

## SHEET FOR RECORDING VERIFICATION REMARKS BY THE VERIFYING AUTHORITY

Name of Department / Establishment : *Directorate of Sainik Welfare & Resettlement*  
 Date of Physical Verification : *25.5.16*

| Sl. No. | Name of Employee         | Designation    | Scale pay or fixed wages | Date of Appointment | Copy of Appointment Order | PID                | Remarks by the Verifying Authority                           |
|---------|--------------------------|----------------|--------------------------|---------------------|---------------------------|--------------------|--------------------------------------------------------------|
| 1       | 2                        | 3              | 4                        | 5                   | 6                         | 7                  | 8                                                            |
| 1.      | <i>Shri. Yilobemolhu</i> | <i>Sweeper</i> | <i>Contingent</i>        | <i>1.8.12</i>       | <i>Encl.</i>              | <i>Not issued.</i> | <i>This incumbent is replaced by Shri. Ghanashyam Budhan</i> |
|         |                          |                |                          |                     |                           |                    |                                                              |
|         |                          |                |                          |                     |                           |                    |                                                              |
|         |                          |                |                          |                     |                           |                    |                                                              |
|         |                          |                |                          |                     |                           |                    |                                                              |
|         |                          |                |                          |                     |                           |                    |                                                              |

*Brig. R. Choudhary (Retd)*  
 Name, Designation & Signature of Department Representative : *9436216593*  
 Name & Signature of the Verifying Team Members :

*(Signature)*  
*25/5/16*

*(Signature)*  
*25/5/16*  
*(SEKHOLIN)*

*(Signature)*  
*25/5/16*  
*(MOJANGH RLY)*  
*4/5 1044*  
*(WEPH THDPI)*  
*Under Secretary*  
*Police General*

*(Signature)*  
*25/5/16*  
*Imapeng Shilong*  
*Vigilance*

*(263)*