

## MONTHLY PAYSリップ

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**Employee Name:** \_\_\_\_\_  
**Employee ID:** \_\_\_\_\_  
**Department:** \_\_\_\_\_  
**Designation:** \_\_\_\_\_  
**Pay Period:** \_\_\_\_\_  
**Payment Date:** \_\_\_\_\_  
**Bank Name:** \_\_\_\_\_  
**Bank Account No:** \_\_\_\_\_

EARNINGS		DEDUCTIONS	
Basic Salary		Income Tax (TDS)	
House Rent Allowance (HRA)		Provident Fund (PF)	
Conveyance Allowance		Professional Tax	
Medical Allowance		Health Insurance	
Special Allowance		Other Deductions	

**Gross Earnings:** \_\_\_\_\_

**Total Deductions:** \_\_\_\_\_

**NET PAYABLE:** \_\_\_\_\_

\_\_\_\_\_  
Employer Signature  
\_\_\_\_\_  
Employee Signature