

HEALTH DEPARTMENT

MUSTER ROLL NO.

Circle No. 10 Voucher No. 105117 Dated. 29/9/03

898

(From 29/9/03 To 30/9/03)

In continuation of Muster Roll No. 105117

PART-NOMINAL-ROLL

Accountant (HG) *V. S.*

CHIEF MEDICAL OFFICER *[Signature]*

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From: To																															Total	Rate Rs.	Amount Paid Rs.	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				
11.	Laxmi Devi No Subkaly 30/491 Trijakt Pari		X																																		
12.	Ravi Kumar No Jamma Duss 5-41 Harjain		X																																		
13.	Arun Kumar No Badam W-170/161 D.T.C colony Patel nagar		X																																		
14.	CHANDER Pr. Singh S-61/61 Nehru gandhi camp Nehru nagar		X																																		
15.	VISHAL No Purn Chaudh. 5/7/1 Bapu Bldg		X																																		
16.	BANTU s/o Kaybeer 79, C-Block New Seemg Puri		X																																		
		Daily Total																																			
		Net Payable Rs. 3533-00																																			
		Initials of person marking the daily attendance																																			
		Initials of Inspecting Officer																																			

Pay Rs. 3533-00 (Rupees) Three thousand five hundred thirty three only

CANCELLED

Accountant (HG) *[Signature]* Ad (HG) M.O.H. Released for Payment

Certified that the workers mentioned in the muster roll were actually employed by me or NDMC work(s) and they were actually paid on my identification in my presence.

Grand Total of this Muster Roll ... Add the signatures, R.T.F & C.T.F from

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

Total amount paid (in words) Rupees ... fully paid bill

O.O. No. 1-D/459/CMo/110 D 29/9/09

HEALTH DEPARTMENT

Rs. daily wages 5112-40 @ 157-24 Pends

MUSTER ROLL NO. 898

898

From 29/9/09 To 30/9/09

1st = 3rd sheet

Circle No. 10 Voucher No. 1008

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 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				
1.	Pardab Per. No. 211251 from Mysore	Dr No MR	X																															9 days	5112-40	307-00	<i>[Signature]</i>
2.	Madhu W/o Vijayal H.No 1821 Sultanpur Bellu	Dr No MR																																9 days	307-00	<i>[Signature]</i>	
3.	Sunila W/o S. Kamalini H.No 9/15 Rajah's Nagar	Dr No MR	X																															9 days	307-00	<i>[Signature]</i>	
4.	Ravi W/o Suresh Chand A Q 10/26 Kuvempu Ram Ram Nagar	Dr No MR																																9 days	307-00	<i>[Signature]</i>	
5.	Ravi W/o Rajesh A-65 st. 6th Ambdavy Ram Ram Nagar	Dr No MR	X																															9 days	307-00	<i>[Signature]</i>	
																																		9 days	307-00	<i>[Signature]</i>	
Enter has been made in the registered Page 60 at S.P. No. 1642 So (H)			Daily Total	44	08 days	1228-00																															

Pay Rs. (Rupees)

Total of this Muster Roll ...

Rs. P.

Accountant (HG)

M.O.H.

Sr. A.O

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.

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

Amount paid (in words) Rupees