Demand No.:

APPENDIX -III(b)

CONSOLIDATED STATEMENT SHOWING TOTAL MUSTER ROLL EMPLOYEES DESIGNATION WISE UNDER THE DEPARTMENT

NAME OF THE DEPARTMENT	_
DEBITABLE HEAD	
	(NON-PLAN)

Sl.No.	Posts	DAILY WAGES	Number of Employees			Dl	
			2009-10	2010-11	2011-12	2012-13	Remarks
1	2	3	4	5	6	7	8
			+				
	TOTAL						

^{*}Please restrict the size of the paper to A4

Signature of Head of the Department