

Date: 00 Month, 20XX

A: New York City- Zip Code   
W: www.domainname.comT: +1 555.456.9870

Tagline will go here

BUSINESS NAME

**SALARY CERTIFICATE**

**TO WHOM IT MAY CONCERN**

**Employee Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | [First -Last Name] | D.O.B: |  |
| ERP CODE# |  | Date of joining: |  |
| Designation |  | Date of retirement: |  |
| Department: |  | Dept Code: |  |

It is to certify that Mr./ Ms./ Mrs. **[NAME HERE]**, S/o, D/o, W/o, [NAME HERE], residing at [ADDRESS] is the permanent employee of the company and serves at [X] department. Pay allowance for the month of **[MONTH/YEAR]** is given as follows,

|  |  |  |  |
| --- | --- | --- | --- |
| **Gross Salary** |  | **Deductions** |  |
| Basic Pay: | $[amount] | EPF | $[amount] |
| DA | $[amount] | Home loan | $[amount] |
| Medical Allowance: | $[amount] | Car loan | $[amount] |
| Misc. | $[amount] | Misc. | $[amount] |
| Gross salary: | $[amount] | Total deductions: | $[amount] |

Net Salary: $[amount]  
Net Salary (In Dollar): $[amount] after deductions.

Place: \_\_\_\_\_\_\_\_\_\_\_\_.

Stamp

Date: \_\_/\_\_/\_\_

**Signature:**