HEALTH DEPARTMENT

MUSTER ROLL NO. ..... (From 1-7-07 To 31-7-07)

Circle No. Malaria Cont. (W) Khan Market Voucher No. 99/N Dated 14/8/07

In continuation of Muster Roll No.....

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-	Aimal Razeqeen Khan S/o Saich Ahmed Khan. A-162 Aman Vihar sultan puri New Delh. No 41	RMR AMG	S P P P P P P S P P P P P P S P P P P P P S P P P P P P S P P 26 days	127.40 +A.66	3378-00 BP 45-00 3333	

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D.Dr (H)

S.O (HE II) 3/8/07

Pay to Staff Rs. 3333-10 45-00 (+) BP 3378-00

3/8/07

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