

Annexure - 13

(To be submitted with every month bill)

Institute Name: _____

Bill for the Month of _____ **Year of** _____

Sr	Name of Employee	Cadre Name	Total Working Days	Total Present Days	Payment to the Employee	Employee EPF Contribution	Employee ESIC Contribution	Prof. Tax	Employer EPF Contribution	Employer ESIC Contribution	Total
1	2	3	4	5	6	7	8	9	10	11	12
1	X										
2	Y										
3	Z										
	Total										
	GST										
	Grand Total										

Signature & Stamp of Authorized Signatory