D-O-NO - 1187/D/PA/MOH-07. 11/12/07

HEALTH DEPARTMENT

MUSTER ROLL NO. 4037. (From 01/02/08. To 19/02/08.)

Only one sheet.

Circle No. IV Voucher No. HH/3/4/08 Dated 19/2/08

In continuation of Muster Roll No. 3990

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
01	Sh. KARAMBIR S/o Sh. MAN SINGH. 30/217, Trilokpuri Delhi-91	D/Wsk	P P P