

# HEALTH DEPARTMENT

Order Sheet - II

## MUSTER ROLL NO.

Voucher No. XI Dated. 01/03/08 (From 01/03/08 To 15/03/08)

Circle No. XI Voucher No. 4080 Dated. 01/03/08

### PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From..... To.....																															Daily Total	Rate	Amount	Sign, or thumb impression 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						
11	SH Begum Shah Shyam Lal 5 Daud H.No 6 Habangser N.O 62	SK	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	P	13	135.48	1768.00	Signature: <i>[Handwritten Signature]</i>
12	SH Deepak Shah Sanyal 69 Ballika Gram Daud Daud Bai Nagar N.D.	11	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	13	134.00	1768.00	Signature: <i>[Handwritten Signature]</i>	
13	SH Kuldheep Shah Jindal 57st 446 Madam Road N.O. 62	11	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	13	134.00	1768.00	Signature: <i>[Handwritten Signature]</i>	
Remitted staff Rs 22440 B 1 R L e N N																																							

Accountant (HG), *[Signature]*

CHIEF MEDICAL OFFICER

PAWRS (Rupees) *[Handwritten Amount]*  
 Accountant (HG) *[Signature]*  
 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.

**CANCELLED**  
 Sr. A.O. (H. & C. Insp.)  
 Released 14/03/08

MOA  
 Grand Total of this Muster Roll ...  
 Deduct-Payment made, as per details transferred to Register of Unpaid Wages

Rs. P.  
*[Handwritten Signatures]*

*[Handwritten Signature]*

# HEALTH DEPARTMENT

## MUSTER ROLL NO.

4091

(From 01/03/08 To 15/03/08)

Cont Sheet-1

Circle No. XI Voucher No. 4000

Dated

In continuation of Muster Roll No. 4000

### PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From..... To.....																															Total	Rate 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				
26.	SH Kamebhaya Geth Lakshman Rao Badravara No 20	Shiksha officer		o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	13 days	133.45	1768.00
27	Smt Vijeta Ramkrishna Kulkarni 18 Bapu Ram Chaturvedi Kharwar	"		o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	13 days	"	1768.00	
28	Smt Anita Ramkrishna Kulkarni 113 D.D.A Flat Suvarna Bnravara No 20	"		o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	13 days	"	1768.00	
29	SH Kuldesh Geth Shyamrao H.NO 3255 Gethi School Wadi Padana Gausi Road	"		o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	13 days	"	1768.00	
30	SH Sachin Geth Madanrao 2192 Talikharji	"		o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	13 days	"	1768.00	
		Daily Total																																	13 days	1336	17110.00
		Initials of person marking the daily attendance																																			
		Initials of Inspecting Officer																																			

Accountant (HG)

CHIEF MEDICAL OFFICER

Pay Rs. (Rupees)

Rs.

P.

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

