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:		
Requested Advance Salary (In INR):			
Reason:			
		Employee Signature:	
	• After filling, please send this form to Section 2A (for	r all staff except HODs) or Section 2B if any	
	HOD is requesting advance.		
Section 2A- Concern HOD:			
	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.		
Nar		tment:	
Signature: Date:			
Remark (If any):			
Please forward this form to Section 3.			
Section 2B- HR Head (For all HODs except HR Head/ Accounts Head)/			
Management (For HR Head/ Accounts Head):			
App	proved Disapproved		
•	If disapproved, please give it back to the originator.	7	
•	It is certified that the above advance is genuine	and verified by me. Said employee has	
	completed six months from joining.		
Nar	ne: Signature:	Date:	
Remark (If any):			
Please forward this form to Section 3.			
Section 3- Accounts Department:			
1.	Check that the employee has not taken any advance fo	r 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 emplo	oyee account if point 1 doesn't apply.	
3.	Mark this amount for deduction in next salary.		
Name:			
Remark (If any):			
	End of Form	<u> </u>	