## **QnQ Healthcare Pvt Ltd**

(044 4444 2333) hrsupport@qnqhealthcare.in

## Pay slip for the month of



EMP Code: UAN:

ESI.No: Paid Days: Present Days:

LOP Days: DOJ: Department:

Account Num: IFSC Code:

Bank Name:

		Component	Fixed Earnings	Monthly Earnings	Deductions	Amount
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<sup>\*\*\*</sup> System generated no signature required \*\*\*