MANDAL PARISHAD, _____

EWF SCHEDULE (8121-00-117-00-01-000-000)

DDO Name : MEO _____ DDO Code: _____			Bill NO.	
S.No	**Employee Code**	**Name of the Employee**	**EWF CONTRN.**	Remarks

Sl. No.	Employee Code	Name of the Employee	EWF Contrn.	Remarks