Ref. No. IIITD/HR/NOC/16/2015/ December 06, 2023

**LAST PAY CERTIFICATE**

1. This is to certify that ……………………(Employee Name), ……………………….(substantive Designation) has been working with the Institute since ………………….(DD/MM/YY). He has been relieved from the services of the Institute w.e.f. ………………….. (FN/AN) to join the post of ………………………….. at ……………………..,on deputation/lien, etc., while holding his post at ………………………. IIIT-Delhi for the period of ………………...
2. Last Basic Pay drawn in Pay Level-………. of the 7th PC Pay Matrix is Rs.……………..
3. He has been paid up to ……………………(DD/MM/YY) as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| **Particulars** | **Amount (Rs.)** | **Particulars** | **Amount (Rs.)** |
| Basic Pay |  |  |  |
| Dearness Allowance |  |  |  |
| HRA\* |  |  |  |
| Transport Allowance |  |  |  |
| Medical Allowance |  |  |  |
| NPS-Employer Contribution |  |  |  |
| Special Faculty Allowance |  |  |  |
| Special Allowance |  |  |  |
| **Monthly Gross Salary** |  | **Total Deductions** |  |

\* if ‘nil’, availed campus accommodation.

1. He/She is member of the NPS and his PRAN is………………..Credit of Employer’s and Employee’s contribution has been made up to…………….(DD/MM/YY).
2. EL balance at his credit as on ………………… is: ……… days
3. He/She has retained/will retain the campus accommodation up to ………………..on payment of licence fee of Rs..........per month which may be remitted to the Institute,
4. He/She has availed Leave Travel Support (LTS) during the block period of two years ……………..for self/family/both (as applicable).
5. He/She is covered under annual Group Health Insurance and Group Life Insurance schemes of the Institute for which deductions have been made.
6. The Statement of Salary paid and Income-Tax deducted from him/her for the FY-2023-24 is annexed herewith at reverse.
7. His/her date of next/last increment is/was ……………………. (stagnated on reaching at maximum of the scale).
8. Subsequent to clearance of No-dues, the recoveries are to be made are as follows:

**Chart of Recoveries:**

1. ….
2. ….
3. ….

To,

IIIT Delhi

Copy to:

1. Sh./Ms………………
2. HR Department

 **Statement of Salary Paid and Income Tax Deducted to ………………………………..**

**In Rs.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Month | Pay, Leave Salary and Allowances  | Fee/Honorarium Other funds | Amount of Income tax recovered | Amount of Other Deductions | Remarks |
| April-2023 |  |  |  |  |  |
| May-2023 |  |  |  |  |  |
| June-2023 |  |  |  |  |  |
| July-2023 |  |  |  |  |  |
| Aug-2023 |  |  |  |  |  |
| Sep-2023 |  |  |  |  |  |
| Oct-2023 |  |  |  |  |  |
| Nov-2023 |  |  |  |  |  |
| Dec-2023 |  |  |  |  |  |
| Jan-2023 |  |  |  |  |  |
| Feb-2023 |  |  |  |  |  |
| Mar-2023 |  |  |  |  |  |
| **Total** |  |  |  |  |  |

Signature of DDO

Designation…………….