Advance Salary Form (Updated on 20.08.2021)

(In the case of Online Filling, Press Ctrl + S to save the form & no need for the signature.)

Section 1:

		Date:	
Em	ployee Name:	Employee Code:	
Des	signation:	Department:	
Dat	te of Joining:	Contact No	
Add	dress:		
Red	quested Advance Salary (In INR):		
Rea	ason:		
		Employee Signature:	
	After filling, please send this form to Section 2A HOD is requesting advance.	(for all staff except HODs) or Section 2B if any	
Se	ection 2A- Concern HOD:		
Арр	proved Disapproved		
•	If disapproved, please give it back to the originator.	. 🔲	
•	• It is certified that the above advance is genuine and verified by me. Said employee has		
	completed six months from joining.		
Naı	me: De _l	partment:	
Sigi	nature: Dat	te:	
Rer	mark (If any):		
Plea	ase forward this form to Section 3.		
	ection 2B- HR Head (For all HODs except		
	anagement (For HR Head/ Accounts Head):		
App	proved Disapproved		
•	If disapproved, please give it back to the originator.		
•	It is certified that the above advance is genuin	le and verified by me. Said employee has	
.	completed six months from joining.	D. I.	
	me: Signature:		
	mark (If any):		
	ase forward this form to Section 3.		
Se	<u>ection 3- Accounts Department:</u>		
1.	Check that the employee has not taken any advance	for this year. If the said employee has already	
	taken advance once this year, send this form back	to the originator with remarks.	
2.	The above approved amount is disbursed in the em	ployee account if point 1 doesn't apply.	
3.	Mark this amount for deduction in next salary.		
	me: Signature:		
Rer	mark (If any):		
	End of Forn	n	