

Approval No. 951/PS/Chairperson, dt. 24.2.07

**HEALTH DEPARTMENT**

**MUSTER ROLL NO. 3687**

(From 1-7-07

To 31-7-07

IV

Dr. Sankuwar S.K. S. B. R. Cant. Sheer No. 4,

Circle No. XIV Voucher No. 3654 Dated 13/8/07

CHIEF MEDICAL OFFICER

Accountant (HG)

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From: To:																															Daily Total	Initials of person marking the daily attendance	Initials of Inspecting Officer	
			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	Smt. Sumitabai B. Rabhu -1093 Patrud Bar - H.N.	Duty work	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	P	
17	Smt. Lachno W. B. Lakhan AD D-6-9-Hangar 3 cat M. Makar N. N.	do -	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		
18	Smt. Birnati W. D. Devender Kr AD D-33/B Babin. Dhem N. S.	do -	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		

Receptor 10/18/07  
 Receptor 10/18/07  
 11:50 PM empty  
 Page No 7  
 13/11/10/10/10  
 Secy

Pay to staff Rs. - 58593 = 80  
 Initials of person marking the daily attendance  
 Initials of Inspecting Officer  
 Pay Rs. 58593 = 00  
 Fifty eight thousand five hundred ninety three only

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

**CANCELLED**  
 St. A.O.  
 Released for Payment  
 12/8/07

Rs. P.  
 Sign. or thumb impression of  
 Date and dated initials of  
 Paying officer made at the  
 time of payment

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.

MUSTER ROLL NO. 3687

(From 1-7-07 To 31-4-07)

III

②1 Baillyagar S.K. 1.53  
Cont. No. 3.

Circle No. XIV

Voucher No. 3654

Dated

In continuation of Muster Roll No. 3654

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.....																															Daily 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	Smt. Moga w/o S. Vijay ADD-1015 co- Malwa	Daily worker	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	23 days	12 paise	2986	2986	21/7/11
12	Smt. Vinlesh w/o S. Rajesh Kumar ADD- B-5 Police Dhara N.Y.	-do-	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	26 days	11	3376	3376	21/7/11
13	Gopichand s/o S. Ramji Dal ADD- C-4 Police Dhara N.Y.	-do-	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	27 days	11	3566	3566	21/7/11
14	Smt. Rajni w/o S. Budh Ram ADD- B-4 Police Dhara N.Y.	-do-	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	26 days	11	3376	3376	21/7/11	
15	Ranjishan s/o S. Sohan Dal ADD- 10/307 Police Lachin Bar	-do-	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	25 days	11	3246	3246	21/7/11	
		Initials of person marking the daily attendance	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	381	G. Total	49470	49497	21/7/11
		Initials of Inspecting Officer																																						

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

Accountant (HG)

M.O.H.

Sr. A.O

Grand Total of this Muster Roll .....

.....

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.....

.....

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.

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

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

Approval No. 951/83/Chairpersons dt. 24.2.07

# HEALTH DEPARTMENT

II

## MUSTER ROLL NO. 3687

(From 1-7-07

To 31-7-07

Sanjay Kumar S.K. / 2.82  
Cand. sheet No. 2.

Circle No. **XIV** Voucher No. **3654** Dated

In continuation of Muster Roll No. **3654**

### 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.....																															Daily Total	Initials of person marking the daily attendance	Initials of Inspecting Officer	Pay Rs. .... (Rupees.....)
			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				
6	Rahul s/o Sh. Dharmaw Pal 6/81 Tripathi Bldg.	Duty Officer	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	P	P
			Total 25 days.																																		3246
7	Sumper s/o Sh. Sadaik Ram P. B. Khan N. B. B.		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	P	P
			Total 25 days.																																		3246
8	Smt. Greta w/o Sh. Manoj Kumar 12 Rajgarhi Bldg.		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	P	P
			Total 27 days.																																		3506
9	Smt. Shusma w/o Sh. Nitay R R Lawrence.		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	P	P
			Total 27 days.																																		3506
10	Vikram Singh s/o Sh. Namak Chand 10 Belmilla Bldg. Mondimeri.		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	P	P
			Total 27 days.																																		3506
			Total 254 days.																																		32997

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

Accountant (HG)

M.O.H.

Sr. A.O.

Grand Total of this Muster Roll ... ..

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.

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

Rs.	P.
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