

# HEALTH DEPARTMENT

Sheet-I

## MUSTER ROLL NO.

Circle No. 804 Voucher No. 6114 Dated 1/9/09  
 In continuation of Muster Roll No. 761 13/10/09 (From 1/9/09 To 4/9/09)

### PART-NOMINAL-ROLL

Accountant (HG), S.R.A.O.

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				
(1)	Geety DPO Rameyad- Metro vijayar H/O - Adambhalela-	M3	PP	PP	PP	PP																															
	Mangayya Rejeshan- H/O - B-110 Shishu- Wadhwa-King-	B	PP	PP	PP																																
(13)	Processo Milburn- H/O - 5-611- Golihi- 21 Bole-st Mark-	B	PP	PP	PP																																
(14)	S. Silek Ramro Babinim- H/O - 572 Chorenichip King-	B	PP	PP	PP																																
	Daily Total																																				
	Initials of person marking the daily attendance																																				
	Initials of Inspecting Officer																																				

Pay Rs. 6449-00 (Rupees Six thousand four hundred forty nine only)  
 Accountant (HG), S.R.A.O.

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.

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

Total amount paid (in words) Rupees.....  
 Balance Paid

Signatures and initials of payee and dated initials of paying officer made at the time of payment

# HEALTH DEPARTMENT

## MUSTER ROLL NO. 804

Sheet-1

Circle No. 761 Voucher No. 761 Dated 1/9/03 To 4/9/03

In continuation of Muster Roll No. ....

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

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				
<u>6</u>	Ajay Kr. Madhoo S/O Kamleshwar	[Signature]	P	P	P	P	P	P																										13 Days	Rs. 151.4	Rs. 614.00	[Signature]
<u>7</u>	Rajesh S/O Kamlesh Chakraborty	[Signature]	P	P	P	P	P																											04 days	Rs. 114.00	Rs. 614.00	[Signature]
<u>8</u>	Ranjiv S/O Bebisim	[Signature]	A	A	A	A																												Nil	Rs. 0.00	Rs. 614.00	[Signature]
<u>9</u>	Kamleshwar S/O Asok	[Signature]	P	P	P	P	P	P	P																									04 days	Rs. 151.4	Rs. 614.00	[Signature]
<u>10</u>	Sandeep S/O Braj Lal	[Signature]	P	P	P	P	P	P	P	P	P	P	P																					03 days	Rs. 454.20	Rs. 614.00	[Signature]
	<b>G. Total</b>																																			Rs. 2543.00	

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

Total amount paid (in words) Rupees .....

Balance Paid

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.

D.O. No: - B/233/CM/11/10 15-4/6/09.

# HEALTH DEPARTMENT

(4) daily wages Rs 43 @ 15/00 per day  
 only fourteen.  
 (43) = 3 sheet.

## MUSTER ROLL NO.

Circle No. .... Voucher No. .... Dated .....

In continuation of Muster Roll No. .... 761

(From 1/9/09 To 4/9/09)

### PART-NOMINAL-ROLL

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			P.	P.			
1	Neesy S/D Bittor No. 158 P.K. Road M.T.	SWP	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	01	Rs. 154.00	Rs. 154.00	(Signature)
2	Smf. Annayyodey No. 12-1 Block Rethan Road	SWP	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	04 days	Rs. 614.00	Rs. 614.00	(Signature)	
3	Smf. Suning vilo Shih No. 8 - Saday M.T.	SWP	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	01 day	Rs. 154.00	Rs. 154.00	(Signature)	
4	Smf. Aniyalwar No. 4-10 Rethan Road	SWP	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	04	Rs. 614.00	Rs. 614.00	(Signature)		
5	Smf. Rajk S/D No. C-460 M.T.	SWP	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	03 day	Rs. 461.00	Rs. 461.00	(Signature)		
		Daily Total																																		Rs. 1997.00				

Pay Rs. .... (Rupees)

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

Accountant (HG)

CHIEF MEDICAL OFFICER

Grand Total of this Muster Roll ...

Deduct-Payment made, as per details transferred to Register of Unpaid Wages

Total amount paid (in words) Rupees ... Balance Paid

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.