



# MUSTER ROLL NO.

# HEALTH DEPARTMENT

Circle No. I Voucher No. 604  
 In continuation of Muster Roll No. 8811 Dated 9/11/09

(From 1/6/09 To 28/6/09)

Sheet 4

### 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 Wages Rs.	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					
21	Smt. Kulkarni Rajaram - Mb - GH 121E82-4 Airov Semerkhi	PO	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	28 days Rs. 15750	Rs. 591	
22	Kjirmalayao Sathis Kr - Mb - G Back G-B Meadon Vdr	PO	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	Nil	Nil	
23	S. Vikram Simstosuni Beles Mb - Vno Bahadur K-9	PO	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	24 days Rs. 5685	Rs. 2368		
24	Smt. Neethy Dhas ure of Add - _____	PO	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	Nil	Nil		
25	Smt. Manjy Dho chanderes - Mb - 711565 Riker km	PO	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	24 days Rs. 3685	Rs. 1535		
26	Smt. S. Kandy 10 Ramkol - Mb - 28857 Badpation K. D. S. C. K. D. S. C.	PO	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	24 days Rs. 5000	Rs. 2000		
		Daily Total																																				

Pay Rs. .... (Rupees) .....

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

Initials of person marking the daily attendance

Initials of Inspecting Officer

Rs. P.

# HEALTH DEPARTMENT

## MUSTER ROLL NO. 643

(From 1/6/09 To 28/6/09)

Circle No. I Voucher No. 604 Dated 28/6/09

Accountant (HG)

CHIEF MEDICAL OFFICER

### PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From: To																															Rate	Amount	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment		
			P																																		Rs.	P.
			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					
16	R. Sandeep S/D Kompa - H/o - K-295 Dwarikhani H/N	P/O	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	16 days	Rs 400	P.	[Signature]
17	S. Manoj K/S/O Jodadih - H/o - 486 Rambhalpur H/N	P/O	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	20 days	Rs 400	P.	[Signature]	
18	S. Deepak S/D Baderi - H/o - 4520 Old Sivalm Dehi	P/O	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	20 days	Rs 400	P.	[Signature]		
19	R. Rajesh S/O Raju - H/o - 103 HT 88/1st Stage H/N	P/O	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	20 days	Rs 400	P.	[Signature]		
20	Smt. Satyaodhi S/O Ganbi - H/o - 414-13 Skinning Furnish	P/O	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	20 days	Rs 400	P.	[Signature]		

Pay Rs. .... (Rupees)

Accountant (HG)

Mo.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.

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

Rs.	P.

# HEALTH DEPARTMENT

## MUSTER ROLL NO. 648

Circle No. 1

Voucher No. 604

88/17

Dated 9/17/09

(From 1/6/09

To 28/6/09.

Accountant (HG) [Signature]

CHIEF MEDICAL OFFICER [Signature]

In continuation of Muster Roll No. [Blank]

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		Rs.	P.	Rs.	P.		
11	Sh. Maked SID Rony ADD-8784 KanatBarh	MP																																		Rs 34.08				[Signature]
12	Sm. Mefqalil Sarkar ADD-19 Old Kevring Bardi Road Mir	MP																																		24 days				[Signature]
13	Sh. Anil Sarkar ADD-125 FJ Fate Chanderidipura	MP																																	9 days				[Signature]	
14	Sm. Arsi Wipakom ADD-_____	MP																																	19				[Signature]	
15	Sh. Anil Sarkar ADD-_____	MP																																	24 days				[Signature]	

Pay Rs. ..... (Rupees)

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.

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

	Rs.	
	P.	



### HEALTH DEPARTMENT

(33) daily wages 814, 4/13 @ 15/100. (145) = 6 sheet.

## MUSTER ROLL NO. 643.

Circle No. T Voucher No. 8. 88/17 Dated 9/12/08  
In continuation of Muster Roll No. 604

#### 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				
			Initials of person marking the daily attendance																																		
①	S. Rehm 510 Adil Pk-r Pho- S-29 D.S. Street Purp Looki Ken-H's	Pho	[Attendance marks: P's and O's]																															18 days	Rs. 2964		[Signature]
②	Deepak Sio Parvanchal Pho - 1899 malkeharvi Cadi Har A H's.	Pho	[Attendance marks: P's and O's]																															16 Days	Rs. 4156		[Signature]
③	Smt. Suni Rajwale Sachale Pho - A. M. 1 Harjain Road H's.	Pho	[Attendance marks: P's and O's]																															24 days.	Rs. 9685		[Signature]
④	Sr. Rajkrishna Karanwal Pho - 129 Godevin Viley Kishinwarq.	Pho	[Attendance marks: P's and O's]																															24 days.	Rs. 9685		[Signature]
⑤	Sr. Tolinder Kishna Jshwanth Pho - A 9 Balikerkeji Alis Gosi	Pho	[Attendance marks: P's and O's]																															22 Days	Rs. 5218		[Signature]
		Daily Total	[Initials of person marking the daily attendance]																																		
			[Initials of Inspecting Officer]																																		
Pay Rs. ....										(Rupees) .....										Grand Total of this Muster Roll ...										Rs. P.							

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.

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

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