

Company Name			
Pay Slip			
Employee Name :			
Designation :			
Department :			
Month :			
Earnings		Deductions	
Salary head	Amount	Salary head	Amount
Basic		PF Employee	
H R A		ESI Employee	
Conv. All		Loan	
Trans. All		Tax	
CEA			
Others			
Medical Allowance			
SALARY (GROSS) / PM			
PF Employer			
ESI Employer			
Medical			
Telephone			
Others			
Salary		Total Deduction	

Prepared by _____

Checked by _____

Authorized by _____