## Sindh Employees' Social Security Institution CONTRIBUTION SCHEDULE No.

Registration Number

erial	Social Security Number	Name of employee (Insert in numerical order of Social Security Number)	Designation	GROSS WAGES PER			TIME WORKED	Amount on which Contri- bution is Payable		Employer's Social Security Contribution		REMARKS
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I CERTIFY that this schedule includes the names of all insurable employees of this firm, and all that information given regarding their employment and wages is correct.									1			