

SALARY
REPORTS
SET

Salary Register

Page No. 1 **Result India**
Salary Register For the Month of March 2006

Srl. No.	Paycode Name Guardian's Name Designation Department ESI NO. PF NO.	Present Absent Holiday Leave P.Days	Rate Basic DA HRA Medical	Paid Basic DA HRA Medical Ot. Amt.	Other(E4-E10) Earnings Gross Pay	ESI PF VPF TDS Prof. Tax Loan Advance	Other(D4-D10) Deductions T. Deduction	Net Pay	Signature
1	0004 RAMESH KUAMAR FGFR 0	0.00 27.00 4.00 0.00 4.00	60,000.00 0.00 0.00 5,000.00	7,742.00 0.00 0.00 5,000.00 0.00	12,742.00	0.00 1,529.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 1,529.00	11,213.00	
2	001 OM FGFR 0	1.00 26.00 4.00 0.00 5.00	25,000.00 0.00 0.00 5,000.00	4,032.00 0.00 0.00 5,000.00 0.00	9,032.00	0.00 1,084.00 1,084.00 0.00 0.00 0.00	0.00 0.00 0.00 2,168.00	6,864.00	
					21,774.00		3,697.00	18,077.00	

1 of 1 | Cancel | Close | 2 of 2 | Total:2 | 100%

start | CorelDRAW 12 - [C:\... | Time Pay | 9:02 AM

Salary Slip

Result India Salary Slip For the Month of March 2006						
Name	Dept. FGFR		Designation	P.F. No.	Run Date : 17-Mar-2006	
Paycode	Rate				E.S.I. No.	
Name: RAMESH KUAMAR						
Paycode: 0004						
Basic	60,000.00	Salary	7,742.00	E.S.I.	0.00	Gross Pay 11,742.00
M.R.A.	0.00	M.R.A.	0.00	P.F.	1,529.00	
DA	0.00	DA	0.00	TDS	0.00	Deduction 1,529.00
Med.	5,000.00	Med.	5,000.00	P.Tax	0.00	
Days		Over Time	0.00	VPF	0.00	Net Pay 11,213.00
Days Worked	0.00			Adv.	0.00	
Mid/We	4.00			Loan	0.00	
CL	0.00					
EL	0.00					
Other Leaves	0.00					
OT. Hrs.	0.00					
Days Payable	4.00					

Result India Salary Slip For the Month of March 2006						
Name	Dept. FGFR		Designation	P.F. No.	Run Date : 17-Mar-2006	
Paycode	Rate				E.S.I. No.	
Name: 001						
Paycode: 001						
Basic	25,000.00	Salary	4,032.00	E.S.I.	0.00	Gross Pay 9,032.00
M.R.A.	0.00	M.R.A.	0.00	P.F.	1,054.00	
DA	0.00	DA	0.00	TDS	0.00	Deduction 1,168.00
Conv.	5,000.00	Conv.	5,000.00	P.Tax	0.00	
Days		Over Time	0.00	VPF	1,054.00	Net Pay 6,864.00
Days Worked	1.00			Adv.	0.00	
Mid/We	4.00			Loan	0.00	
CL	0.00					
EL	0.00					
Other Leaves	0.00					
OT. Hrs.	0.00					
Days Payable	5.00					

Summary Statement

Monthly Summary Statement for the month of: March 2006											
Earnings							Deductions				
Tot. Emp.	Basic	D.A.	H.R.A	Over Time	Other Earnings	Total	E S I	P F	Loan	Advance	Ot
FGFR 2.00	11,774.00	0.00	0.00	0.00	0.00	11,774.00	0.00	3,697.00	0.00	0.00	0.00
Grand Total:											
2.00	11,774.00	0.00	0.00	0.00	0.00	11,774.00	0.00	3,697.00	0.00	0.00	0.00

ESI Member 0.00 ESI Earnings 0.00
 P.F Members Less than 6,500.00 0.00 P.F Earning (<= 6,500.00) 0000000.00
 P F Members Greater than 6,500.00 2.00 P.F Earnings (> 6,500.00) 0021774.00

