Confidential

**COST TO COMPANY (CTC) DATA SHEET**

(Please complete this section and return to HR)

|  |  |  |  |
| --- | --- | --- | --- |
| **Candidate Name:** |  |  |  |
|  | First Name | Middle Name | Last Name |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Current Employment Details:** | | | | | | | |
| Existing Employer |  | | | | Employed From(Month/Yr) |  | |
| Line of Business |  | | | | | | |
| Designation |  | | | | Effective From(Month/Yr) |  | |
| Responsibilities |  | | | | | | |
| Work Location |  | | | | | | |
| Contact Phone No. |  | |  | Notice Period To Serve | | |  |
| **Current Cost to Company Details:** | | | | | | | |
| **Cash Components** | | **Monthly (Rs.)** | **Annual (Rs.)** | **Remarks** (if any) | | | |
| Basic Pay | |  |  |  | | | |
| HRA | |  |  |  | | | |
| Conveyance Allowance | |  |  |  | | | |
| Medical Allowance | |  |  |  | | | |
| City Compensatory Allowance | |  |  |  | | | |
| Other Monthly Allowance(s) – special allowance | |  |  |  | | | |
| Monthly Gross | |  |  |  | | | |
| Flexible Benefit Plan (List Components) | |  |  |  | | | |
| Variable Performance Incentive | |  |  |  | | | |
| Other Annual Amounts/Benefits | | |  |  | | | |
| **Compensation**  **Effective Date:28/10/2014** | | **Annual Total Compensation** |  |  | | | |
| **Expected Compensation** | | Mention Monthly | | Mention Annual | | | |

Additional Comments (if any): initial 3 months of employment was in probationary period with reduced pay as per company practice.

|  |  |  |
| --- | --- | --- |
| **For Deloitte HR Use (If Selected)** | | \_ Signature of Service Line Head  Signature of HR practitioner – C&B |
| Designation to be offered and Level |  |
| Annual Gross to be Offered (CTC) |  |
| Proposed Service Area / Location |  |
| Expected Date of Joining |  |
| Offer Made By |  |

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