Approval of Chairperson at pay Sl/N, dt. 3-4-07

HEALTH DEPARTMENT

MUSTER ROLL NO. 35-45 (From 28-3-07 To 31-3-07) (4 Dailywager S.Ks/L.Rs for 59 days Only one sheet.

Circle No. IV Voucher No. 44/N Dated 8/5/07

In continuation of Muster Roll No. Fresh

PART-NOMINAL-ROLL

Accountant (HG), CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped accrding to classes	Designation	Dates From.....To..... 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	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.	Smt Sangeeta D/o Sardari Add:— S-43, Haiyan Basti N.D.		P P P P	4	127-40 466-00	519-00 520	
2.	Sh. Sewerh s/o Parkash Add:— F-29 Haiyan Basti N.D.		P P P	3	11	390-00	
3.	Sh. Chandsi s/o Laxman Add:—		P P P	3	11	390-00	
4.	Smt Sudha w/o Laxman F-2 Pehlika Dhani N.D		P P	2	11	260-00	
	Daily Wage Staff Rs 1560- BIP Rs Nil CH Rs 1560-			12		G. Total 1559-00 1560-	

Daily Total

Initials of person marking the daily attendance

Initials of Inspecting Officer

Pay Rs. 1560.00 (Rupees One thousand five hundred sixty only)

VERIFIED FOR CAS./CHEQUE PAYMENT Head Cashier

07/5/07 Received Cash/Cheque at 11.50 Am Entry No. Page No. 98 Sheet No. 130.

50 CHQ 12-15

7-5-07

Accountant (HG)

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.

CANCELLED

M.O.H. Sr. A.O (P.H)

Grand Total of this Muster Roll ... ... Rs. P.

SNo 1 to 4 signs JRT-I/LT-I Attdce

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

Paid in full

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