O.O.No-854/D/AA/MOH Dt-17/9/02.

HEALTH DEPARTMENT

Only one sheet.

MUSTER ROLL NO. 3802 (From 1/10/07 To 31/10/07)

Circle No. IX Voucher No. 29/H Dated 7/11/07

In continuation of Muster Roll No. 3784

PART-NOMINAL-ROLL

Accountant (HG) CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped acccrding to classes	Designation	Dates From.....To..... 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	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.	Sh. Inderjeet S/o Sh. Parkash E-14 Palika Dham.	Daily wager S/C (duty on lorry)	P H P P P P S P P P P P H P P P H P P P S P P P P P	27 days 22 days	@	2854= 2990-00	SIS Attested AO
2.	Sh. Ashad S/o Ramsh Nar T-165 Gali No 7 Prem Nagar Road Patel Nagar N. Delhi 8	-do-	P H P P P P S P P P P P