|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| **COST TO COMPANY (CTC) DATA SHEET** | | | | | | |
| **(Please complete this section and return to HR)** | | | | | | |
|  |  |  |  |  |  |  |  |
| **Candidate Full 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** | | **Annual Total Compensation** |  |  | | |
| **Effective Date:** | |
| **Expected Compensation** | | Mention Monthly | | Mention Annual | | |
| **Additional Comments (if any)** | |  | | | | |
|  |  |  |  |  |  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| For Internal Use Only Confidential | | | | | | |
|  |  |  |  |  |  |  |  |
| **For Deloitte HR Use (If Selected)** | | | | **Signature of Service Line Head**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
|
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|
| **Designation to be offered and Level** |  | | | **Signature of HR practitioner – C&B**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **Annual Gross to be Offered (CTC)** |  | | |
| **Proposed Service Area / Location** |  | | |
| **Expected Date of Joining** |  | | |
| **Offer Made By** |  | | |