

MUSTER ROLL NO.

HEALTH DEPARTMENT

Circle No. X Voucher No. 122/H/09 Dated 19/7/09

In continuation of Muster Roll No. P.M.B. S.H. B. M. D. 1/06/2009 To 30/6/2009

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.....																															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						
6	Sr. Khach Singh S/O Sr. Amar Singh S-375 Palika Dham Gole N.D.	SK	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	Nil	Rs. P.	Nil	Nil	15/00/00 2000 290 = 5744
7	Rani w/o Late Sr. Rohta SK	SK	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	Nil	Nil	Nil		
8	Ramsingh S/O Sk. Munna F-14 Balika Dham Gole N.D.	SK	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	Nil	Rs. P.	Nil	Nil	Nil
9	Smt. Sharada w/o Sk. Chandradal 1/4 Govt. Bhowan N.D.	SK	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	Nil	Rs. P.	Nil	Nil	
Net Payable Rs. 5834-00			Gross Amt Rs. 5834-00																															P.F.R. 90-00			Net Payable Rs. 5744-00		

Pay Rs. 5834-00 (Rupees Five thousand eight hundred thirty four)
 Pay Rs. 5744-00 (Rupees Five thousand seven hundred forty four)
 Accountant (HG) 8/7/109 M.O.H. SR. A.O.

Initials of person marking the daily attendance: [Signature]
 Initials of Inspecting Officer: [Signature]

Signature of Sr. No. 01 & 03 are duly
 attested & fully paid. [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.

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

Total amount paid (in words) Rupees 5744-00 Balance Paid 90-00

Rs.	P.
5744	00
90	00

HEALTH DEPARTMENT

MUSTER ROLL NO.

Circle No. Voucher No.

Dated

R.M.K. / S.K.P. / From 01/06/2009 To 30/6/2009

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	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.	Danu Vin S/Ost. Ram Lal 6/143 Ram Lal N.D. Ram Lal N.D.	R.M.A. S/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	P	P	P	19 days	
																																							Rs. P. Rs. P.
2.	Ravi Mo. Roshan A-135 R.B. Kuram N.D.	R.M.A. S/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	P	P	P	Nil	
																																							Rs. P. Rs. P.
3.	Anil Mo. Laxman 17/243 Tailors Rui N.D.	R.M.A. S/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	P	P	19 days		
																																							Rs. P. Rs. P.
4.	Jaywant S/O 78 Balnikhi Badli Mandli Mandi N.D.	R.M.A. S/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	P	P	Nil		
																																							Rs. P. Rs. P.
5.	Arun Kumar S/O Chanderman 17/115 Tailors Rui N.D.	R.M.A. S/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	P	P	Nil		
																																							Rs. P. Rs. P.
		Daily Total																																					
		Initials of person marking the daily attendance																																					
		Initials of Inspecting Officer																																					

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

Rs. P.