

# HEALTH DEPARTMENT

## MUSTER ROLL NO.

949

(From 1/11/09

To 30/11/09

Circle No. 4 ..... Voucher No. 2614 ..... Dated 8/12/09

In continuation of Muster Roll No. 905

### PART-NOMINAL-ROLL

Accountant (HG) *[Signature]*

CHIEF MEDICAL OFFICER *[Signature]*

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From To																															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. Ajay K. S/o Taibhagwan	AMF SK	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	25 days
12	Sh. Vipender S/o Mahinder Singh		S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	25 days	
13	Sh. Rajinder S/o Mahinder Singh		S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	25 days	
14	Sh. Bobby S/o Shiv Prisham		S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	25 days	
15	Sh. Somdeep S/o Sh. Vijay		S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	25 days	
16	Sh. Manish S/o Balwant Singh		S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	25 days	

Pay Rs. 59,305-00 (Rupees Fifty nine thousand three hundred & five only)

Accountant (HG) *[Signature]* M.O.H. S.R.A.O.

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

Signatures and stamps: *[Various signatures and stamps including 'CANCELLED' and 'RECEIVED FOR CASH/CHEQUE PAYMENT']*



