



F.No: DrTTIT/IQAC/2020-21/OA/Staff/002

Date:

**Application for Issue of Salary Certificate**

Sl.No	Particulars	Data to be filled by Staff
1.	Name of the Staff (In Capital letters)	
2.	Designation	
3.	Department	
4.	Date of Joining the Institution	
5.	No. of year service in the Institution	
6.	Purpose	
7.	Signature of the Staff	
8.	HOD Remarks	
9.	Signature of HOD	
10.	Salary Details from Accounts	
11.	Signature of Accounts head	
12.	Remarks from the Office Superintendent	
13.	Signature of the Office Superintendent	
14.	Signature of the Principal	

Prepared by:

Issued by :

Received by : (Name and Signature)