

# HEALTH DEPARTMENT

## MUSTER ROLL NO. 3445

(From 1-2-07 To 19-2-07)

Only done sheets (1+1=2)

Circle No. IV Voucher No. 3398 Dated .....

### PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From .....		To .....	Total	Rate		Amount	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
			1	2			Rs.	P.		
1	Smt Pavanwati W/o Rajwade F-2 Nalika Dham N.D.		P	P	P	16	129.40	2082-00	2082-00	[Signature]
2	Smt Suelka W/o Rajwan G-11 Nalika Dham N.D.		P	P	P	11	1132-00	1432-00		[Signature]
3	S.H. Ravi Sgarwarkar Sre-4 Rakhni Delhi		P	P	P	3	130-00	390-00	390-00	[Signature]
Daily Total						30		3888-00		
Initials of person marking the daily attendance								3904-00		
Initials of Inspecting Officer										

Accountant (HG)

CHIEF MEDICAL OFFICER

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

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.

Sanitation Officer

