













# HEALTH DEPARTMENT

**MUSTER ROLL NO.** 4010

(From 1/2/08 To 12/02/08)

Center Street-II

Circle No. I Voucher No. 3993 Dated .....

**PART-NOMINAL-ROLL**

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From..... To.....																															Total	Rate Rs. P.	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				
12	Sandeep S Madhwaraj - Div. 17	SK	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	
13	Mandeep S Suresh - 17	SK	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	
14	Sandeep S Rajeshwar - 17	SK	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		
15	S. Deepak S Kamkiran - 17	SK	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		
16	Rajeev S Jitendra - 17	SK	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		
17	Ujjaykumar Sushil K. Phatak - 17	SK	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		
			Daily Total																															162	G. Total	22,521	

Pay Rs. .... (Rupees) Initials of Inspecting Officer

Accountant (HG)

CHIEF MEDICAL OFFICER

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.

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

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

Balance Paid

Rs. P.







