

MONTHLY WISE APGLI ENHANCED TEACHERS PARTICULARS OF _____ MANDAL

MONTH&YEAR: _____ CFMS BILL NO: _____ TOTAL CONTRN. Rs. _____/-

Sl. No.	Name of the Teacher & Desgn.	School Name	APGLI No.	Existing Contrn.	Revised Contrn.	Diff Contrn. (To be Issued Bond)	Remarks
1							
2							
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12							

