

MUSTER ROLL NO. 4107 (From 01/03/08 To 31/03/08)

Circle No. XIV Voucher No. 1314 Dated 11/3/08
 In continuation of Muster Roll No. 4667 23/1/08

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 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							
11	Mamotsankar Shyamal. Daily Hisching belu Deluda Sia.	Daily	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	3586	2586	[Signature]	
12	Sikender Chandra 2 Bhajurwaga Delu	"	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	3264	3264	[Signature]		
13	Asmer Shankar Rethar 1/20 Delecthinku Delu	"	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	3264	3264	[Signature]		
14	Sharanbingsh U.T. Timar Pindal	"	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	3586	3586	[Signature]		
15	Mather Ram B Ganga Sali pen Neki ranim Delu	"	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	3586	3586	[Signature]		
	Pay Rs. 51816/-																																						51816/-	

Accountant (HG) [Signature]
 CHIEF MEDICAL OFFICER [Signature]

Received on 11/11/07
 Page No. 23
 Page No. 509
 Pay Rs. 51816/- (Rupees) [Signature]
 Accountant (HG) [Signature]
 M.O.H. [Signature]
 Grand Total of this Muster Roll ...
 Deduct-Payment made, as per details transferred to Register of Unpaid Wages ...

APPROVED FOR [Signature]
 Sr. A.O.
 (V. K. GOEL)
 AO (PH)

APPROVED [Signature]
 Sr. A.O.
 (V. K. GOEL)
 AO (PH)

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.
 [Signature]

HEALTH DEPARTMENT

MUSTER ROLL NO. XIV

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

4107

(From 01/08/08 To 31/03/08)

31/03/08

Gentle Steer-II

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	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	M. S. S. Ramkrishna Reddy M. S. S. Ramkrishna Reddy D. S. S. Ramkrishna Reddy	Dialy	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	P	
7	G. S. S. Ramkrishna Reddy D. S. S. Ramkrishna Reddy	"	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	P	
8	M. S. S. Ramkrishna Reddy D. S. S. Ramkrishna Reddy	"	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	P	
9	M. S. S. Ramkrishna Reddy D. S. S. Ramkrishna Reddy	"	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	P	
10	M. S. S. Ramkrishna Reddy D. S. S. Ramkrishna Reddy	"	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	P	
	Daily Total																																					
	Initials of person marking the daily attendance																																					
	Initials of Inspecting Officer																																					

Pay Rs. (Rupees)

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

	Rs.	P.
--	-----	----

