MADC DEPARTMENTAL STRENGTH DATA INFORMATION FORM

NAME OF DEPARTMENT :					
	Sl./No.	NAME	DESIGNATION	COMPUTER REQUIRE (YES/NO)	NO. FILES TO DIGITIZE
STAFF:	1				
STAFT.	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10				4
	11				_
	12				-
	13				-
	14 15				-
	15				
DEPARTMENT					
AL WORKDS :					
DEPARTMENT					
ACHIEVMENT :					
ONGOING					
PROJECT :					
TROJECT.					
FUTURE					
PROJECT:					

Seal & Signature of HOD

Prepared by, Information & Technology Wings Mara Autonomous District Council Siaha