MANDAL PARISHAD, _____

P T SCHEDULE (0028-00-107-00-01-000-000)

DDO Name : MEO_____				Bill No.	
DDO Code: _____					
S.No	**Employee Code**	**Name of the Employee**	**Gross Amount**	**Professional Tax**	Remarks

Sl. NO.	Employee Code	Name of the Employee	Gross Amount	Professional Tax	Remarks