

HEALTH DEPARTMENT

C.No - 18

Cover Sheet - II

MUSTER ROLL NO.

4171

(From

1/4/08

To

30/4/08

Circle No.

18

Voucher No.

4130

Dated

In continuation of Muster Roll No.

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.	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					
9	Smt Geeta B. Shyam Babu H.No. B. 968 Bhandarkar Madhavihar Phase 4 N. Delhi	Daigyaup	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	199	133.45	3400/- 3900/-	
10	Smt Jyoti B. Anand H.No. 3135 R. Gola Ichhna Tailchand Balmi lei Bost N. Delhi	-do-	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	240	-do-	3264/00		
11	Smt Meena B. Manoj H.No. 8255 Goli-2 Multani Dhakad Pahar Ganj N. Delhi	-do-	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	240	-do-	3264/00		
12	Smt Datta Up Dm Pal H.No. 632 Tolipur, Sarai N. Delhi - 91	-do-	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	298	40538	40538		

Pay Rs.

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.

