

HEALTH DEPARTMENT

MUSTER ROLL NO.

4035

(From 01/02/08

To 19/02/08

Contd. Sheet-II

Circle No. XII Voucher No. 3788

In continuation of Muster Roll No. 3788

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					
5	Ba. Chaoon Bngra s/o Ba. Babu Lal. C-31 Kavi Badi mazy Tr. N. Delhi	D10- Su	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	12 days	"	1633	1633
6	Prof. Sammi W/O Muzumdar Lal Q.No 41 manderi mazy N. Delhi	D10- "	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	15 days	"	2041	2041
7	Ba. Mahesh s/o Ba. Rudh Ram 188 B KAFWANIYA Sany N. Delhi	D10- "	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	16 days	"	2177	2177
8	Ba. Srikendu s/o Ba. Kallu H No 32 Beldharki sakan N. Delhi	D10 "	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	1 day	"	105	105	
Grand Total of this Muster Roll ...			105 days																															105	Total	14987	14987	

Accountant (HG)
CHIEF MEDICAL OFFICER

Read on 7/3/08 at page 1055 AM. Entry No 18 serial No 1988
No 24-3-08
Self Pay Rs 14987

Accountant (HG) Sr. A. B
Certified that the workers mentioned in the muster roll were actually employed by me on NDWC work(s) and they were actually paid on my identification in my presence.

VERIFIED FOR CASN/REGULAR PAYMENT
 Sr. A. B
 31/01/08

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.	

HEALTH DEPARTMENT

MUSTER ROLL NO. 4035

(From 01/02/08 To 19/02/08)

Circle No. XII Voucher No. 3988 Dated

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	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	Sh. Jagdish S/O Sh. Manohar Q No 70 Pali Karagrantham Bai Nagar N. Delhi	DR S.K.	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	16 days	13245/- Dr. Don PCA CHM	2177/-	Signature: Siddhu	
2	Sh. Rohit S/O Sh. Tara 362 Tripathi Puri N. Delhi 92	"	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	15 days	"	2041/-	Signature: Rohit		
3	Sh. Sankar U/O Sh. Subash B-65 A Dabar Puri N. Delhi	"	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	19 days	"	2177/-	Signature: Sankar		
4	Sh. Vikaram S/O Sh. Khemchand 21/35 Puri N. Delhi	"	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	15 days	"	2041/-	Signature: Vikaram			
	Daily Total																																			62 Hrs G. Total		8436/-	
	Initials of person marking the daily attendance																																						
	Initials of Inspecting Officer																																						

Pay Rs. (Rupees)

Accountant (HG) M.O.H. Sr. A.O.

Grand Total of this Muster Roll

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.

Deduct-Payment made, as per details transferred to Register of Unpaid Wages

Total amount paid (in words) Rupees

Rs.	P.
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