Approval No. 4838/RS/Chairperson, dt. 7-8-06

# HEALTH DEPARTMENT

## MUSTER ROLL NO. 3453 (From 1-2-07 To 19-2-07) (01) Daily wager S.K.

Only one sheet

Circle No. XII Voucher No. 7/H Dated 1/3/07

In continuation of Muster Roll No. 3406

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 ... | 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) | Lalli W/o Sh. Raju<br>Phase II B.Block 1352<br>Holambi Kalan | T.M.R | 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 | 16 Days | | 2057-00 | Signed Attested |
| | Daily Total | | | 16 Days | G. Total | 2057-00 | |
| | Initials of person marking the daily attendance | | P P P S P P P P P P P S P P P P P P P S P P P P P S P P P P P S