

190/208

FORM-I

Demand No: \_\_\_\_\_

CONSOLIDATED ESTIMATE OF REVENUE RECEIPTS

NAME OF THE DEPARTMENT \_\_\_\_\_

(Rs. in Thousand)

PARTICULARS AND NATURE OF THE RECEIPTS INDICATING MAJOR, MINOR AND DETAILED HEADS (as printed in the Estimates of Receipts)	ACTUAL			ESTIMATE			Remarks
	2021-22	2022-23	2023-24	2024-25 (B.E.)	2024-25 (R.E.)	2025-26 (B.E.)	
1	2	3	4	5	6	7	8
<b>Total</b>							

\*Please restrict the size of the paper to A4

Signature of RCO

Signature of HOD

197 209

**FORM - II**

**Demand No :** \_\_\_\_\_

**CONSOLIDATED ESTIMATE OF REVENUE EXPENDITURE**

**NAME OF THE DEPARTMENT** \_\_\_\_\_

*(Rs. in Thousand)*

PARTICULARS AND NATURE OF THE EXPENDITURE INDICATING MAJOR, MINOR AND DETAILED HEADS <i>(as printed in the Demand for Grants)</i>	ACTUAL			ESTIMATE			Remarks
	2021-22	2022-23	2023-24	2024-25 (B.E.)	2024-25 (R.E.)	2025-26 (B.E.)	
	2	3	4	5	6	7	
<i>1</i>							<i>8</i>
<b>Total</b>							

\*Please restrict the size of the paper to A4

Signature of RCO

Signature of HOD



Demand No: \_\_\_\_\_

APPENDIX-I

CONSOLIDATED ABSTRACT SHOWING NOMINAL ROLL OF REGULAR EMPLOYEES ONLY - EXPENDITURE HEAD WISE

NAME OF THE DEPARTMENT \_\_\_\_\_

(Rs. in thousand)

PARTICULARS AND NATURE OF THE EXPENDITURE INDICATING MAJOR, MINOR AND DETAILED HEADS						Category of Employee (Regular # Only)	Number of Employees	BUDGET ESTIMATE 2025-26	REMARKS
MH	Sub-MH	Minor Head	SH	DH	OH				
1	2	3	4	5	6	7	8	9	10
<b>Total</b>									

\*Please restrict the size of the paper to A4

# Regular employees mean employees drawing regular salary as per the Pay Matrix

Note: The amount in column 9 should be the consolidated figure of Appendix I A - expenditure head wise

Signature of Drawing and Disbursing Officer

Signature of Head of the Department

193 211

APPENDIX - I (A)

Demand No. : \_\_\_\_\_

NOMINAL ROLL OF REGULAR EMPLOYEES ONLY

NAME OF THE DEPARTMENT \_\_\_\_\_

NAME OF THE DIVISION \_\_\_\_\_

DEBITABLE HEAD..... (15 digit Expenditure Head).....

(Figures in Rupees)

Sl. No.	NAME OF THE EMPLOYEES	DESIGNATION	GPF/ CPF No.	PAY IN THE PAY MATRIX AS ON 1.4.2025	NPA IF ANY \$	TOTAL (5+6) x 4 MONTHS	PAY IN THE PAY MATRIX after Increment AS ON 01/07/2025	TOTAL (6+8) x 8 MONTHS	TOTAL (7+9)	D.A. @70% (on Col 10)	S.B.C.A @ 8% (on col 10)	H.R.A. @ 12% (on col 10 (-) NPA)	OTHER ALLOWANCES PER ANNUM	TOTAL PER YEAR (col 10+11+12+13+14)	REMARKS
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1						0		0	0	0	0	42000		42000	
2						0		0	0	0	0	42000		42000	
3						0		0	0	0	0	42000		42000	
4						0		0	0	0	0	42000		42000	
5						0		0	0	0	0	42000		42000	
<b>Total</b>									<b>0</b>	<b>0</b>	<b>0</b>	<b>210000</b>	<b>0</b>	<b>210000</b>	
														<b>Plus 5 % (on total of col 10)</b>	<b>0</b>
														<b>Grand Total</b>	<b>210000</b>

\*Please restrict the size of the paper to A4

\$ Please attach relevant notification.

