

ANNEXURE

| | | | |
|-------------|------------------------------------|---------------|----------------|
| NAME | | | |
| DESIGNATION | | | |
| LOCATION | | | |
| DOJ | | | |
| | | | |
| 1 | PACKAGE | ANNUAL | MONTHLY |
| A) | Basic Salary | | |
| B) | HRA | | |
| C) | Other Allowance | | |
| | Gross Salary(A) | | |
| D) | Group Medical Insurance | 4,820 | 402 |
| E) | Group Personal Accident Insurance | 616 | 51 |
| | Other Benefits(B) | 5,436 | 453 |
| F) | PF/ESI | 21,600 | 1,800 |
| G) | Gratuity * Pay as per Gratuity Act | | |
| H) | PL Encashment | | |
| | Retirement Benefits(C) | | |
| | CTC(A+B+C) | | |