ANNEXURE 10

TRIPURA RURAL EMPLOYMENT GUARANTEE SCHEME
FORM NO. 10

Employment data to be sent to G.P & P.O. by other implementing agency

Financial Year | Month | Name of the implementing agency

Scheme Number | Scheme Name

Name of the GP | Name of the Block

Sl No	Name of the worker	Registration no./Bye No.	Period for which worked			Wages paid (Rs)	Muster roll number	Scheme number	Remarks
			From	To	No. of days				

Enclosed: the duplicate copy of the muster rolls for this month for this scheme
from serial number to serial number

Signature of the competent authority of the implementing agency