Approval No. 951/Regl/Circular; dt. 24.2.07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3659 (From 1-6-07 To 30-6-07)

(5) Daily wages S/S only one sheet.

Circle No. X Voucher No. 49/H Dated 11/7/07

In continuation of Muster Roll No. 3640

PART-NOMINAL-ROLL

Accountant (HG), CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped acccrding 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. Monu S/o Sh. Naresh. C-II/155 Sultan Puri N.D.	Daily wager S/S	S S S