 With GST		
			HBA Principle		
			HBA FBF		
			HBA Interest		
			Income Tax Amount		
			4% cess Amount		
			<b>Total Deductions</b>		
			TKM Society Amount		
<b>Gross Amount</b>			<b>G.Total Deductions</b>		

**Net Pay :**

*Above particulars all are correct, as per Records.*

Signature of the Teacher

Signature of the Headmaster