

DATA INPUT SHEET FOR EMPLOYEE PAYMENTS

1. Department :
2. DDO Name :
3. DDO Code :
4. Head of Account :
5. Employee's Name :

6. Employee's designation :
7. Non- Plan / Plan :
8. Permanent / Temporary :
9. Gazetted / Non-Gazetted :
10. For permanent G.O. No. : Dt :
11. For Temporary G.O. No. : Dt :
Continued up to
12. Pay Scale applicable :
13. Pay as on 1- 3-2005 :
14. Date of last Increment :
15. Earning Particulars :
 - (i) PAY :
 - (ii) SPECIAL PAY :
 - (iii) PERSONAL PAY :
 - (iv) P.P. (E.P) :
 - (v) D. A. AMOUNT :
 - (vi) H. R. A. AMOUNT :
 - (vii) C. C. A. :
 - (viii) Physically Handicapped **ALLOWANCE** :
 - (ix) O. C. A. :
 - (x) Others Name : Amount Rs.
 - (xi) Others Name : Amount Rs.
 - (xii) Others Name : Amount Rs.
 - (xiii) Others Name : Amount Rs.
 - (xiv) Others Name : Amount Rs.

TOTAL RS :

16. LOANS AND ADVANCES DRAWN :

- | | | |
|--------------------------------------|-----------------|--------------|
| 1. H. B. A. | Amount Rs. | Date : |
| 2. H. B. A (Repairs) | Amount Rs. | Date : |
| 3. Motor Car Advance | Amount Rs. | Date : |
| 4. Motor Cycle Advance | Amount Rs. | Date : |
| 5. Marriage Advance | Amount Rs. | Date : |
| 6. Cycle Advance | Amount Rs. | Date : |
| 7. Computer Advance | Amount Rs. | Date : |
| 8. L. T. C | | |
| A) Home Town | Amount Rs. | Date : |
| B) Any where in A. P | Amount Rs. | Date : |
| 9. Medical Reimbursement | Amount Rs. | Date : |
| 10. P. T. A | Amount Rs. | Date : |
| 11. Pay Advance | Amount Rs. | Date : |
| 12. Leave Salary Advance | Amount Rs. | Date : |
| 13. Festival Advance | Amount Rs. | Date : |
| 14. Educational Advance | Amount Rs. | Date : |
| 15. Special Festival Adv (APCO) | Amount Rs. | Date : |
| 16. G. P. F Advance Temporary / P. F | Amount Rs. | Date : |
| 17. Educational Fee Concession | Amount Rs. | Date : |
| 18. Surrender Leave | Amount Rs. | Date : |
| 19. Others Name | Amount Rs. | Date : |
| 20. Others Name | Amount Rs. | Date : |
| 21. Others Name | Amount Rs. | Date : |
| 22. Others Name | Amount Rs. | Date : |
| 23. Others Name | Amount Rs. | Date : |

Certified that the above particulars are correct. If at a later date any of them are found incorrect I will be personally responsible for the lapse.

Signature of the Drawing and
Disbursing Officer