

HEALTH DEPARTMENT

MUSTER ROLL NO.

3811

(From 1/10/07

To 31/10/07.)

Circle No. I & II Voucher No. 3771 Dated.....

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.....																															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	31								
(11)	Sr. Anit Kumar Sr. Naradeshwar Held - P-19 Mch, Bagh-5 Haveli Delhi-21	Daily wages A.M.S	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	P	P	P		
(9)	Sr. Satender Singh Sr. Davinder Held - T-45 Indira Colony Narela Delhi-40	do do	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	P	P	P	P	
(3)	Sr. Ravean Kumar Sr. Har Bans Singh Held - 25 West Warden Road Behlud Kamalaj MKT Police station	do do	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	P	P	P		
(4)	Sr. Davinder Singh Dharm veer Held - 2187 Reghvar pura Gandhi Nagar Delhi-31	do do	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	P	P	P		
(5)	Sr. Pappu Singh Sr. Shyam Lal Held - E-44 Vijay Vihar Phase-II Rohini Delhi-22 Sec-III	do do	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	P	P	P		

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 _____

Total amount paid (in words) Rupees: _____ Balance Paid _____

Rs. P.

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.

Signatures and dates of Chief Medical Officer and Accountant.

143 = total sheet 2