D.O No- 854/D/PA/MOH dt. 14/9/07.

(11) daily wages S/K, L/B @ 133.65 +CA.

HEALTH DEPARTMENT

Control sheet-I

MUSTER ROLL NO. 3804, (From 1/10/07 To 31/10/07)

Circle No. XI Voucher No. 33/4 Dated 7/11/07

In continuation of Muster Roll No. 3786.

Accountant (HG), CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

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
7.	Smt Sunita w/o Rajender Kumar	Daily wages Sk	H S S S H S	27 days	133.015 +CA	3669-00	
8	Manoj Kumar s/o Sh. Sanwey Pal Singh	"	H S S S H S	27 day		3669-00	
9	Vikas s/o Sh. Ritam Singh		H S S S H S	27 days		3669-00	
10	Anup s/o Sh. Moji Ram		H S S S H S	27 day		3669-00	
11	Keshav s/o Sh. Shiv Ram		H S S S H S	27 days		3669-00	
	Daily Total			297	G. Total	40359-00	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer						

Pay Rs. 40359=00 (Rupees Fourty Thousand Three Hundred Fifty Nine only)

Accountant (HG) (S. S. MISHRA) AAO (Public Health) N.D.M.C., Palika Kendra

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.

M.O.H.

CANCELLED Sr. A.O. 8/11/07 Released for Payment (V. K. GOEL) AO(PH.))

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

Rs.	P.

VERIFIED FOR CASH/CHEQUE PAYMENT Head Cashier

Note:- M.Roll passed subject to writing down the complete address of all officials by the disbursing official at the time of actual Payment

Recd on 2/11/07 at 11.55 AM Entry No page No 1) Genl. No. 241 dt 2/11/07

S6(HG)

Vide: Approval ... 0-0-No-854/D/PA/mch dt 19/9/07.

HEALTH DEPARTMENT

MUSTER ROLL NO. 3804. (From 1/10/07 To 31/10/07)

Circle No. XV Voucher No. ..... Dated .....

In continuation of Muster Roll No. 3786

PART-NOMINAL-ROLL

Accountant (HG) CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped accrding 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. Inder Pal Singh S/o Sh. Pyare Lal Singh	Daily wages Sr. Attendant	H S S S S H S	27 days	133.45	3669-00	
2	Deepak Kumar S/o Sh. Parsen Chand	GP.Att.	H S S S S H S	27 days		3669-00	
3	Satish Kumar S/o Banarshi Lal	Attdt.	H S S S S H S	27 days		3669-00	
4	Mahesh S/o Sh. Satya Pal	mahatar	P P P