ESI - AMOUNT ON WHICH DEDUCTION MADE 0.00
 EMPLOYEE SHARES 1.75% 0.00
 EMPLOYER'S SHARES 4.75% 0.00
 EPF - AMOUNT ON WHICH DEDUCTION MADE 21,774.00
 EMPLOYEE SHARES 12.00% 3,697.00
 EMPLOYER'S SHARES 3.67% 1,082.00
 EMPLOYER'S SHARES 8.33% 2,615.00
 ACCOUNT 02 0.00% 0.00
 ACCOUNT 21 0.00% 0.00
 ACCOUNT 22 0.00% 0.00

Salary By Cheque

Page No. 1									
Result India									
Salary Statement by Cheque For the Month of March 2006									
Srl. No.	Paycode Name Guardian's Name Designation Department ESI NO. PF NO. Bank A/c No	Present Absent Holiday Leave P.Days	Rate Basic DA HRA Medical	Paid Basic DA HRA Medical Ot. Amt.	Other(E4-E10) Earnings Gross Pay	ESI PF VFP TDS Prof. Tax Loan Advance	Other(D4-D10) Deductions T. Deduction	Net Pay	Signature
1	0004 RAMESH KUAMAR FGFR	0.00 27.00 4.00 0.00 4.00	60,000.00 0.00 0.00 5,000.00	7,742.00 0.00 0.00 5,000.00 0.00	12,742.00	0.00 1,529.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00	11,213.00	
2	001 OM FGFR	1.00 26.00 4.00 0.00 5.00	25,000.00 0.00 0.00 5,000.00	4,032.00 0.00 0.00 5,000.00 0.00	9,032.00	0.00 1,084.00 1,084.00 0.00 0.00 0.00	0.00 0.00 0.00	6,864.00	
					21,774.00		3,697.00	18,077.00	

Salary By Cash

Page No. 1

Salary Statement by Cash For the Month of March 2006

Srl. No.	Paycode Name Guardian's Name Designation Department ESI NO. PF NO.	Present Absent Holiday Leave P.Days	Rate Basic DA HRA	Paid Basic DA HRA Ot. Amt.	Other(E4-E10) Earnings Gross Pay	ESI PF VPF TDS Prof. Tax Loan Advance	Other(D4-D10) Deductions T. Deduction	Net Pay	Signature
1									

Bank Salary Statement

Page No. 1

Result India

Bank Salary Statement For the Month of March 2006

Srl. No.	Paycode Name Guardian's Name Designation Department ESI NO. PF NO. Bank A/c No	Present Absent Holiday Leave P.Days	Rate Basic DA HRA Medical	Paid Basic DA HRA Medical Ot. Amt.	Other(E4-E10) Earnings Gross Pay	ESI PF VPF TDS Prof. Tax Loan Advance	Other(D4-D10) Deductions T. Deduction	Net Pay	Signature
1	0004 RAMESH KUAMAR FGFR 0	0.00 27.00 4.00 0.00 4.00	60,000.00 0.00 0.00 5,000.00	7,742.00 0.00 0.00 5,000.00 0.00	12,742.00	0.00 1,529.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00	11,213.00	
2	001 OM FGFR 0	1.00 26.00 4.00 0.00 5.00	25,000.00 0.00 0.00 5,000.00	4,032.00 0.00 0.00 5,000.00 0.00	9,032.00	0.00 1,084.00 1,084.00 0.00 0.00	0.00 0.00 0.00	6,864.00	
					21,774.00		3,697.00	18,077.00	

Non-Bank Salary Statement

Page No. 1

Non Bank Salary Statement For the Month of March 2006

Srl. No.	Paycode Name Guardian's Name Designation Department ESI NO. PF NO.	Present Absent Holiday Leave P.Days	Rate Basic DA HRA	Paid Basic DA HRA Ot. Amt.	Other(E4-E10) Earnings Gross Pay	ESI PF VPF TDS Prof. Tax Loan Advance	Other(D4-D10) Deductions T. Deduction	Net Pay	Signature
1									

