Demand No. :

APPENDIX -I(b)

CONSOLIDATED STATEMENT SHOWING TOTAL REGULAR EMPLOYEES DESIGNATION WISE UNDER THE DEPARTMENT

NAME OF THE DEPARTMENT _____ DEBITABLE HEAD_____

(NON-PLAN)

Sl.No.	Posts	PAY BAND	GRADE PAY	Number of Employees				()]
				2009-10	2010-11	2011-12	2012-13 (Est)	Remarks
1	2	3	4	5	6	7	8	9
TOTAL								

*Please restrict the size of the paper to A4

Signature of Head of the Department