MANDAL PARISHAD, _____

SWF SCHEDULE (8342-00-101-01-02-011-001)

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

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