

HEALTH DEPARTMENT

MUSTER ROLL NO. 598

(From 1/5/09

To 31/5/09

Sheet-I

Circle No. 558 Voucher No. 558

Dated 31/5/09

In continuation of Muster Roll No. 558

PART-NOMINAL-ROLL

8/6/09

Accountant (HG)

CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From To																															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	
			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					
5	Smt Suman B Ramesh H.No. 14/16 Daleshimpuri Delhi - 62.	SLC	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	208	
6	Smt Sheela B Ravi H.No. 7/104 Babu Dham N. Delhi	SLC	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	208	
7	Smt Parvati B Babul. Block X Mangal puri Delhi-82	SLC	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	208		
8	Smt Mahendri J. Prem Jughno 17/304 Kalyan puri	SLC	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	208		
		Daily Total	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	208		
		Initials of person marking the daily attendance	[Handwritten initials]																															G. Total	31936		Paid in full	

Pay Rs. 31936 = Rupees. Thirty one thousand nine hundred thirty six only.

Accountant (HG) [Signature]

CHIEF MEDICAL OFFICER [Signature]

VERIFIED FOR CASH/CHEQUE PAYMENT

Stamp: CANCELLED

Stamp: M.O.H. Sr. A/O

Stamp: 21/5/09

Stamp: 21/5/09

Stamp: 21/5/09

