RMR

HEALTH DEPARTMENT

MUSTER ROLL No ..... (From 1.05.2008 To 31.05.2008)

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

In continuation of Muster Roll No. RMR. 68/H 14/8/08

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 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	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
01	Sh. Rajesh S/o Ratti Ram Add!- Harijan Basti Mandir Marg N.D.	RMP SIK	P P P S P P P P P P P S P P P P P P P S P P P P P P S P P P P P P S