



BEML LIMITED



Name : Emp No. : Grade : Category :				Department : Location : ESI No. : EPS No. :				PAN : Bank Name : Account No. : Pay Period :			
R. Pay :	FPI :	DA :	HRA :	SPP :	NPA :	TRA :	WSA :				
PP :	SWT :	SRA :	HTA :	WLD :	SPLA :	DA% :	PFEEx%				
Cal Days	RG Days	Short Min	OT-S Hr	OT-D Hr	NSA II	NSA III	ASA Hrs :	IB Hrs :			
ATTENDANCE DETAIL				EARNINGS				DEDUCTIONS			
16	01	 NEW FRONTIERS, NEW DREAMS						LEAVE BALANCE			
17	02							CL : SL : ELVL :			
18	03							COMPANY LOAN BALANCES			
19	04							PERKS/OTHER INCOME/EXEMPT/REBATES			
20	05										
21	06										
22	07										
23	08							FORM 16 SUMMARY			
24	09										
25	10										
26	11										
27	12							 NEW FRONTIERS, NEW DREAMS			
28	13										
29	14										
30	15										
31											
Adjustment		TOTAL		TOTAL		TOTAL					
Net Pay :											

SPECIMEN COPY
STOCK CONTROL
APW

Name : Department : Location :	Emp No. : Pay Period :
Certified that my Conveyance Expense is not less than my claim for Reimbursement for Car/ Two Wheeler. Certified that I have spent a sum exceeding Rs. 150/250/300/400/500 towards purchase of periodicals.	
Gross :	
Deduction :	
Net Paid :	

Name : Department : Location :	Emp No. : Shift :
Route No. : Destination :	Valid for month : Pass No. :
Not Transferable No Refund for unutilised period To be carried always	
Holder's Signature	Issuing Authority Signature