

BEML LIMITED

Name :			Department :			PAN :																																																																																																																
Emp No. :			Location :			Bank Name :																																																																																																																
Grade :			ESI No. :			Account No. :																																																																																																																
Category :			EPS No. :			Pay Period :																																																																																																																
R. Pay :		FPI :		DA :		HRA :		CCA :		DAP :		INP :		WRI :																																																																																																								
PP :		SWT :		SRA :		HTA :		WLD :		SPLA :		DA% :		PFEx%																																																																																																								
Cal Days		RG Days		Short Min		OT-S Hr		OT-D Hr		NSA II		NSA III		ASA Hrs :		IB Hrs :																																																																																																						
ATTENDANCE DETAIL-			EARNINGS				DEDUCTIONS				LEAVE BALANCE																																																																																																											
16		01									CL :		SL :		EL/VL :																																																																																																							
17		02																	COMPANY LOAN BALANCES																																																																																																			
18		03																																																																																																																				
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31																																																																																																																						
Adjustment			TOTAL				TOTAL				FORM 16 SUMMARY																																																																																																											
Net Pay :																																																																																																																						

Name :	Emp No. :
Department :	Pay Period :
Location :	
Certified that my Conveyance Expense is not less than my claim for Reimbursement for Car/ Two Wheeler.	
Certified that I have spent a sum exceeding Rs. 150/250/300/400/500 towards purchase of periodicals.	
Gross :	
Deduction :	
Net Paid :	

Name :	Emp No. :
Department :	Pay Period :
Location :	
Route No. :	Valid for month :
Destination :	Pass No. :
Not Transferable To be carried always No Refund for unutilised period	
Holder's Signature	Issuing Authority Signature