

SHEET FOR RECORDING VERIFICATION REMARKS BY THE VERIFYING AUTHORITY

Name of Department/Establishment:- State Election Commission, Nagaland, Kohima

Date of Physical Verification:- 27/4/16

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
01.	Kum Watiyangla Ao	Sweeper cum Mali	fixed pay	1-12-2007	Produced	✓	Person verified genuine

Name & Signature of Departmental Representative:-

Name & Signature of Verifying Team Members:-

1. *(Signature)*
(K. KENSE) Insp.
Vigilance

2. *(Signature)*
(IMTI) LONGCHAK
By. Team Leader

3. *(Signature)*
27-4-16
N. MERO
Under Secy.

4. *(Signature)*
27/4/16
(ANDREW C. IMTI)
U/S

5. *(Signature)* 27/4/16
(K. KENSE) Insp.
Vigilance