O.O. No. D/51/C.M.O.(HQ), dt. 20.2.07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3513 (From 1-3-07 To 31-3-07)

(02) Dailywager D-Kp/L.B.
Only one sheet.

Circle No. XIII Voucher No. 43/H Dated 11/4/07

In continuation of Muster Roll No. 3499 16/4/07

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. Satish S/o Sh. Bhagwandass Delhi - B-439 New Seema Puri N. Delhi	Daily wager Sik.	P P P S P P P P P S P P P P P P P P P P P P P S P P P P P P P P P P P P P