Reimbursement Statement

Page No. 1

Result India

Reimbursement Statement

Srl. No.	EMPLOYEE DETAILS	Reimbursement	
1	Paycode 0004 Name RAMESH KUAMAR F. Name Designation Department FGFR ESI NO. PF NO. 0 Bank A/c No	Total	0.00
2	Paycode 001 Name OM F. Name Designation Department FGFR ESI NO. PF NO. 0 Bank A/c No	Total	0.00

PF Report Set

PF Statement

Ravali India
PF Statement For the Month of March 2006

Page No.: 1
Date: 17-Mar-2006

Paycode	Employee Name & Father/Husband Name	DOJ DOE	# No.	Earning	Employee PF	Cont. PF	Employer Cont.
0004	RAMESH KUMAR	01/03/2006	0	12,742.00	541.00	932.00	1,519.00
001	CM	01/03/2006	0	9,032.00	541.00	1,627.00	1,084.00
Total—				21,774.00	1,082.00	2,615.00	2,613.00

FORM 6 - A (REVISED)
The Employee's Provident Scheme, 1952
 (Paragraph 43)
 AND
The Employee's Pension Scheme , 1995
 (Paragraph 20 (4))

Annual Statement of contribution for the Currency period from March 2006 to March 2006
 Name and Address of the Establishment : Rovalh India
 Rovalh India
 Code No. of the Establishment : Statutory rate of contribution 12%

Sl. No.	Account No.	Name of the member (in block letters)	Wages Remaining if any	Amount of worker's contributions deducted from the wages	Employer's Contribution		Refund of Advance	Rate of higher voluntary contribution (if any)
					E P F DHE between 12% & 8.33%	Pension Fund 8.33%		
1	2	3	4	5	6	7	8	9
1		RAMESH KUAMAR	12,742.00	1,529.00	2,517.00	541.00		
2		OM	9,032.00	1,084.00	2,711.00	541.00		
Total ->			21,774.00	2,613.00	5,228.00	1,082.00		

The Employees Provident Fund Scheme, 1952 **Form 5**

Return of Employees qualifying for membership of Provident Fund during the month of March 2006
 (To be sent to the Commissioner in Duplicate with form 1)

Name and Address of the Factory : **Resuh India**
Resuh India

Register No. of the Factory

Sl. No.	Name of the Employee (in block capitals)	Father's / Husband's Name	Rate of Pay	Sex	DOB	Date of Joining Service	Period of total length of service in the factory ending with the commencement of membership	Account No. to be filled up by the commissioner vide para 37
1	RAMESH KUAMAR		60,000.00	M		01/03/2006	From the Date of Appointment	
2	DM		25,000.00	M		01/03/2006	From the Date of Appointment	

The Employees Provident Fund Scheme, 1952 FORM 10
(Paragraph 32(2) (b))

Return of members leaving during the month of: March 2006
Name and Address of the Factory :

Code Number:
Industry in which the Factory is engaged:

Sl. No.	Account No.	Name of the Employee (in block capitals)	Father's / Husband's Name Name in case of married woman	Date of Leaving Service	Reason for Leaving Service	Remarks
1						

ESI Reports



ESI Statement For the Month of March 2006

Page No. : 1
Date : 17-Mar-2006

Paycode	Employee Name	Department Name	Days	Amount On Which ESI Deducted	ESI Contribution	Employer Contribution	Total
Total Contribution			Total :				

FORM 6
 IN QUADRUPPLICATE Employer's Code No.
Name of Local Office

EMPLOYEES STATE INSURANCE CORPORATION
RETURN OF CONTRIBUTION
 (Regulation 26)

Name & Address of the Factory or Establishment
 Particulars of the Principal Employer:
 a) Name :
 b) Designation :
 c) Residential Address :
 Period From : March 2006 to March 2006

