Approval No. 957/ps/Chairperson, dt. 24.2.07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3691 (From 1-7-07 To 31-7-07) (01) Daily wager S-K Only one sheet

Circle No. IX (9) Voucher No. 46/H Dated 10/8/07

In continuation of Muster Roll No. 3688

29/6/07 Accountant (HG)

29/6/07 CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

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	Naresh S/Sh. Shivcharan J-55 Abbadkar Nagar N. Delhi 62	D. Wager SK	S P P P P P P S P P P P P P S P P P P P P