|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **(Hospital Name:\_\_\_\_\_\_\_\_\_)** | | **Pay Advice for Month of \_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **Staff #\_\_   Name\_\_\_\_\_\_\_** | | **Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |  |
| **Designation\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Salary for \_\_\_\_\_\_\_\_\_ Days\_\_\_\_\_\_\_\_\_\_\_** | |  |
| **Pay & Allowances** | **Amounts** | **Deductions** | **Amounts** | **Other Details** |
| Basic |  | PF-Counter |  | PF Count Bal |
| House Rent |  | Other DED 2 |  |
| Conveyance |  | EOBI-DED |  |
| C.L.A. |  | Others |  |
| Medical |  |  |  |
| Other All |  |  |  |
| Special |  |  |  |
| Over Time |  |  |  |
| Arrears |  |  |  |
| Bonus |  |  |  |
| **Gross Total** |  | **Total DED** |  |  |
| Salary Credited to Your Account# | | |  |  |
| Bank Name | HMB | Branch |  | DHA |
|  |  |  |  |  |
|  |  |  |  |  |
| Accountant |  | Financial Manager |  | MS Hospital |