

FORMAT B

SI No	Name of the Department	Name of the Office	Post Sanction No & Date (enclosed the copy alongwith retention)	Name of the incumbent	Designation	From which date	Monthly gross salary	Budget Head	Nature old/ New Appointee	Outgo from current budget for current salary of new appointee	Outgo from current budget for Arrear Salary for new appoontee	File No	DDO Code	Remarks

Signatures

FA/ Senior FA
Date

Head of the Department
Date

Head of Administrative Department
Date: