









# HEALTH DEPARTMENT

**MUSTER ROLL NO.** 546

Circle No. XI Voucher No. 498

Dated 1/4/09

(From 1/4/09 To 30/4/09)

In continuation of Muster Roll No. ....

**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					
16.	Ashish S/O Sh. Mahesh Chand G-33 Harjain Beshi Mandir Nara	Daily wages Sik.	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	25kg	14.20	354.50	[Signature]	
17.	Sonu S/O Sh. Chandar 1138 Kalyan Wada	do	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	23kg	do	329.40	[Signature]	
18.	Smt. Kesham W/O Sh. Jaswant BH-19 Sultan Puri	do	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	17kg	do	261.00	[Signature]	
19.	Anita W/O Sh. Vijay Kumar 93 Sultan Puri	do	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	17kg	do	245.00	[Signature]	
20.	Gulshan S/O Sh. Zik Singh Hous No-12 Jurala Puri	do	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	21 days	do	328.00	[Signature]	
Daily Total			13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	399 days	399 days Total	16128.00	[Signature]													
Initials of person marking the daily attendance			[Handwritten initials]																																		
Initials of Inspecting Officer			[Handwritten initials]																																		

Accountant (HG) [Signature]

CHIEF MEDICAL OFFICER [Signature]

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

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.

Rs.

P.

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







# HEALTH DEPARTMENT

Sheet-I

## MUSTER ROLL NO. 546

(From 1/4/09 To 30/4/09)

Circle No. XI Voucher No. 490 Dated .....

In continuation of Muster Roll No. ....

### PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From		To		Daily Total	Initials of person marking the daily attendance	Initials of Inspecting Officer	Rate P.	Total P.	Sign. or thumb impression of payee and dated initials of paying-officer made at the time of payment
			1	2	3	4						
6	Vinod Kumar s/o Sashu Kumar 43 Meetha Khar Village	Daily wages s.l.c.	1	30	1	30	20 days			3071	3071	
7	Smt. Sharda Devi s/o Shyam Lal 190 Kadhya State Hauz Khri 3	-do-	1	30	1	30	20 days			3992	3992	
8	Usha Devi w/o B. Rambahi C-33/1037 Cari Badi	-do-	1	30	1	30	21 days			3758	3758	
9	Kustum Lakshmi w/o S. Chhotasagar 101 Block H Dakshinina, N.D. 62	-do-	1	30	1	30	21 days			3992	3992	
10	Poonam w/o Parveen 1/4 Hospital Quarters Sadar Bazar	-do-	1	30	1	30	19 days			2917	2917	
			Daily Total				21 days			3071	3071	

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

Pay Rs. .... (Rupees) .....

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

Rs. P.

Balance Paid



