SHEET FOR RECORDING VERIFICATION REMARKS BY THE VERIFYING AUTHORITY

Name of Department/Establishment:- Civil Defence & Home Guards, Nagaland, Kohima

Date of Physical Verification:-

Sl.No,	Name of Employee	Designation	Scale pay or fixed wages	Date of Appointment	Copy of Appointment Order	PID	Remarks by Verifying Authority
1	2	3	4	5	6	7	8
1	Smti Savili	Sweeper	Fixed	As furnished by dept.	Produced	✓	Verified.
2	Smti Kevilenuo Yhome	Sweeper	Fixed	- do -	Produced	✓	Verified.

Name, Designation & Signature of Departmental Representative: 20/4/16. (S. Rotokha Khimomi) SSO HG HQrs

Name & Signature of Verifying Team Member:

20/04 (AKUNO S. MEYASE)

20/4/16 (MOANOK)

20/4/16 (SELICHUM THONGTSAA)

(CUKCHOYS CHAKHESANG)

20/4/16. (Y. METCHIY)