

# HEALTH DEPARTMENT

(14)

## MUSTER ROLL NO.

Circle No. IV Voucher No. 7471 7511 Dated 23/10/08  
 In continuation of Muster Roll No. 4071 23/10/08 1918  
 From 01/03/08 To 31/03/08

### 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. P.	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											
10	Sh Sunil Sh. Romy. 16/1 Tripathi	Sho Sg																																135.45	166.00	22611-00	Sy Anand Sgt on							
11	Sh Nand Kishor Roshon Lal.	"																																96		3536-00	Sy Anand Sgt on							
12	Sh Sunil Kumar Sh Guler Jal	"																																96		3536-00	Sy Anand Sgt on							
13	Sh Raj Kumar Magg Lal	"																																95		3100-00	Sy Anand Sgt on							
14	Sh Laxmi Subhash Choudh.	"																																96		3536-00	Sy Anand Sgt on							
			Initials of person marking the daily attendance					Initials of Inspecting Officers																															G. Total					

Accountant (HG) 2/6/88  
 CHIEF MEDICAL OFFICER

Remainder of 11-36th entry  
 Pagers 235800-11588

Pay Rs. 48000  
 Rupees Four Thousand Eight Hundred

**CANCELLED**  
 M.O.H. Sr. K.K. GOEL  
 Grand Total of this Muster Roll

Rs. 48000-00

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.

Recognizing complete satisfaction of persons deduct-payment made, as per details transferred to Register of Unpaid Wages

Emplyd at 1001364 & 13 before making payment to them.







# HEALTH DEPARTMENT

## MUSTER ROLL NO.





Circle No. IV Voucher No. 4071 Dated .....

In continuation of Muster Roll No. 4071

(From 11/01/08 To 31/03/08)

Accountant (HG),

CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From .....																															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
			To .....																																		
<u>01</u>	<u>Smt Premwati y/o Sh. Nagar. Neay Jet Belligi</u>	<u>DUO SU.</u>	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	<u>26</u>	<u>135.45</u>	<u>3536.00</u>	
<u>02</u>	<u>Sh. Sabeer B. Sh. Kanolam Nay F-11/200, Madamgir. N. Belligi-62.</u>	<u>"</u>	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	<u>26</u>	<u>11</u>	<u>3536.00</u>	
<u>03</u>	<u>Smt. Sunrita y/o Sh. Sachdev. H/o. Balwanti Basti. Mawdin Meneg.</u>	<u>"</u>	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	<u>26</u>	<u>11</u>	<u>3536.00</u>	
<u>04</u>	<u>Sh. Mohan Nay Sh. H/o. Lal. Haulankhi Balan</u>	<u>"</u>	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	<u>104</u>	<u>14</u>	<u>14174.00</u>	

Pay Rs. (Rupees)

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

Rs. P.

(15) Chaitanyogee Sh. L/B @ 133.95 FCA  
(178) 25th Street-3.