C.No-4.

Sanctioned OO No.

HEALTH DEPARTMENT

MUSTER ROLL NO. R.M.R (From 1/2/08 To 29/2/08)

Circle No. 4 Voucher No. ..... Dated .....

In continuation of Muster Roll No. 233/H. 31/3/08

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.	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
1.	Sh. Rajesh S/o Rati Ram Add:- H.No 52 Balmiki Basste	RMR S/K		~~25~~ 21	133.45 +66.00	~~3402.00~~ 2858.00	45-00 = ~~3357.00~~ 2813-00
2.	Sh. Padam S/o Budh Ram Add:- 9604 B Nagat Sangh Nagar	11		~~29~~ 25	11	~~3936.00~~ 3402-00	45-00 = ~~3891.00~~ 3357-00
3.	Smt Raj Bala W/O Sukhlis Add:- 589 M.C.D. Colony Samaj Pur	11		~~29~~ 25	11	~~3936.00~~ 3402-00	45-00 = ~~3891.00~~ 3357.00
	Pay to Shaffi Rs 9527 B/F Rs 135						
	Daily Total			~~83~~ 71 days	G. Total	~~11274.00~~ 9662-00	135-00 = ~~11139.00~~ 9527-00
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer						

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Emer Made ECR P.No. 14 to 26

Pay Rs. 9527/- (Rupees Nine thousand five hundred twenty seven only

Accountant (HG) 31-3-08 M.O.H. Sr. A.O. 31/3/08

Grand Total of this Muster Roll ... ...

Rs.	P.

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

All Sig Attested & Fully