|  |  |
| --- | --- |
| **Hospital Name:** | **Pay Advice for Month of \_\_\_\_\_\_\_\_\_\_\_\_** |
| **Dr id #\_\_   Name\_\_\_\_\_\_\_** | **Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |   |
| **Specialist\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Fee/Salary for \_\_\_\_\_\_\_\_\_** **Pts\_\_\_\_\_\_\_\_\_\_\_ Surgeries** |   |
| **Fee & Allowances** | **Amounts** | **Deductions** | **Amounts** | **Other Details** |
| Patient Share |  | PF-Counter |  | PF Count Bal |
| House Rent |  | Other DED 2 |  |
| Conveyance |  | EOBI-DED |  |
| C.L.A. |  | Others |  |
| Medical |  |   |   |
| Other All |  |   |   |
| Special |  |   |   |
| Entertainment |  |   |   |
| Arrears |  |   |   |
| Awards |  |   |   |
| **Gross Total** |  | **Total DED**  |  |  |
| Fee/Salary Credited to Your Account#  |   |  |
| Bank Name | HMB | Branch |   | DHA |
|  |  |  |  |  |
|   |  |   |  |   |
| Accountant |  | Financial Manager |  | MS Hospital |