

HEALTH DEPARTMENT

MUSTER ROLL NO.

Circle No. IV Voucher No. R.M.P. 5116 Dated 13/11/08 (From 1/8/08 To 31/8/08)

In continuation of Muster Roll No. R.M.P. 5116 PART-NOMINAL-ROLL 11/9/08

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						
1	Sh. Rajendra Singh Kothari	R.M.P. SIK	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	PP	15	135.25	2028.75	<i>[Signature]</i>
2	Sh. Padma Singh Bhandari	"	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	11	1378.00	<i>[Signature]</i>	
3	Sh. Raj Bala Singh	"	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	26	11	3583.00	<i>[Signature]</i>	
4	Sh. Rajendra Singh	"	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	11	3538.00	<i>[Signature]</i>	
Daily Total			2252221333222333312123332213115																															53	G. Total	7303.00	135 =	71681-	

Accountant (HG) _____ CHIEF MEDICAL OFFICER _____

Pay Rs. 71681- Rupees Rs. Seven Thousand One Hundred Sixty Eight and only

Accountant (HG) *[Signature]* 14-9-08
 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.

M.O.F. *[Signature]* 15/9/08
 Sr. A.O. *[Signature]*

Grand Total of this Muster Roll ...
 Deduct-Payment made, as per details transferred to Register of Unpaid Wages All the Rs. 135 = Fully

Rs. 135 = P.