

HEALTH DEPARTMENT

Sheet-5

MUSTER ROLL NO. 581

(From 25/8/09 To 28/2/09)

Circle No. Voucher No. Dated 20/11/09

In continuation of Muster Roll No. 581

PART-NOMINAL-ROLL

Accountant (HG)

CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From		Total	Rate per day	Amount	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
			1	2				
6.	Ravi s/o SAT PAL F-644 ST.No.5 DAKSHIN PURI	Doanl wajed Sik			04 days	140 BIF 258712-08 69-44	571-00	Attested [Signature]
7.	Rohit s/o TIRCOB A-101 BALMIKI SHAMU MANDIR MARG				02 days	286-00	286-00	Attested [Signature]
8.	MAYA W/O SAT PAL F-644 Gole River Suburban Near Dae.				01 day	143-00	143-00	Attested [Signature]
9.	BEENA W/O NARESH CHAND. H.No. C-77 + 245 Tasler Square Gole River Near Delhi				VAIANT			
			Initials of person marking the daily attendance		44 23	Days 26	G. Total 3712-00	
			Initials of Inspecting Officer					

Pay Rs. 3712-00 (Rupees Three thousand Seven hundred Twelve only)

All the Signatures from Sr. No. 01 to 08 are duly attested & full Bill

Accountant (HG) M.O.H. Sr. A.O.

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

VERIFIED FOR CASH/CHEQUE PAYMENT



Rs. 3712-00

MUSTER ROLL NO. 581

Circle No. *X* Voucher No. *10081* Dated *28/02/09*
In continuation of Muster Roll No. *10080*

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From To																												Total	Rate Rs. down	Amount Rs. up	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.	SONIA W/o PAPPU House No. F-1853 Metasee Nagar	D.W.S.K																																4 days	1 ^{1/2} hr credit rate	571/-	<i>[Signature]</i>
2.	Geeta W/o Ganesh Phase 4th Harijainwala with Ganesh	-/-																																4 days	40	571/-	<i>[Signature]</i>
3.	RADHA D/o Din Parkash Mohan gandhinagar W/o M/S Sule	-/-																																4 days	40	571/-	<i>[Signature]</i>
4.	SURAN W/o SUBHASH R. CIV Suburban N. Sec. 1	-/-																																4 days	40	571/-	<i>[Signature]</i>
5.	RAJJO W/o SATISH KV. C-24 Palika Dham Gole Mehar	-/-																																4 days	40	571/-	<i>[Signature]</i>
		Daily Total																													4 days	40	571/-	<i>[Signature]</i>			
		Initials of person marking the daily attendance																																			
		Initials of Inspecting Officer																																			

Accountant (HG), *[Signature]*

CHIEF MEDICAL OFFICER, *[Signature]*

Pay Rs. *(Rupees)*

Grand Total of this Muster Roll ...

Rs.	P.
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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.

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

Total amount paid (in words) Rupees

Balance Paid