

Appendix P
(Ref Para 2 (c) (ii) of Part I of RFP)
SAMPLE SALARY SLIP
PAY SLIP FOR THE MONTH OF2024/25

Emp Name.....

ID No/ UAN

EMPLOYEE PARTICULARS	
CODE	
Father/ Husband Name	
Designation	
Department	
PF No	
ESI No	
Bank Account No	
Bank Name & Address	
PAN No	

LEAVE/ABSENCE DETAILS	
Absent	
Leave	
Total Days of Work	
Week Off	
Payable Days	

Ser No	Descriptions	Credit	Debit	Remarks
1.	Basic Salary	10736.75		
2.	DA			
3.	HRA			
4.	CEA			
5.	Employee share of EPF @ 12%			Employer Contribution-
5.	Employee share of ESI @ 0.75%			Employer Contribution @ 3.25% -
6.	Any other deductions of the security agency :-			
	(a)			
	(b)			
TOTAL		10736.75		

Total Salary credited/(in words)

Total EPF Contribution including this month

Total EPF Contribution including this month

Place:

Signature

(Name of Signatory in Block letters)

Date:

(Complete address of the firm and firm's Seal)