**Demand No. : _____**

**APPENDIX- IV**

**CONSOLIDATED ABSTRACT SHOWING NOMINAL ROLL OF EMPLOYEES OTHER THAN REGULAR EMPLOYEES (i.e. WORK–CHARGED/ ADHOC/ CO-TERMINUS/ CONSOLIDATED) - EXPENDITURE HEAD WISE**

**NAME OF THE DEPARTMENT _____**

*(Rs. in thousand)*

| PARTICULARS AND NATURE OF THE EXPENDITURE INDICATING MAJOR, MINOR AND DETAILED HEADS | | | | | | Category of Employee | Number of Employees | BUDGET ESTIMATE 2023-24 | REMARKS |
|---|---|---|---|---|---|---|---|---|---|
| MH | Sub-MH | Min Head | SH | DH | OH | | | | |
| *1* | *2* | *3* | *4* | *5* | *6* | *7* | *8* | *9* | *10* |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | **Total** | | | | |

*Please restrict the size of the paper to A4

***Note: The expenditure for the specified category of employees (i.e.Workcharged, Adhoc, Co-terminus, Consolidated, etc.) should be made only from 02- Wages. Also, specific number of employes under each category to be stated in column 7 & 8 head-wise respectively***

**Signature of Drawing and Disbursing Officer** **Signature of Head of the Department**