Demand No. :

APPENDIX -IV(b)

CONSOLIDATED ABSTRACT SHOWING NOMINAL ROLL OF EMPLOYEES OTHER THAN REGULAR EMPLOYEES (i.e. WORK–CHARGED/ ADHOC/ CO-TERMINUS/ CONSOLIDATED) - EXPENDITURE HEAD WISE

NAME OF THE DEPARTMENT _____
DEBITABLE HEAD_____

(NON-PLAN)

Sl.No.	Posts	PAY BAND	GRADE PAY	Number of Employees				Remarks
				2009-10	2010-11	2011-12	2012-13 (Est)	
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