

HEALTH DEPARTMENT

MUSTER ROLL NO.

Circle No. III Voucher No. Dated

(From 1-4-07 To 30-4-07)

In continuation of Muster Roll No. K.M.K. S.K.

Accountant (HG)

CHIEF MEDICAL OFFICER

Signature of Chief Medical Officer

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From..... To.....		Rate	Amount		Sign- or thumb impression of payee and dated initials of paying officer made at the time of payment
			1	2		Rs.	P.	
25	S. Anil S. K. Kalorochu	K.M.K. S.K.	1	2	122-40	38493	1680	37413
	Gulabi Bagh Delhi	4/5	3	4	3506	45	3461	
26	S. Sunil S. S. Babulal		1	2				
	Hauzari Basti M.M. Delhi		3	4				
27	S. Nitya S. S. Rajendar		1	2				
	Bayer Road		3	4				
28	Dr. Shyam S. S. Bagat		1	2				
	Hauzari Basti Delhi		3	4				
29	S. Rakesh S. S. Kastor Singh		1	2				
	Hauzari Basti Delhi		3	4				
30	Dr. Kamlesh S. S. Nayyar		1	2				
	Hauzari Basti M.M. Delhi		3	4				

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.
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