

**APPENDIX -III (C)**

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

**DETAILS OF OFOJ EMPLOYEES appointed on Consolidated Pay**

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

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

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

( Figures in Rupees)

SL.NO.	NAME	DESIGNATION	EMPLOYEE Code No.	DAILY WAGES	TOTAL PER ANNUM for the financial year 2023-24 (12 x Col. 5)	Other Allowance	Total (6+7)	REMARKS
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>
					0			
					0			
					0			
					0			
					0			
					0			
					0			
					0			
					0			
					0			
					0			
<b>Gross Total</b>					<b>0</b>			

\*Please restrict the size of the paper to A4

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

Signature of DDO

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