I furnished below the details of the Employer's and Employer's share of contribution in respect of the undementioned insured persons.
 I hereby declare that the return includes every employee, employed directly or through an immediate employer or in connection with the work of the factory establishment of purchase of raw material, sale or distribution of finished products etc. to whom the contribution period to which this return relates applies and that contribution in respect of employer's & employee's share have been correctly paid in accordance with the provisions of Act and regulations relating to the payment of contributions vide challan detailed below :

Total contribution amounting to Rs. _____ comprising of Rs. _____ as employer's share (Total of column 6 of the Return) paid as under

1. Challan dated _____	for Rs. _____
2. Challan dated _____	for Rs. _____
3. Challan dated _____	for Rs. _____
4. Challan dated _____	for Rs. _____
5. Challan dated _____	for Rs. _____
6. Challan dated _____	for Rs. _____

Place _____ Date _____
 Signature _____
 Designation _____

IMPORTANT INSTRUCTIONS

- Information to be given in "Remarks Column No. 8"
 - If any EP, is appointed for the first time and / or leaves service during the contribution period indicate "A" (Date)" and "L" (Date)" in the remarks column (No. 8).
 - Please indicate the name of dispensary to which insured person is attached (to be furnished only once).
 - Please indicate name of dispensary to which insured person is attached in case of new entrants.
 - In case there is change in the name of dispensary, please indicate the name of new dispensary in the remarks column.
- Please indicate insurance Number in Chronological (as sending) order.
- Figures in Column 4,5 & 6 shall be report of wages period ended during the contribution period.
- Invariable strike total of column 4,5 & 6 of the return.
- Non over-riding shall be made. Any Corrections should be signed by the employer.
- Every page of this return should bear full signature and rubber stamp of the employer.
- "Daily Wages" in col. 7 of the return shall be calculated by dividing Figures in Col. 5 by figures in Col 4 to two decimal places.

Statury Report

Proposed Computation Chart

Proposed

Name Of Employee :

Computation of Salary Income For The Financial Year --
(Assessment Year --)

Basic
H.R.A
Conveyance
Leave Salary
Bonus
Int. On Loan

Total
Less : Exemp u/s 10
Conveyance Allowance
H.R.A

Total
Less : Deductions
Standard Deduct 16(I)
Entertainment Allow.
Prof. Tax

Total
Less : u/s Chapter VI
Medicalaim-50 D
L.I.C. Premium 50 CC
Donation-
Interest On Housing Loan

Taxable Salary

Income Tax
Less : Exemp u/s-55
Provident Fund
L.I.C (Primum)
N.S.C
Interest accrued on N.S.C
Investment in Bonds
Principal Amt of Housing Loan
Education Allowance

Rebate

Income Tax Payable

I.Tax Incl. S. Charge

Note :
1) Please submit the proof of Investment on or before 20th Feb, to enable us to arrive at exact tax liability.
2) Submit to proof of payment during the financial year.
3) Please confirm your L.I.C & ULIP amount computed as per last year.

FORM NO. 16
 [See Rule: 31(1)(a)]
 Certificate under section 203 of the Income Act, 1961 for tax deducted at source from income chargeable under the head "Salaries"

Page 1 of 2
Proposed

Name and Address of the Employer: _____
 Name & Designation of the Employee: _____

PAN/Other No. PAN No. PAN No.
 TO'S Circle where Annual Return/Statement under Section 104 is to be filed PERIOD ASSESSMENT YEAR
 FROM TO

