



# HEALTH DEPARTMENT

## MUSTER ROLL NO. 3405

(From 1-1-07 To 31-1-07)

(11) Daily wages 5105/1.83  
Only two sheet (1+1=2)

Approval No. 4838/19/Chairperson, dt-7-0-08

Circle No. XI Voucher No. 3342 Dated .....

Accountant (HG)

CHIEF MEDICAL OFFICER

### PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From.....To.....		Total	Rate Rs. P.	Amount Rs P.	Sign, or thumb impression of payee and dated initials of paying officer made at the time of payment
			1	2				
1	SH Sandeep & Maheshwari D-195 Mathiswarai T-01 Bann Nagar	Worker	1	2	22000	125-86 + CA	3463-02	(Signature)
2	SH Mahendra Babu Nangal T-01 Bann Nagar	Worker	1	2	22000		2821-02	(Signature)
3	Sanita Devi Ram Kishan H 110 15 D/S Ali Gopi Lalbi Calcutta 14, Delhi-03	Worker	1	2	22000		3463-02	(Signature)
4	San Devi with Rajendra H 110 105 Bapu Bhan Chamkya puri 21 ID	Worker	1	2	22000		3463-02	(Signature)
5	SH Mahendra Babu Jeeti S-63 B-R Lane Khanpur Calcutta 210	Worker	1	2	22000		3463-02	(Signature)
6	SH Vinayaka SB Bhandari H-95 Ali Gopi Lalbi Calcutta 210	Worker	1	2	22000		3463-02	(Signature)
			Daily Total		157	G. Total	29136	

Pay Rs. .... (Rupees)

Accountant (HG)

M.O.H.

Sr. A.O

Grand Total of this Muster Roll ...

Deduct: Payment made, as per details transferred to Register of Unpaid Wages

Total amount paid (in words) Rupees ... Balance Paid

Certified that the workers mentioned in the muster roll were actually employed by me on NDMC work(s) and they were actually paid on my identification in my presence.

Rs.	P.
-----	----