

# HEALTH DEPARTMENT

24 clearly copy 2011. 213 142204  
Only one sheet

## MUSTER ROLL NO. 571

Circle No. VIII Voucher No. 6511/09 Dated 13/5/09  
In continuation of Muster Roll No. 6511/09 From 1/4/09 To 30/4/09

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.....																															Rate Rs. P.	Amount Rs. P.	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.	S. Sheeja & S. M. Chacko	Student	[Blank]																															1800	1800	[Signature]
2.	Santos K. Kuravilil Sathikun	SH	[Blank]																															1500	1500	[Signature]
3.	Rahul & Anur	SH	[Blank]																															1300	1300	[Signature]
4.	[Blank]	[Blank]	[Blank]																															[Blank]	[Blank]	[Blank]
		Daily Total	[Blank]																															4200	4200	[Signature]
		Initials of person marking the daily attendance	[Blank]																																	
		Initials of Inspecting Officer	[Blank]																																	

VERIFIED FOR CASHIER PAYMENT  
Head Cashier

Not Payable Rs 6449-00

gone daily wages SH. has not join in 8. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 1/4/09 to 30/4/09 due to not reported for duty work under.

CANCELLED  
Date.....  
Released for payment

Grad 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.

Accountant (HG) M.O.H.  
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.