DETAIL OF SALARY PAID AND ANY OTHER INCOME AND TAX DEDUCTED

	Rs.	Rs.	Rs.
1. GROSS SALARY			
2. Less: Allowance to the extent exempt under			
(a) Conveyance			
(b) HRA			
3. Balance (1 - 2)			
4. DEDUCTIONS:			
(a) Standard Deduction			
(b) Entertainment Allowance			
(c) Tax on Employment			
5. Aggregate of 4 (a to c)			
6. Inc. Chargeable under the head Salaries (3 - 5)			
7. Add: Other income reported by the employee			
8. GROSS TOTAL INCOME (6 + 7)			
9. Deduction under chapter (VI-A)	Gross Amount	Qualifying Amount	Deductible Amount
(a) Mediclaim			
(b) Donation			
(c) Interest on Housing Loan			
(d) LIC SO CC			
10. Aggregate of deductible amount under chapter VI-A			
11. TOTAL INCOME (8 - 10)			
12. Tax on Total Income			
13. Rebate & Relief under chapter VIII	Gross Amount	Qualifying Amount	Tax / Rebate Relief
I. Under Section 83 (Please Specify)			
(a) Provident Fund			
(b) LIC(Premium)			
(c) NSC			
(d) Interest accrued on NSC			
(e) Investment in Bonds			
(f) Principal Amt of Housing Loan			
(g) Education Allowance			
(h)			
(i) [Total (a) to (h)]			
II. Under Section 83A (Please Specify)	Gross Amount	Qualifying Amount	Tax/Rebate Relief
(a)			
(b)			
(c) Total [(a) + (b)]			
III. Under Section 83C	Gross Amount	Qualifying Amount	
Women Employee Deduction of Income Tax			
IV. Under Section 89 (Attach Details)			
14. Aggregate Tax rebates & relief at 13 above (13) - II(e) - III - IV]			
15. Tax Payable (12-14)			
(a) Surcharge			
(b) Total tax payable			
16. LESS TAX DEDUCTED AT SOURCE			
17. Tax payable / refundable (15-16)			

Loan Advance Reports

Loan Entry Statement



Loan Entry Statement from March 2006 To March 2006

Page No.: 1
Date: 17-Mar-2006

Paycode	Employee Name	Total Amount	Entry Date	Sanction Month	Transaction Month	Installment	No. of Installment

Loan Deuction Statement

Loan Entry Statement from March 2006 To March 2006

Page No.: 1

Date: 17-Mar-2006

Paycode	Employee Name	Total Amount	Entry Date	Sanction Month	Transaction Month	Installment	No. of Installment

Loan Entry Details

Loan Entry Details from March 2006 To March 2006

Page No.: 1
Date: 17-Mar-2006

Payscale	Employee Name	Total Amount	Sanction Month	Transaction Month	Interest/Over	Cash Return	Balance Amount

Advance Entry Statement



Advance Entry Statement from March 2006 To March 2006

Page No.: 1
Date: 17-Mar-2006

Paycode	Employee Name	Total Amount	Entry Date	Sanction Month	Transaction Month	Inrollment	No. of Inrollment

Advance Deduction Statement

Advance Deduction Statement from March 2006 To March 2006

Page No.: 1
Date: 17-Mar-2006

Paycode	Employee Name	Total Amount	Sanction Month	Transaction Month	Intelligence	Cash Return	Balance Amount

Advance Entry Details

Advance Entry Details from March 2006 To March 2006

Page No.: 1
Date: 17-Mar-2006

Payscale	Employee Name	Total Amount	Sanction Month	Transaction Month	Intelligence	Cash Return	Balance Amount

Advance Loan Deduction Summary

Advance Loan Deduction Summary from March 2006 To March 2006

Page No.: 1
Date: 17-Mar-2006

Payscale	Employee Name	Type	Total Amount	Sanction Month	Transaction Month	Installment	Cash Return	Balance Amount

Cash Adjustment Details



Cash Adjustment Details from March 2003 To March 2003

Page No.: 1
Date: 17-Mar-2006

Paycode	Employee Name	Type	Total Amount	Sanction Month	Transaction Month	Cash Return

Arrear
&
Bonus
Reports

Arrear Slip

Arrear Slip Paid in the Month of March 2006					
Paycode		Dept.	Designation	P.F. No.	Run Date : 17-Mar-2006
Rate	Earnings	Deductions		E.S.I No.	
Basic	Salary			ESI	Gross Pay
M.R.A.	M.R.A.			P.F	Deduction
DA	DA			VDF	Net Pay
Days Payable					
For Month					

