MANDAL PARISHAD,_____

EHS SCHEDULE (8342-00-120-01-02-001-001)

DDC	Name : ME	0	Bill No.			
DDC	Code:					
S.No		Name of the Employee	Scale of Pay	Sub scription	Group	Total

Page NO.								
SI. No.	Employee Code	Name of the Employee	Scale of Pay	Sub scription	Group	Total		

