







# HEALTH DEPARTMENT

**MUSTER ROLL NO. 3631**

(From 28.5.04 To 31.5.04)

10 Bailiways 2.15/1.15  
Comd. sheet No. 51

Circle No. **8** Voucher No. **FRS 8** 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 .....																															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	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				
21.	Sh. Sathis Sh. Rupa Chandy 8580 P.R. Road N.D.																																	18740	10380	519-00	<i>[Signature]</i>
22.	Sh. Binle w/sh. Nathali Ram F-16 D-stony kelli Colony N.D.																																	210-	519-00	519-00	<i>[Signature]</i>
23.	Sh. Manoj Sh. Bele Ram 97 N.D.M.C. Housing Complex Mandli Mang N.D.																																210-	519-00	519-00	<i>[Signature]</i>	
24.	Sh. Ajay K.L. Sh. Rama Manoj 129 Balnibiki Sadan Mandli Mang N.D.																																210-	519-00	519-00	<i>[Signature]</i>	
25.	Sh. Ajay Sh. Rajal 94 Balnibiki Sadan Mandli Mang N.D.																																210-	519-00	519-00	<i>[Signature]</i>	
		Daily Total																															96445	12456-00	12456-00	<i>[Signature]</i>	
		Initials of person marking the daily attendance																																			
		Initials of Inspecting Officer																																			

Pay Rs. .... (Rupees)

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 ...  
Deduct-Payment made, as per details transferred to Register of Unpaid Wages ...  
Total amount paid (in words) Rupees. .... Balance Paid

Rs.	P.

Approval No: 951/98/Chairperson, Sr. S.H.O.

**MUSTER ROLL NO. 3631**

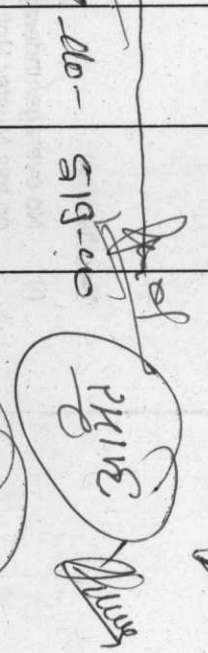
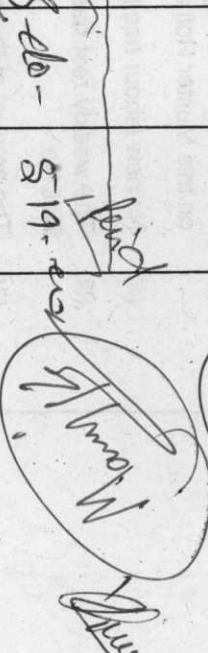

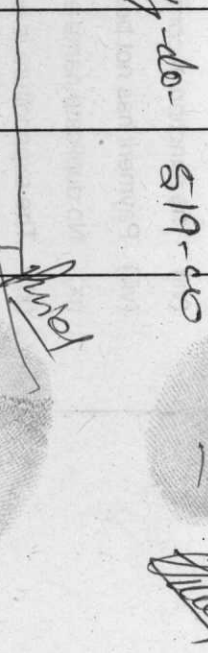
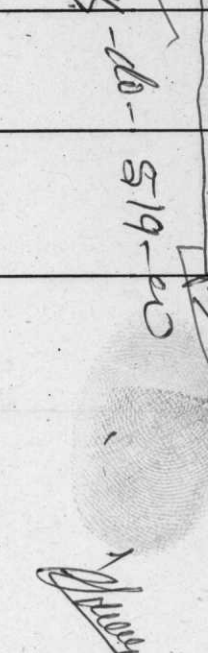
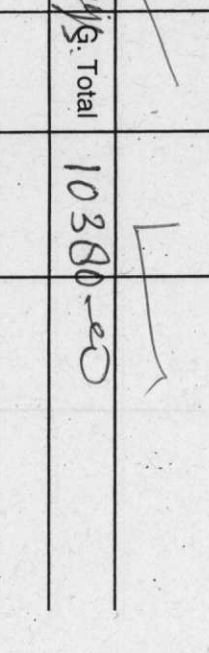
**HEALTH DEPARTMENT**

Circle No. X Voucher No. ... Dated ...  
 In continuation of Muster Roll No. ...

