

Approval of Mr. 14/01/83 Chairperson, 28-16-4-07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3518

(From 28-4-07

To 30-4-07

83 Kindly wages Ska/12.85
Card Sheet No. 4.

Circle No. XIV Voucher No.

Dated 29/5/07

In continuation of Muster Roll No. 3518 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 Rs. P. | Amount Rs. P. | 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 | | | | | |
| 18 | Rajendra Kr S B Dampalk | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 41 | 15 12th + 12th | 650 | [Signature] |
| 19 | Lalith Venana S Markesh | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 6 days | " | 780 | [Signature] |
| 20 | Vikram S B Sureshilla | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 05 days | " | 680 | [Signature] |
| 21 | Ram Gobud S B Panch | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 03 days | " | 390 | [Signature] |
| 22 | Joginder S B Ranshaw | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 03 days | " | 390 | [Signature] |
| 23 | Sagar S B Karan Singh | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 03 days | " | 390 | [Signature] |
| | Payroll Clerk Pulzone | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 40 | G. Total | 1334 | [Signature] |

Accountant (HG) [Signature]
 Pay Rs. 13000 (Rupees) Thirteen thousand only
 Initials of person marking the daily attendance SARU L ZONE
 Initials of Inspecting Officer [Signature]

Gross 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. |
| 1334 | 00 |

VERIFIED FOR PAYMENT
 Released for Payment

Approval No. 1701/88/Chairperson, dtd 16.4.07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3579

Circle No. XIV Voucher No. Dated

In continuation of Muster Roll No. F.888 (From 25-4-07 To 30-4-07)

PART-NOMINAL-ROLL

| 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 | | | | | | |
| 1 | Amul Kumar & Surat Singh | Dlv. Clerk | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 4 days + CA | Rs. 780 | Amul Kumar |
| 2 | S. Rajesh & Krishna Lal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 5 days | Rs. 650 | Rajesh Kumar |
| 3 | Prakash & Khushi Ram | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 4 days | Rs. 650 | Prakash Kumar |
| 4 | Kamal Kishore & Khond Kishore | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 4 days | Rs. 650 | Kamal Kishore |
| 5 | Amul Kumar & Hari Charam Lal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 5 days | Rs. 650 | Amul Kumar |
| 6 | Ravinder Kumar & Raj Kumar | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 5 days | Rs. 650 | Ravinder Kumar |
| | | Daily Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Initials of person marking the daily attendance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Initials of Inspecting Officer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pay Rs. (Rupees) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Accountant (HG)

CHIEF MEDICAL OFFICER

Only Four Sheets (1+3+4)

Accountant (HG)
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. 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. | |