**Company Name**

Address:

Contact Number:

**SALARY CERTIFICATE FORM**

Signature of employee: -----------------------------

This is to certify that Mr. /Ms. [Employee Name]\_ \_ \_ \_ \_ \_ \_ \_ Employee ID [Number] \_ \_ \_ \_ \_ \_, [Identification Number] is working with [Company Name] \_ \_ \_ \_ \_ \_ since [Date, Month & Year of Joining] \_ \_ \_ \_ . She/he is a permanent employee of the company and is serving as [Designation] in the [Department Name]. Currently, she/he is drawing a monthly salary as per the following breakup:

|  |  |  |
| --- | --- | --- |
| **GROSS SALARY (Rs.)** |  | **DEDUCTIONS (Rs.)** |
| Basic Pay |  |  | EPF |  |
| DA |  | Insurance |  |
| HRA |  |  | Professional Tax |  |
| Medical Allowance |  |  | TDS |  |
| Others / Misc |  |  | Other Deductions |  |
| **Gross Salary (1)** |  |  | **Total Deduction (2)** |  |
| **NET SALARY (1-2) = Rs.\_ \_ \_ \_ \_ \_ \_ \_ \_ \_** **Net Salary Rupees: Amount in Words \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ only** |

Date of joining in the present employment : ----------------------------------------------------------

Present designation : ----------------------------------------------------------

Date of retirement : ----------------------------------------------------------

This salary certificate issued for : ----------------------------------------------------------

For --------------------------------------------------------

**Signature and Designation of Officer Authorised**

**Place: Office Stamp:**

**Date:**