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

Total of OH 01- Salaries	=	0 (total of Col 10)
Total of OH 07- Allowances:	=	210000
Total DA	=	0
Total of SBCA & HRA	=	210000
Total OA	=	0
Total of OH 06-Medical Allowances	=	0 (total of plus 5% on Col 10)

Signature of Drawing and Disbursing Officer

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





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Demand No. : \_\_\_\_\_

APPENDIX-III

CONSOLIDATED ABSTRACT SHOWING MUSTER ROLL and OFOJ EMPLOYEES only - EXPENDITURE HEAD WISE

NAME OF THE DEPARTMENT \_\_\_\_\_

(Rupees in thousand)

PARTICULARS AND NATURE OF THE EXPENDITURE INDICATING MAJOR, MINOR AND DETAILED HEADS						Category of Employee (MR/ OFOJ)	Number of Employees	BUDGET ESTIMATE 2025-26	REMARKS
MH	Sub-MH	Min Head	SH	DH	OH				
1	2	3	4	5	6	7	8	9	10
<b>Total</b>									

\*Please restrict the size of the paper to A4

Note: The details to be provided under Appendix III should be from 02- Wages only.

Signature of Drawing and Disbursing Officer

Signature of Head of the Department















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Demand No : \_\_\_\_\_

APPENDIX -IV A

**NOMINAL ROLL OF EMPLOYEES OTHER THAN REGULAR EMPLOYEES having TIME SCALE OF PAY  
(i.e. WORK-CHARGED/ ADHOC) - EXPENDITURE HEAD WISE**

NAME OF THE DEPARTMENT \_\_\_\_\_  
 NAME OF THE DIVISION \_\_\_\_\_  
 DEBITABLE HEAD:.....(15 digit expenditure head).....

(Figures in Rupees)

Sl. No.	NAME OF THE EMPLOYEES	DESIGNATION	EMPLOYEE CODE NO.	CATEGORY OF EMPLOYEE (i.e WORKCHARGE D/ADHOC)	PAY IN THE PAY MATRIX AS ON 1.4.2025	NPA IF ANY	TOTAL (5+6) x 4 MONTHS	PAY IN THE PAY MATRIX after Increment AS ON 01/07/2025	TOTAL (6+8) x 8 MONTHS	TOTAL (7+9)	D.A. @70% (on Col 10)	S.B.C.A @ 8% (on col 10)	H.R.A. @ 12% (on col 10 (-) NPA)	OTHER ALLOWANCES PER ANNUM \$	TOTAL PER YEAR (col 10+11+12+13+14)	REMARKS
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
							0		0	0	0	0	42000		42000	
1							0		0	0	0	0	42000		42000	
2							0		0	0	0	0	42000		42000	
3							0		0	0	0	0	42000		42000	
4							0		0	0	0	0	42000		42000	
5							0		0	0	0	0	42000		42000	
<b>Total</b>									<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>210000</b>		<b>210000</b>	
										<b>Plus 5 % (on total of col 10)</b>				<b>0</b>		
										<b>Grand Total</b>				<b>210000</b>		

\*Please restrict the size of the paper to A4  
 \$ 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

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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	DESIGNATION	CATEGORY OF EMPLOYEE i.e WORKCHARGED/ ADHOC/ CO-TERMINUS/ CONSOLIDATED	EMPLOYEE CODE NO.	CONSOLIDATED 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
						0		0	
1						0		0	
2						0		0	
3						0		0	
4						0		0	
5						0		0	
6						0		0	
				<b>Total</b>		<b>0</b>		<b>0</b>	

\$\$ Please attach relevant notification.

