**Form:C**

**List of Employee**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sl | Name and address of the employee | Category:Managerial/Supervisory/Skilled/Semi-Skilled/Un-Skilled | Caste:General/SC/ST/OBC/Minority | Male/Female | Technical/Non-technical | Monthly Salary |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

 Signature of the applicant/Authorized person

 Seal:

 Date: