

Circle No. 344 Voucher No. 3709

HEALTH DEPARTMENT

MUSTER ROLL NO. 3414

Dated 10/8/03

(From 1-7-03

To 31-7-03

Signature of Seasonal A.M.N. and sheet No. 4

In continuation of Muster Roll No. 3709

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 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	अज्ञात कुमर सोनारसहाय A-11 पालिका भिरीगा R.K. अज्ञात भाई दि.दि-1	TMR AMN	S	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	Rs. 3378.00	
17	रविशत सोनारसहाय 69 पालिका भाग नरेश वाडे नगर वाडे दि.दि-23	"	S	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	Rs. 3378.00		
18	विशाल सोनारसहाय 22/1 कानून आर्या-2 को स वेगाना	"	S	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	Rs. 3378.00		
19	पुणवत् सोनारसहाय A-78/28 आशी कर्ना भारता दि.दि-92	"	S	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	Rs. 3378.00			
20	अज्ञात कुमर सोनारसहाय H-8 पालिका भाग नरेश वाडे नगर वाडे दि.दि-1	"	S	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	Rs. 3378.00			

Receipt No. 10-15-03
Entry No. 10-15-03
Section 2 of 1947

Initials of person marking the daily attendance
Initials of Inspecting Officer

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 ...

Verified for Cashier
Read Cashier

Released for Payment

Grand Total of this Muster Roll ...

Total amount paid (in words) Rupees ...

HEALTH DEPARTMENT

MUSTER ROLL NO. 3514

Circle No. 344 Voucher No. 3509

Dated

In continuation of Muster Roll No. 3409

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	धर्मेश चंद्र शिवाजी कर्मकार B-65-सू अशोक नगर दिरेनी - 110096	T.M.R AMN	S	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	S	390 day	Rs. 100/-	Rs. 3378.00	Signature Date
12	राजीव शिवाजी कुमार 57-सू मालपुर सीमा बजार दिरेनी - 51	"	S	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	S	36 day	Rs. 3378.00	Signature Date	
13	रविचंद्र शिवाजी राम राम 425 कंसकूमा संकापुरा दिरेनी - 92	"	S	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	S	36 day	Rs. 3378.00	Signature Date	
14	श्रीमल कुमार शिवाजी शिवाजी 58-सू मालपुर सीमा बजार दिरेनी - 51	"	S	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	S	36 day	Rs. 3378.00	Signature Date	
15	श्रीमल कुमार शिवाजी शिवाजी शिवाजी बिराडी नं० 2/53 अरावली नगर दिरेनी -	"	S	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	S	36 day	Rs. 3378.00	Signature Date	
			G. Total																															390 day	Rs. Total	Rs. 50,670/-			

Pay Rs. (Rupees)

Accountant (HG)

M.O.H.

Sr. A.O

Grand Total of this Muster Roll ...

...

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Rs.	P.
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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

Signature Registrar Secional A.M.G. Cont. sheet No. 5.

Circle No. 334 Voucher No. Dated

In continuation of Muster Roll No. 3309

Accountant (HG)

CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From To																															Rate	Amount	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment			
			Days																																				
			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	G. Total	
6	970 D/S N.D. Mc	T.M.R AMU	S	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 day	127-44	Rs. 378	Sign. ...
7	...	"	S	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 day	378	Rs. 378	Sign. ...	
8	...	"	S	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 day	378	Rs. 378	Sign. ...	
9	...	"	S	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 day	378	Rs. 378	Sign. ...		
10	...	"	S	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 day	378	Rs. 378	Sign. ...		

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.
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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. 3714

(From 1.7.07 To 31.7.07)

Circle No. 374 Voucher No. 3709 Dated

In continuation of Muster Roll No. 3709 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				
1	विमानत सरोवर विमानत RZ-153/34 विमानत सरोवर विमानत	TMR AM. G	P																															26 days	Rs. 378.00	Rs. 378.00	Sign. [Signature]
2	विमानत सरोवर विमानत No. 1 सरोवर विमानत P.R. मीन N.D.M.C सरोवर विमानत सरोवर विमानत	"	P																															26 days	Rs. 378.00	Rs. 378.00	Sign. [Signature]
3	विमानत सरोवर विमानत G-16 P.R. मीन सरोवर N.D.M.C	"	P																															26 days	Rs. 378.00	Rs. 378.00	Sign. [Signature]
4	विमानत सरोवर विमानत No. 9340 सरोवर विमानत सरोवर विमानत	"	P																															26 days	Rs. 378.00	Rs. 378.00	Sign. [Signature]
5	विमानत सरोवर विमानत 16832 सरोवर विमानत सरोवर विमानत-21	"	P																															26 days	Rs. 378.00	Rs. 378.00	Sign. [Signature]
			Daily Total																																		
			Initials of person marking the daily attendance																																		
			Initials of Inspecting 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

Only Fair Sheet (1/3-24)