FORM – XVI

(See rule 72(2))

WAGE SLIP

Date of issue: _____

Name of the Establishment: _____

Address: _____

Period: _____

1. Name of the Employee: _____

2. Father's/Mother's/Spouse's Name: _____

3. Designation: _____

4. UAN: _____

5. Bank Account Number: _____

6. Wage period: _____

7. Rate of wages payable:

(a) Basic	(b) D.A.	(c) Other allowances

8. Total attendance/unit of work done: _____

9. Overtime wages: _____

10. Gross wages payable: _____

11. Total deductions:

(a) PF	(b) ESI	(c) Others

12. Net wages paid: _____

Employer/Pay-in-charge signature (required where register is maintained physically): _____