\$ 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





APPENDIX -V(B)

LIST OF FUNCTIONAL VEHICLES

NAME OF THE DEPARTMENT \_\_\_\_\_

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( Figures in Rupees)

Sl. No.	VEHICLE NO.	DATE OF PURCHASE	MAKE /MODEL	COST OF VEHICLE
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

\* Please restrict the size of the paper to A4

Signature of D&DO

Signature of Head of the Department





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APPENDIX - VI (A)

Demand No. : \_\_\_\_\_

NOMINAL ROLL OF EMPLOYEES ON REGULAR SCALE ONLY

**GRANTS IN AID- SALARIES**

NAME OF THE PSU/ORGANISATION \_\_\_\_\_

NAME OF THE DIVISION \_\_\_\_\_

DEBITABLE HEAD..... (15 digit Expenditure Head).....

(Figures in Rupees)

Sl. No.	NAME OF THE EMPLOYEES	DESIG-NATION	GPF/ CPF No.	PAY IN THE PAY MATRIX AS ON 1.4.2025	NPA IF ANY \$	TOTAL (5+6) x 4 MONTHS	PAY IN THE PAY MATRIX after Increment AS ON 01/07/2025	TOTAL (6+8) x 8 MONTHS	TOTAL (7+9)	D.A. @70% (on Col 10)	S.B.C.A @ 8% (on col 10)	H.R.A. @ 12% (on col 10 (-) NPA)	OTHER ALLOW-ANCES PER ANNUM S	TOTAL PER YEAR (col 10+11+12+13 +14)	REMARKS
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						0		0	0	0	0	42000		42000	
1						0		0	0	0	0	42000		42000	
2						0		0	0	0	0	42000		42000	
3						0		0	0	0	0	42000		42000	
4						0		0	0	0	0	42000		42000	
5						0		0	0	0	0	42000		42000	
<b>Total</b>									<b>0</b>	<b>0</b>	<b>0</b>	<b>210000</b>		<b>210000</b>	
														Plus 5 % (on total of col 10)	0
														<b>Grand Total</b>	<b>210000</b>

\*Please restrict the size of the paper to A4

\$ 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





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Demand No : \_\_\_\_\_

APPENDIX -VI C

**NOMINAL ROLL OF EMPLOYEES OTHER THAN REGULAR EMPLOYEES having TIME SCALE OF PAY  
(i.e. WORK-CHARGED/ ADHOC) - EXPENDITURE HEAD WISE**

NAME OF THE DEPARTMENT \_\_\_\_\_

NAME OF THE DIVISION \_\_\_\_\_

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

(Figures in Rupees)

Sl. No.	NAME OF THE EMPLOYEES	DESIGNATION	EMPLOYEE CODE NO.	CATEGORY OF EMPLOYEE (i.e. WORKCHARGED/ADHOC)	PAY IN THE PAY MATRIX AS ON 1.4.2025	NPA IF ANY	TOTAL (5+6) x 4 MONTHS	PAY IN THE PAY MATRIX after Increment AS ON 01/07/2025	TOTAL (6+8) x 8 MONTHS	TOTAL (7+9)	D.A. @70% (on Col 10)	S.B.C.A @ 8% (on col 10)	H.R.A. @ 12% (on col 10 (-) NPA)	OTHER ALLOWANCES PER ANNUMS	TOTAL PER YEAR (col 10+11+12+13+14)	REMARKS
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
							0		0	0	0	0	42000		42000	
1							0		0	0	0	0	42000		42000	
2							0		0	0	0	0	42000		42000	
3							0		0	0	0	0	42000		42000	
4							0		0	0	0	0	42000		42000	
5							0		0	0	0	0	42000		42000	
<b>Total</b>									<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>210000</b>		<b>210000</b>	
															<b>Plus 5 % (on total of col 10)</b>	<b>0</b>
															<b>Grand Total</b>	<b>210000</b>

\*Please restrict the size of the paper to A4

§ 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