Arrear Register

Page No. 1

Arrear Register Paid in the Month of March 2006

Srl. No.	Paycode Name Guardian's Name Designation Department ESI NO. PF NO.	P.Days	Rate Basic DA HRA	Paid Basic DA HRA	Other(E4-E10) Earnings Gross Pay	ESI PF VPF	T. Deduction	Net Pay	Signature
1									

Bonus Statement

Page No. 1
Date : 17- March -2006

Bonus Statement from March 2006 To March 2006

Paycode	Employee Name	Department Name	Total Salary	Rate	Bonus
				8.33	
Total					

Bonus Payment Form

Page No. 1
Date: 17-March-2006

Bonus Payment Form from March 2006 To March 2006

Paycode	Employee Name/Department Name	Total Salary Amount	Rate	Bonus Paid	Signature
			5.33		
Total					

Master Reports

Employee Salary Structure

Page No. 1

Result India
Employee Salary Structure Details

Srl. No.	EMPLOYEE DETAILS	EARNINGS		DEDUCTIONS	
1	Paycode 0004 Name RAMESH KUAMAR F. Name Designation Department FGFR ESI NO. PF NO. 0 Bank A/c No	Basic 60,000.00 DA HRA Medical 5,000.00		ESI PF 7,800.00 VPF TDS Prof. Tax	
			Gross Pay	65,000.00	T. Deduction
2	Paycode 001 Name OM F. Name Designation Department FGFR ESI NO. PF NO. 0 Bank A/c No	Basic 25,000.00 DA HRA Conveyance 5,000.00		ESI PF 3,600.00 VPF 3,600.00 TDS Prof. Tax	
			Gross Pay	30,000.00	T. Deduction
					Net Pay

Employee Wise CTC

Srl. No.	EMPLOYEE DETAILS	EARNINGS			
1	Paycode 0004 Name RAMESH KUAMAR F. Name Designation Department FGFR ESI NO. PF NO. 0 Bank A/c No	Basic	60,000.00		ESI 0.00
		DA			PF 7,800.00
		HRA			Monthly CTC 72,800.00
		Medical	5,000.00		Yearly CTC 873,600.00
2	Paycode 001 Name OM F. Name Designation Department FGFR ESI NO. PF NO. 0 Bank A/c No	Basic	25,000.00		ESI 0.00
		DA			PF 3,600.00
		HRA			Monthly CTC 33,600.00
		Conveyance	5,000.00		Yearly CTC 403,200.00

Company Wise CTC

Page No. 1 Cost to Company (Company Wise)

	Basic	DA	HRA		Medical	Other Earnings	ESI	PF	Monthly CTC	Yearly CTC
Result India										
Sub. Total	85,000.00	0.00	0.00	5,000.00	5,000.00	0.00	0.00	11,400.00	106,400.00	
Total	85,000.00	0.00	0.00	5,000.00	5,000.00	0.00	0.00	11,400.00	106,400.00	

Department Wise CTC

Page No. 1 Cost to Company (Department Wise)

	Basic	DA	HRA		Medical	Other Earnings	ESI	PF	Monthly CTC	Yearly CTC
FGFR										
Sub. Total	85,000.00	0.00	0.00	5,000.00	5,000.00	0.00	0.00	11,400.00	106,400.00	
Total	85,000.00	0.00	0.00	5,000.00	5,000.00	0.00	0.00	11,400.00	106,400.00	

Reimbursement Statement

Page No. 1

Result India
Reimbursement Statement

Srl. No.	EMPLOYEE DETAILS	Reimbursement	
1	Paycode 0004 Name RAMESH KUAMAR F. Name Designation Department FGFR ESI NO. PF NO. 0 Bank A/c No	Total	0.00
2	Paycode 001 Name OM F. Name Designation Department FGFR ESI NO. PF NO. 0 Bank A/c No	Total	0.00