



M.L.INTERNATIONAL
Social Organization

MONSOON LILY INTERNATIONAL

DATE...../...../.....

DISTRICT AREA MANAGER(DAM) SHEET

NAMEM.NO.....DISTRICT.....
STATE.....PIN.....ID.....

Sl.No.	NAME	POST	MOBILE NO.	AREA
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

STATE AREA MANAGER(SAM)

ID NO..... OFFICE CODE NO.....

STAMP SIGNATURE

DISTRICT AREA MANAGER(DAM)

SIGNATURE