

Salary Certificate

To whom so ever it may concern

This is to that **Mr. Mukeshkumar S/o Parshotambhai** is work with our organization **AMC Ramol Urban Health Center** Since **April 2020**. He is working as **MPHW (Multi purpose health worker),** and drawn salary **Rs.10000/month** through Cash as wellas Bank Account of SB**IBANK A/C NO.30189435035.**

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| **Month** | **Gross/ Net salary** |
| **April 2020** | **10000** |
| **May 2020** | **10000** |
| **Jun 2020** | **10000** |
| **July 2020** | **10000** |
| **August 2020** | **10000** |
| **Saptember 2020** | **10000** |
| Octomber 2020 | 10000 |
| November 2020 | 10000 |
| December 2020 | 10000 |
| January 2021 | 10000 |
| February 2021 | 10000 |
| March 2021 | 10000 |
| Annual = | 1,20,000 |

We are issuing this letter on specific request of our employee without accepting any liabilities on behalf of this letter or part of this letter on our organization. **Ramol Medical Officer**