Approval No. 951/PS/Chairperson, dt- 24-2-07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3730 (From 1-8-07 To 24-8-07)

(21) Dailywager S.Ks/L.Rs Cont. sheet No. 4.

Circle No. XIV Voucher No. 611/25 Dated 18/9/07

In continuation of Muster Roll No. 3687 19/9/07

PART-NOMINAL-ROLL

Accountant (HG), CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped acccrding 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
16	Smt. Sunita W/O Sh. Pappu 3/30 Nirmal Nagar Delhi	Daily wager	A A A P P P P P P P P P P P P H P P P P P P P P P P P P

Approval No. 951/88/Chairperson, dt-24-2-07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3780 (From 1-8-07 To 24.8.07) (Daily wages S.K./C.D. Cash. Head No. 3.

Circle No. XIV Voucher No. Dated.

In continuation of Muster Roll No. 3687

PART-NOMINAL-ROLL

Accountant (HG), CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped acccrding 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
11	Smt. Maya W/o Sh. Vijay 8/449 Trilokpuri Delhi	Daily wager	P P P P P P P P P P P P P P H P P P P P P P P P P P P P P

Approval No. 957/PS/Chairperson, dt 2-24.2.07

HEALTH DEPARTMENT

MUSTER ROLL NO. 2730 (From 1-8.07 To 24.8.07) (21) Daily wager S.Ks 12.75 Grade Sheet No. 2.

Circle No. XIV Voucher No. Dated

In continuation of Muster Roll No. 3687

Accountant (HG) CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped acccrding 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
6	Rahul S/O Sh. Dharampal Jamalpur Road J. N-Delhi	Daily wager	P P P P P P P P P P P P P P H P P P P P P P P P P P P P P

Approval No. 957/PS/Chairperson, dt. 24.2.07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3730 (From 1-8-07 To 24.8.07)

(21) Dailywages S.Ks/L.Bs Only Four sheet (1 to 4)

Circle No. XIV Voucher No. Dated.

In continuation of Muster Roll No. 3687

PART-NOMINAL-ROLL

Accountant (HG), CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped acccrding 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. Asha W/o Sh Ramkishan 30/1 Himmatpuri Delhi	Daily wager SK	P P P