

**HEALTH DEPARTMENT**

**MUSTER ROLL NO. 3487**

(From 24-1-07 To 31-1-07)

Circle No. 7 Voucher No. 6214 Dated 12/2/07

In continuation of Muster Roll No. 6214

**PART-NOMINAL-ROLL**

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From To																															Rate	Amount	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
7	Hankiray S D Abd. Palika Dham H. 2	Dairy Wages																																		
8	AD29 D1051208 ADD - Nilaye MATHAR Den	-do-																																		
9	Rinkay 210 Kaly- ADD - Sultanpur Den	-do-																																		
10	Kanday Misradik. ADD. Hajyan B. 21 Hajyan B. 21	-do-																																		
11	bikeyan B. 21 ADD. Sakin P. 21 Pay to Staff K. 89801 B.P. 1. - Mid - C.T. = 6. 89801	-do-																																		
Entirely been made - kesist S. 14. 290 S. 14. 290 S. 14. 290 S. 14. 290		Initials of person marking the daily attendance																																		
Pay Rs. 89801 (Rupees: 89801)		Daily Total																																Rs. P.	89801	
Accountant (HG) [Signature]		Chief Medical Officer																																Rs.	89801	

Accountant (HG) [Signature] M. J. MISHRA  
A. D. J. MISHRA  
M.D.M.C., Palika Kendra

M.O.H. [Signature] 12.02.07

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 that they were actually paid on my identification in my presence.

**CANCELLED**  
70 (Public Health)  
N.D.M.C., Palika Kendra  
Released Muster Roll

CHIEF MEDICAL OFFICER

[Signature]

(1) Kanday Misradik, B. 21, 2005-2014  
Cont. Sheet No. 2.

# HEALTH DEPARTMENT

**MUSTER ROLL NO.** 3497

(From 24-1-07 To 31-1-07)

Circle No. **I** Voucher No. **Freesh** Dated .....

PART-NOMINAL-ROLL

Accountant (HG)

CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From..... To.....		Daily Total	Rate	Amount	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
			1	2				
①	Sureswar S/O ADD - Palika Dary M.O.	During wages					898	(Signature)
②	Ranjeta S/O Manoj ADD - Leekhythudumy M.O.						898	(Signature)
③	Abhikanta K/SO - Shree Bhawan ADD - Ghile Pundol						898	(Signature)
④	Vinod S/O Mohinder ADD - Heringan Bada M.O.						898	(Signature)
⑤	Meharaj S/O Vinod ADD - Heringan Bada M.O.						898	(Signature)
⑥	Leera S/O Mahesh ADD - Sultanpur						898	(Signature)
	Initials of person marking the daily attendance							
	Initials of Inspecting Officer							
	Pay Rs. .... (Rupees)							

① Daily wages Rs. 125.00, @ 125.00/Day  
Only two sheets (1+1=2)

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: .....

Rs. P.

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.

Balance Paid