O.O.No. D/51/C.M.O.(HQ), dt. 28.2.07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3540 (From 1-4-07 To 30-4-07) (06) Daily wager S.Ks/L.Bs

Only one sheet.

Circle No. XI Voucher No. 37/H Dated 7/5/07

In continuation of Muster Roll No. 3571

Accountant (HG), CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

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 Maya w/o Bal Kishan H/40 ST Harijan Basti Mandir Marg N.D	Daily wager S.Ks	S P P P - - S P P P P P P S P P P P P P S P P P P P P