

**HEALTH DEPARTMENT**

Only one sheet.

**MUSTER ROLL NO.**

Circle No. VIII Voucher No. 462. Dated 20/3/09

In continuation of Muster Roll No. 515 (From 1/3/09 To 20/3/09)

Accountant (HG) [Signature] CHIEF MEDICAL OFFICER [Signature]

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.	Smt. Jayamati of Vinod Kumar f-317, Dakshinapuri, N.D.	Daily Work	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1700	Rs. 60	2421-00	[Signature]
2.	S. Sagar & Anil f-317, Dakshinapuri, N.D.		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1600	Rs. 4	2313-00	[Signature]
3.	Manoj Kumar & Rajendra 234, Babukham, N.D.		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1700	Rs. 4	2421-00	[Signature]
4.	Smt. Mithlesh of Shankar 10/A/10772, Balaniki Colony Smt Nagar, W.E.B. Karal Road		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1500	Rs. 4	2137-00	[Signature]
D-216-1200		Not Payable Rs. 9395-00																																				
Initials of person marking the daily attendance		Daily Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Rs. 9395-00	9395-00	
Initials of Inspecting Officer																																						

Pay Rs. 9395-00 (Rupees: Nine thousand three hundred ninety five only)

Accountant (HG) [Signature] Sr. A.O.

Grand Total of this Muster Roll ...

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

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

Rs. P.