

**KERALA STATE ROAD TRANSPORT CORPORATION**  
**LAST PAY CERTIFICATE**

Office of the.....		Station: .....	Date: .....
Name			
Staff No.			
Designation			
Reason for LPC			
Unit to which transferred			
No.& date of order			
Date of relief (FN/AN)			
Joining time admissible			
Date up to which paid			

**Rate at which paid**

Earnings				Deductions			
	Rs	Ps	Remarks		Rs,	Ps.	Remarks
Pay							
Leave salary							
DA							
HRA							
WA							
<b>Total</b>				<b>Total</b>			

PTO

**The details of recoveries towards Income Tax during the period from  
April to date are as follows**

Month	Amount recovered		Month	Amount recovered	
	Rs.	Ps.		Rs.	Ps.
April			October		
May			November		
June			December		
July			January		
August			February		
September			March		
<b>TOTAL</b>			<b>TOTAL</b>		

**Recoveries are to be made from the employee as detailed below:-**

Particulars	Total Amount		Rate p.m	
	Rs.	P	Rs.	P

Bill Clerk      Supdt.Bills.      Supdt Audit      Unit Officer

Forwarded to.