Name :_____ Designation : _____ FY 2022-23

Month	B. Pay	DA	CLA	HRA	NPA	PGA	MEA / Rec. A.	OTHER	Other / Arrears	Con. A. Trans. A.	DCPS ADJ	Gross Total	G.P.F DCPS.	DCPS ADJ	G.I.S.	P.T.	Income Tax
Mar																	
April																	
May																	
June																	
July																	
Aug																	
Sept																	
Octo																	
Nov																	
Dec																	
Jan																	
Feb																	
Total																	

Signature