(From 28.5.04 To 31.5.04)

(40) Bailungar S.K. / L.R. /  
 Comb. sheet No. 4,

**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	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					
✓ 16.	B. Mahesh s/o B. Suresh A-23 Palika Dham Ude Market N.D.																																		187.40	Rs. P.	519.00	 Rs. 519.00 P. B. Mahesh
17.	B. Amit s/o B. Balbir Singh B-6 Palika Dham Ude Market N.D.																																		do -	Rs. P.	519.00	 Rs. 519.00 P. B. Amit
18.	B. Manoj k/s B. Ram Chandra C-35/87 R. D. 12 Area Sec-4 Regis Bagan N.D.																																		do -	Rs. P.	519.00	 Rs. 519.00 P. B. Manoj
19.	B. Kaishwati s/o B. Ram Chandra A/501 Satya Nagar Chowk N.D.																																		do -	Rs. P.	519.00	 Rs. 519.00 P. B. Kaishwati
20.	B. Ajay k/s B. Ram Chandra																																		do -	Rs. P.	519.00	 Rs. 519.00 P. B. Ajay
		Daily Total																																	55555	Rs. P.	10380.00	 Rs. 10380.00 P. [Signature]

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

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 ...

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

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

Accountant (HG)

CHIEF MEDICAL OFFICER

Rs.	P.
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Approval No. 981/23 (Chairperson), dt. 24.2.07

# HEALTH DEPARTMENT

**MUSTER ROLL NO. 3631**

(From 28.5.07 To 31.5.07)

(40) Daily wages S. Rs. 11.50  
Cont. sheet No. 5.

Circle No. X Voucher No. .... 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.....																															Total	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				
11.	Sh. Gurmeet Kishor Sh. Ravi Lal A-45 Indira Enclave No.1 Kirti N.D.																																		121.40 c.A.	579.00 519.00	
12.	Sh. Deepak Sh. Sharda Ram N.D.																																		121.40 c.A.	519.00	
13.	Sh. Sonu Sh. Mahinder Singh 1/9 Bahu Sham Chauraga Divi N.D.																																	do	519.00		
14.	Sh. Rishi Upesh. Rakesh. 730 Lady Handing Area Joka Market N.D.																																	do	519.00		
15.	Sh. Navneet Sh. Ramesh. 122 A village Rudhan in Mysore N.D.																																	do	519.00		
		Daily Total																																5355	6000/g. Total	7785.00	

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

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 ...

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

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

Rs. P.

Approval No. 951188 | Chairperson, dt-24.2.07

**HEALTH DEPARTMENT**

**MUSTER ROLL NO. 3631**

(From 28.5.07 To 31.5.07)

(40) Balrajwager 2.43 | L.53  
Cond. sheet No. 2.

Circle No. X Voucher No. .... Dated .....

In continuation of Muster Roll No. Fr. 88 .....

**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.....																															Total	Rate Rs. P.	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					
5.	Sh. Laxesh Kumar 808h. Tek Chand. Rz 808h gali no-2 Main Sagan Jun N.O -																																			12740 + c.A.	519-00	<i>[Signature]</i>
7.	Sh. Sat Raj 808h. Lal Chand 189 Ali Gari belki Road N.O.																																			do	519-00	<i>[Signature]</i>
8.	Sh. Ravinder 808h. Tara Chand. 1350 gali Baki Kala Nehal Darye Gari N.O -																																			do	519-00	<i>[Signature]</i>
9.	Sh. Vikas 808h. Suresh K-487 gali no-7 Gaudam niher N.O -																																			do	519-00	<i>[Signature]</i>
10.	Sh. Dhiz Singh 808h. Khajera G.I. R.R.D. Complex R.R. Auram Sec-13 N.O -																																			do	519-00	<i>[Signature]</i>
		Daily Total																																			5190-00	<i>[Signature]</i>
		Initials of person marking the daily attendance																																				<i>[Signature]</i>
		Initials of Inspecting Officer																																				<i>[Signature]</i>

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

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.

Rs.	P.

