

HEALTH DEPARTMENT

Sheet-B

MUSTER ROLL NO. 629.

Circle No. I Voucher No. 89/4 Dated 9/2/09

(From 1/6/09 To 5/6/09)

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.....																															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					
11	G. SandeubSD Bredkambh ADD - D-45-Cali 110-1 D-Brock Atalakur-		P	P	P	P	P	P	P																										05 days	154	768	[Signature]
12	S.S. Myard 10 Kojvali ADD - B-110 Sangamfalka M.D.		P	P	P	P	P	P	P																										05 days	210	768	[Signature]
13	S.S. Gredy D70 Poonjil ADD - B-Brock Russel Methay Wihar - N.Y.		P	P	P	P	P	P	P																										05 days	210	768	[Signature]
14	Sn. S. Lok Ram S10 Belhwal ADD - 372 Chaudhary N.Y.		P	P	P	P	P	P	P																										05 days	168	768	[Signature]
	Not Payable Rs 9984-00																																		G.Total		89984-00	[Signature]

CANCELLED

Grand Total of this Muster Roll ... hundred eighty four only.

Pay Rs. 9984-00 (Rupees: Nine thousand nine hundred eighty four only)

Accountant (HG) [Signature]

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.

Rs. P.

Five thousand one hundred and forty six and 50 paise

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

Balance Paid

MUSTER ROLL NO.

HEALTH DEPARTMENT

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

Dated ... (From ... To ...)

Accountant (HG)

CHIEF MEDICAL OFFICER

Main muster roll table with columns: S.No., Name, Designation, Dates (1-31), Rate, Amount, and Signatures.

Pay Rs. ... (Rupees)

M.O.H. Sr. A.O

Accountant (HG) 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.

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

Summary table with columns: Rs., P.

HEALTH DEPARTMENT

(14) Chaitanya S.K. 2/8 @ 15/11
(15) Ramakrishna S.

MUSTER ROLL NO. 629.

Circle No. I Voucher No. 88/15 Dated 3/3/89
 In continuation of Muster Roll No. 590 (From 1/6/89 To 5/6/89)

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.....																															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	Dr. Neeraj S/O Bhattar H.D. P. IV 121 Bazaar Pashwan Road	PHO	P	P	P	P	P	X																							5 days	Rs. 14	Rs. 768.00	(Signature)			
2	Dr. Phulki S/O J. S. et al H.D. NS3 P. K. Road	PHO	P	P	P	P	P																								X						
3	Dr. Smita S/O S/O S/O S/O S/O H.D. S. P. S. Road	PHO	P	P	P	P	P	X																													
4	Dr. Anita S/O V. J. S. H.D. 4-10 B.S. Road Chaver. Road	PHO	P	P	P	P	P																								X						
5	Dr. Kamlesh S/O Kamlesh H.D. C-460 Bazaar H.D.	PHO	P	P	P	P	P	X																													

Pay Rs. (Rupees)

Initials of person marking the daily attendance
 Initials of Inspecting Officer

Grand Total of this Muster Roll ...

Accountant (HG)

M.O.H.

Sr. 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..... Balance Paid

Rs. P.