

HYDERABAD ELECTRIC SUPPLY CO

DATA CELL HESCO HEAD QUARTER



ROOM # 106 & 107, ADMN SECTION 1ST FLOOR, HESCO HEAD QUARTER
WAPDA OFFICES COMPLEX HUSSAINABAD HYDERABAD

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No. CEO/HESCO/Admn & HR Dir/Data-Cell/General/ 4113-4220 Dated: 17 /04/2024

- Chief Financial Officer HESCO Hyderabad.
- Chief Internal Audit HESCO Hyderabad.
- Superintending Engineer Operation Circle HESCO _____.
- Superintending Engineer GSO Circle HESCO Hyderabad.
- Project Director Construction / GSC HESCO Hyderabad.
- Regional Manager (M&T) HESCO Hyderabad.
- Manager HESCO MIS
- Deputy Manager HESCO _____.
- Executive Engineer Operation Division HESCO _____.
- Executive Engineer Construction / GSC / GSO / Civil HESCO _____.
- Revenue Officer HESCO _____.
- SDO Operation / Construction / GSO / GSC HESCO _____.

Subject: PITC PAYROLL -DATA ENTRY / UPDATING FORM

Reference: SOP circulated vide DG HR & Admn Director HESCO letter No. CEO/HESCO/DM(Ser)/A6/PA/15114-15272 dated 15.12.2023

It is apprised that there are still some discrepancies found in the subject Input Forms being submitted to the HR Directorate from different DDOs on monthly basis which need prompt action to overcome the same. Following are the main discrepancies:

1. Incomplete Input Forms / Missing Fields.
2. Incorrect incorporation of data in the Input Forms like employee code, CNIC etc.
3. Missing supporting documents.
4. Unsigned Input Forms.
5. Non stamped signatures.
6. Input Forms improperly signed (Signed by irrelevant incumbent).
7. Over delayed submission of Input Forms after 19th of every month.

In this regard, the revised Input Forms are enclosed with the advise to kindly take prompt action to remove the above discrepancies as well as ensure the following on top priority basis without fail please:

1. The Head of Office i.e SDO / AM / XEN / SE / M / DDO must ensure to designate and authorize, through office order, his dealing clerk LDC / UDC / Assistant / OS who is actually meant to prepare the Payroll / Salaries of his office as per Job Description. Copy of such order along with specimen signature of the dealing clerk as well as Head of Office be provided to this office.
2. The individual signing the Input Forms must affix his Signature, Name, Designation & Stamp. This is to be ensured by the last signing individual i.e DDO.

This is issued with the approval of competent authority.

DA / As above

Copy to:

- Master file.

DEPUTY MANAGER (TMP)
HESCO, HYDERABAD



PITC PAYROLL, DATA ENTRY / UPDATING FORM

FORM #1

Basic Information

Update Delete Hold Add *HR Code

*Department Code *Employee Code

Remarks *Employee Type

*Employee Name *Father's Name

*Designation *Employee Category Officer Staff

*Employee Cadre

EPF / GPF No. Religion Muslim Christian Hindu Other

*CNIC NTN

*Date of Birth D D - | M M - Y | Y Y Y *Date of Appointment D | D - | M M - Y | Y Y Y

*Payment Mode Bank Cash Cheque Bank Branch

Bank Account

Pay Information

*Post Scale	<input type="text"/>	Pay Scale / BPS	<input type="text"/>
*Basic Pay	<input type="text"/>	Personal Pay	<input type="text"/>
Special Pay	<input type="text"/>	ADR-22 Pay (@15%) (Old Basic + PP)	<input type="text"/>
DRA-21 Basic Pay (@25%)	<input type="text"/>	DRA-21 Personal Pay	<input type="text"/>
DRA-22 Basic Pay (@15%)	<input type="text"/>	DRA-22 Personal Pay	<input type="text"/>
ADR-23 Basic Pay (@30-35%)	<input type="text"/>	ADR-23 Personal Pay	<input type="text"/>

Other Information / Basic History

Tax Adjustment Other Taxable Income

No of Unconsumed Units

Dealing Clerk (LDC/UDC/Assistant/OS)	Head of Office (SDO/AM/XEN/DD/SEM)	B&AO/AO/DAO/AM	Drawing & Disbursing Officer
Signature: _____ Name: _____ Desig: _____ Stamp: _____	Signature: _____ Name: _____ Desig: _____ Stamp: _____	Signature: _____ Name: _____ Desig: _____ Stamp: _____	Signature: _____ Name: _____ Desig: _____ Stamp: _____

