

Ver No. 64/H

# HEALTH DEPARTMENT

Page No. 164-98

## MUSTER ROLL NO. 504

From 1/8/09 To 7/03/09

Page No. 164-98

Sheet - I

Circle No. 2 Voucher No. 438 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	Daily Total	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	SH. Raju G. Sh. Ramesh A/471 Gandhi Park N. Delhi	Duty pay SH		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	14240	867-00	Ramu Ramesh	
7	SH. Vishal G. Sh. Raju F-335 Defence Enclave	"		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	867-00	725-00	Ramu Ramesh	
8	Smt Rajwanti vs. SH. Vishal H-105 Sakshin Company Cherian Delhi	"		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	37400	G. Total 5348	Ramu Ramesh	
9					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			

*Handwritten notes:*  
 P-2-16-12(12)  
 D-2-16-12(12)  
 Remuneration page 10  
 Entry for page 10  
 General No 1256  
 Not payable Rs 5348-00 daily attendance  
 Initials of person marking the  
 Initials of Inspecting Officer  
 Five hundred thirty eight only  
 Sr. A.O.  
 Sr. A.O.

Accountant (HG) [Signature]  
 Sr. A.O.  
 Sr. A.O.

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

**CHECKED**  
 15-10-09  
 A.O. (H) M.O.H.  
**RECEIVED PAYMENT**

Balance Paid

# HEALTH DEPARTMENT

## MUSTER ROLL NO.

Circle No. XI Voucher No. 438  
 In continuation of Muster Roll No. .... Dated .....

Sol. 1/3/09 From 1/3/09 To 7/03/09

### 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				
1	SH. Raj Kumar B. SH. Narsiah S-11 Daulta Bony Hill Camp	Deputy Magistrate	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	04 days	Rs. 142/-	Rs. 578/-	142/-
2	SH. Ram Prakash of Dimpal C-18 Block 1/2 Bhuleswar N.D.L.H.	"	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	03 days	Rs. 142/-	Rs. 578/-	142/-
3	SH. Sanjeev B. SH. D. Prakash A-2 Bhuleswar N.D.L.H.	"	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	03 days	Rs. 142/-	Rs. 578/-	142/-
4	SH. Vipin B. SH. D. Prakash A-2 Bhuleswar N.D.L.H.	"	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	03 days	Rs. 142/-	Rs. 578/-	142/-
5	SH. Sunny B. SH. Narsiah S-9 Hill Camp Daulta Bony Hill Camp N.D.L.H.	"	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	05 days	Rs. 142/-	Rs. 578/-	142/-
Received on 13-4-09			Daily Total																															20 days	Rs. 2840/-	Rs. 18891/-	

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

Accountant (HG) .....  
 CHIEF MEDICAL OFFICER

Rs.	P.

171 Total Sheet = 2.  
 140 PCH