

O.O.No. 2198112.M.O. (M.O), dtd- 01-1-07

HEALTH DEPARTMENT MUSTER ROLL NO. 3464

Circle No. XI Voucher No. 3464 Dated 1/3/07 (From 1-2-07 To 28-2-07)

In continuation of Muster Roll No. 3438

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From To																															Totals	Rate per day	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				
9	Smt Yamola wagar Ashok 5-34 Mandar Nagar Harijan Basti No. 10	Urnilla	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	28 days	Rs. 100/-	2800/-	[Signature]
10	Smt Premwati wagar Rajnik 5/1471 Anandpuri Camp R.K. Puram	[Stamp]	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	28 days	Rs. 100/-	3124/-	[Signature]
11	Smt Veerkishan dhab Nurnishi Ram 7/18 488 Ali Gouj Lakhni case nagar Bahadur	[Stamp]	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	28 days	Rs. 100/-	2993/-	[Signature]
12	Smt Maryam Kumar dhab Kumar 144 Balabekhi Basti Mandar Nagar No. 1	[Stamp]	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	28 days	Rs. 100/-	3124/-	[Signature]	
13	Smt Market Singh dhab Sapatsingh 50A Baba Faride Bhai wagar Basti No. 10	[Stamp]	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	28 days	Rs. 100/-	2733/-	[Signature]	
Pay Rs. <u>37613/-</u> (Rupees <u>37,613/-</u>)																																		<u>280</u>		<u>84489/-</u>	
Initials of person marking the daily attendance <u>BIRRA NV</u>																																				<u>3913/-</u>	
Initials of Inspecting Officer <u>[Signature]</u>																																					

Accountant (HG) _____

CHIEF MEDICAL OFFICER _____

[Signature] Sanjaywagar SKS/L.B.
and Head No. 3.

Pay Rs. 37613/- (Rupees 37,613/-)

Accountant (HG) [Signature]
N.D.M.C. Palka Kendra

Head Cashier [Signature]
N.D.M.C. Palka Kendra

Verified for cash/CHEQUE PAYMENT

Debt-Payment made, as per details transferred to Register of Unpaid Wages

Total amount paid (in words) Rupees 3913/-

Balance Paid

Rs. _____ P. _____

Fully paid
Sanjaywagar SKS/L.B.
and Head No. 3

Q.O. No. 12110 (H.O.), dt- 8.1.07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3457

(From 1-2-07 To 28-2-07)

12 Sanjiv Kumar S/O L.B.S
Cand. No. 2.

Circle No. XI Voucher No. 3457 Dated 1-2-07
 In continuation of Muster Roll No. 3437

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.....																															Daily Total	Initials of person marking the daily attendance	Initials of Inspecting Officer	Pay Rs.	
			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	SH Vikash Babu Bellu H No 196 Cindhabai Bop Belur																																		24 days		Rs 1,052	Signature of Chief Medical Officer
6	SH Sanil Babu Bhambhani S-787 Tuglak Road A.R.																																		20 days		Rs 263	Signature
7	San Redi Babu Vijay DS 13 P.R Lane No 20																																	23 days		Rs 2863	Signature	
8	San Seema w/o Sanjay H No 176 Hanjain Buti Seema																																	17 days		Rs 19,652	Signature	
G. Total																																						

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

Rs.	P.
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