Your Company Name

Address: Phone Number:

Date:

MONTHLY SALARY CERTIFICATE

(Company' s Letter Head)

This is to certify that Mr./Ms. _____, Employee No. _____ is employed with this company since (DD/MM/YYYY) _____. He/She is working serving as _____ (designation of employee). Currently he/she is drawing monthly salary (NR) as per following breakup.

Salary Structure	Amount
Basic Pay	
House Rent	
Other perquisites, if any	
Gross salary	
Deductions	
Income Tax (TDS to deducted)	
Professional Tax	
Total	
Net payable Salary	

For and on behalf of (Company's Name here)

Signature and Designation of Officer Authorized

Place: Date: Office Stamp:

www.salaryslip.org