

Your 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:

Date:

Office Stamp: