













# HEALTH DEPARTMENT

## MUSTER ROLL NO. 4094

Voucher No. 4093

Dated 1/03/08

(From 1/03/08 To 15/03/08)

Continuation of Muster Roll No. 4093

Circle No. XIV

In continuation of Muster Roll No. 4093

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	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				
6	Lakshmi S. Girardar c/o Madanagar Bellary S.W.	Daily Worker	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	P	15 days
7	Kamal S. T. Achand Sungrodey	"	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	P	15 days
8	Amrit S. Talwar 107/12 Kalyan Puri Delhi	"	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	11 days	
9	Prem S. T. Lakshmi Sanganvi Vihar S. Delhi	"	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	16 days		
10	Rajesh S. Sultanpuri Kirti Nagar New Delhi	"	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	11 days		
		Daily Total																																		944	
		Initials of person marking the daily attendance	S. A. O.																																		
		Initials of Inspecting Officer	S. A. O.																																		
Pay Rs. .... (Rupees) .....																																					

Accountant (HG) M.O.H. Sr. A.O.

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



# HEALTH DEPARTMENT

## MUSTER ROLL NO.

4094

(From 01/3/08

To 15/3/08

Contd sheet-1

Circle No. XIV Voucher No. 4083

In continuation of Muster Roll No. .... Dated .....

### PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From .....																															Total	Rate per day Rs.	Amount Rs.	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						
1	MURUGU S. NATHI RAO 10/1450-T. P. V. DEVI	Daily weaver S.A.	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	15 days	1535	1088	<i>[Signature]</i> Attested H-21
2	Umegh. Bai Karan 21522 Mangal Devi	"	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	9 days	1496	1021	<i>[Signature]</i> Attested H-21	
3	Rajesh. G. Beer Singh 1-1 Chivresheel-Beer G.	"	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	14 days	1496	1021	<i>[Signature]</i> Attested H-21	
4	Smti. Geetawade Sasand Singh 2-P.R. Lane Beer	"	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	14 days	1291	1021	<i>[Signature]</i> Attested H-21		
5	Sarot. Mo Jagdish 10 Khambhatres' Beer	"	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	13 days	816	584800	<i>[Signature]</i> Attested H-21		
Pay Rs. ....			(Rupees)																																		Initials of person marking the daily attendance	Initials of Inspecting Officer	
Daily Total																																							

Accountant (HG) *[Signature]*

CHIEF MEDICAL OFFICER

Accountant (HG) M.O.H. Sr. A.O.

Grand Total of this Muster Roll ... ..  
Deduct-Payment made, as per details transferred to Register of Unpaid Wages

Certified that the workers mentioned in the muster roll were actually employed by me on NDMC works) and they were actually paid on my identification in my presence.

Rs.	P.
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