

HEALTH DEPARTMENT

MUSTER ROLL NO. 906

(From 1/10/09 To 31/10/09)

Circle No. 4 Voucher No. 893
 In continuation of Muster Roll No.

Accountant (HG) *[Signature]*

CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From..... To.....		Rate	Amount	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
			1	2			
6	Sh. Ashwami S/o Man Mohan S.K Add - 1814/51, Narisala Kaval Bagr N. Delhi	S.K	1	31	27 days	1143-00	<i>[Signature]</i>
7	Sh. Deepak S/o Jummard S.K Add - 6285 Gali Gunawari, Narain Khim Sham Conj N. Delhi	S.K	1	31	27 days	1143-00	<i>[Signature]</i>
8	Sh. Sumit S/o Phog Chand S.K Add - H No 42, Gali No 3 Kalyanpuri Conj N. Delhi	S.K	1	31	27 days	1143-00	<i>[Signature]</i>
9	Sh. Rohit S/o Gajinder Singh S.K Add - 16/449-Taluk Bani N. Delhi	S.K	1	31	27 days	1143-00	<i>[Signature]</i>
10	Sh. Subhash S/o Geetika S.K Add - B-154, Sangam Park Model town N. Delhi	S.K	1	31	27 days	1143-00	<i>[Signature]</i>
			Daily Total			11276-00	

Pay Rs. (Rupees)

Grand Total of this Muster Roll ...

Accountant (HG)

M.O.H.

St. A.O

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

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.

Total amount paid (in words) Rupees

Rs.	P.

