

**NATIONAL INSTITUTE OF SOCIAL DEFENCE  
NEW DELHI**

**PAY SLIP/VOUCHER**

1. NAME OF THE CONSULTANT .....

2. SECTION .....

3. SALARY FOR THE MONTH OF .....

4. NUMBER OF DAYS OF THE MONTH .....

5. LEAVE APPLIED/SANCTIONED DURING THE MONTH .....

6. NO. OF DAYS FOR WHICH LEAVE NOT DUE .....

7. ACTUAL NUMBER OF DAYS FOR WHICH SALARY TO BE PAID (4)–(6) .....

SIGNATURE OF THE CONSULTANT .....

VERIFIED BY DIVISION INCHARGE .....

VERIFIED BY ESTABLISHMENT SECTION .....

SALARY AMOUNT OF RS. ....(IN WORDS) .....

VIDE CHEQUE NO. .... DATED .....

(SIGNATURE OF ACCOUNTS OFFICER)