











# MUSTER ROLL NO

# HEALTH DEPARTMENT

Circle No. 1 Voucher No. Rmk

In continuation of Muster Roll No. Rmk

(From 1/1/07 To 31/7/07)

### 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.....																															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			
9	Sri Lalabai Kom Soti Singh ADD -		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	24
10	Sri. Kariender So Dejaral ADD -		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	31
11	Sri. Rajan So Chinnam Kom ADD -		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	29	
12	Sri. Om Prakash So Kamsabai ADD -		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	31	
13	Sri. Chetgoio Rai So ADD -		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	24	
14	Sri. Durgabai Mukesh ADD -		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	16/1	
Daily Total																																		G. Total	U1238	

Pay Rs. .... (Rupees) .....

Initials of person marking the daily attendance  
Initials of Inspecting Officer

Accountant (HG) M.O.H. Sr. A.O.

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.

Grand Total of this Muster Roll ...	Rs. 2	P.
Deduct-Payment made, as per details transferred to Register of Unpaid Wages		
Total amount paid (in words) Rupees.....		Balance Paid

Signatures and stamps of the Chief Medical Officer and Inspecting Officer, including a thumb impression.



