The details of extra hours of work actually performed by Group 'C' & 'D' employees as per approval already obtained and enclosed

Section:_____ **For the month of:_____** **Date:_____**

Sr. No.	Name	Designation	Day	Date	Normal working Hours		Actual extra hours of duty performed		Total hours of column 7	Grand Total of Sr. No. 1
					From	To	From	To		
1	**2**	**3**	**4**	**5**	**6**		**7**		**8**	**9**

Section Head AR/DR REGISTRAR

To: (A/cs)