

# HEALTH DEPARTMENT

Sheet-I

**MUSTER ROLL NO.** 533

Dated 9/3/09

(From 9/3/09

To 31/3/09)

Circle No. .... Voucher No. ....

In continuation of Muster Roll No. ....

**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.....		Daily Total	Rate	Amount	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
			1	2				
6	Smt Sangredal - Smt. Sathra Block B-16 P.O. Dharmu N.D. Ho	Dudhyaga SPr	9	17	17	140/-	2457-00	<i>[Signature]</i>
7	Smt Savitaci. Smt. Ramkrishan H.No 157 shayya bach chami factory.		9	17	17	867-00	867-00	<i>[Signature]</i>
8	Smt. Suryajayarajang. Purnasyl Block K375 Dakehan km D.D. Ho		9	17	17	867-00	867-00	<i>[Signature]</i>
	Smt Jali w/o Smt. Rupa Village Holambi kulan D.D. Ho H.No. G-1352		9	17	17	578-00	578-00	<i>[Signature]</i>
	Net Payable Rs. 17,777-00				133 Days.		Rs. 17,777-00	

Pay Rs. 17,777-00 (Rupees) Seven thousand seven hundred seventy seven only.

Grand Total of this Muster Roll ...

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

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

Total amount paid (in words) Rupees ..... Balance Paid

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.





