

Demand No : _____

APPENDIX -IV B

NOMINAL ROLL OF EMPLOYEES OTHER THAN REGULAR EMPLOYEES HAVING CONSOLIDATED PAY
(i.e. WORK-CHARGED/ ADHOC/ CO-TERMINUS/ CONSOLIDATED) - EXPENDITURE HEAD WISE

NAME OF THE DEPARTMENT _____

NAME OF THE DIVISION _____

DEBITABLE HEAD.....(15 digit expenditure head).

(Figures in Rupee)

Sl. No.	NAME OF THE EMPLOYEES	DESIG-NATION	CATEGORY OF EMPLOYEE i.e WORKCHARGED/ ADHOC/ CO-TERMINUS/ CONSOLIDATED	EMPLOYEE CODE NO.	CONSOLIDA TED PAY	TOTAL Col (6*12)	OTHER ALLOWANCES PER ANNUM	TOTAL PER YEAR (7+8)	REMARKS
1	2	3	4	5	6	7	8	9	10
1						0		0	
2						0		0	
3						0		0	
4						0		0	
5						0		0	
6						0		0	
				Total				0	

\$\$ Please attach relevant notification.

Note: Individual excel sheets to be prepared for individual expenditure heads

Signature of Drawing and Disbursing officer

Signature of H.O.D/ H.O.O