*FIELDS ARE COMPULSORY

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Department Code _____

Employee Code _____

Basic Allowance

*Station Code: Big City Others

*Head Quarter Allowance: Yes No

*CONV. Allowance: Yes No

Allowance Code: Charge allowances on BPS on POST BPS

*House Rent Option: _____

*Medical Allowance Option: Medical Allowance Medical Facility

Far Flung Area Medical Option: Yes No

Basic Deductions

*Fund option: Pension Optee Fund Optee

*Welfare Fund: Yes No

*Professional Tax Option: Yes No

*Income Tax Deduction: Manual Automatic

Water Charges: _____

*EPF Option: Yes No

*GLI Option: Yes No

Union Fund: _____

Income Tax Amount: _____

Basic History

Progressive Gross Pay: _____

Progressive Income Tax: _____

House Rent Days: _____

Progressive EPF: _____

Full Pay Days: _____

Tax Adjustment: _____

<p>Dealing Clerk (LDC/UDC/Assistant/OS)</p> <p>Signature: _____</p> <p>Name: _____</p> <p>Desig: _____</p> <p>Stamp: _____</p>	<p>Head of Office (SDO/AM/XEN/DD/SE/M)</p> <p>Signature: _____</p> <p>Name: _____</p> <p>Desig: _____</p> <p>Stamp: _____</p>	<p>B&AO/AO/DAO/AM</p> <p>Signature: _____</p> <p>Name: _____</p> <p>Desig: _____</p> <p>Stamp: _____</p>	<p>Drawing & Disbursing Officer</p> <p>Signature: _____</p> <p>Name: _____</p> <p>Desig: _____</p> <p>Stamp: _____</p>
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*Required Fields for New Addition.



Department Code _____

Employee Code _____

Allowances

Allow Code: OPT Code: Allow Amount: Regular: For Current Month Only:

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Allow Code: OPT Code: Allow Amount: Regular: For Current Month Only:

Allow Code: OPT Code: Allow Amount: Regular: For Current Month Only:

Allow Code: OPT Code: Allow Amount: Regular: For Current Month Only:

Allow Code: OPT Code: Allow Amount: Regular: For Current Month Only:

Dealing Clerk (LDC/UDC/Assistant/OS)	Head of Office (SDO/AM/XEN/DD/SE/M)	B&AO/IO/DAO/AM	Drawing & Disbursing Officer
Signature: _____ Name: _____ Desig: _____ Stamp: _____	Signature: _____ Name: _____ Desig: _____ Stamp: _____	Signature: _____ Name: _____ Desig: _____ Stamp: _____	Signature: _____ Name: _____ Desig: _____ Stamp: _____

*Required Fields for New Addition.



Department Code _____

Employee Code _____

Deductions

MISC CODE: [] TOTAL AMOUNT: [] FOR CUR MON: YES NO

MISC CODE: [] TOTAL AMOUNT: [] FOR CUR MON: YES NO

Recovery

RECOV DESC: [] TOTAL AMOUNT: [] TOTAL INSTALLMENTS: []

Advances

ADV CODE: [EPF Advance-1] ADV TYPE: [] TOTAL AMOUNT: [] ADV TOTAL INSTALLMENTS: []

ADV CODE: [EPF Advance-2] ADV TYPE: [] TOTAL AMOUNT: [] ADV TOTAL INSTALLMENTS: []

ADV CODE: [Purchase of Plot] ADV TYPE: [] TOTAL AMOUNT: [] ADV TOTAL INSTALLMENTS: []

ADV CODE: [House Building Advance] ADV TYPE: [] TOTAL AMOUNT: [] ADV TOTAL INSTALLMENTS: []

ADV CODE: [] ADV TYPE: [] TOTAL AMOUNT: [] ADV TOTAL INSTALLMENTS: []

Leaves

LEAVE TYPE: [] FROM DATE: [] TO DATE: [] REMARKS: []

Dealing Clerk (LDC/UDC/Assistant/OS)	Head of Office (SDO/AM/XEN/DD/SE/M)	B&AO/AO/DAO/AM	Drawing & Disbursing Officer
Signature: _____ Name: _____ Desig: _____ Stamp: _____	Signature: _____ Name: _____ Desig: _____ Stamp: _____	Signature: _____ Name: _____ Desig: _____ Stamp: _____	Signature: _____ Name: _____ Desig: _____ Stamp: _____

*Required Fields for New Addition.