Demand No. :

F O R M – I

CONSOLIDATED ESTIMATE OF REVENUE RECEIPTS

NAME OF THE DEPARTMENT ______

											(in thousand)
PARTICULARS AND NATURE OF THE RECEIPTS INDICATING MAJOR, MINOR AND DETAILED HEADS	ACTUAL			ESTIMATE								
	2008-09	2009-10	2010-11	2011-12 (B.E.)	2011-12 (R.E.)	2012-13 (B.E.)	2013-14	2014-15	2015-16	2016-17	TOTAL (Col No 7 to 11)	Remarks
1	2	3	4	5	6	7	8	9	10	11	12	13
Total												

*Please restrict the size of the paper to A4

Signature of Drawing and Disbursing Officer

Signature of Head of the Department