

HEALTH DEPARTMENT

MUSTER ROLL NO. VI

Circle No. Voucher No. 5214 Dated 7/30/79

In continuation of Muster Roll No. 178107 (From 1/7/79 To 31/7/79)

Accountant (HG) *L. S.* 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					
21	Dr. Deepak Singh Sanderhal Stn No. 5/134/205, near handstand met. - 2 Rupee. New Delhi		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	2700	4495-00	4495-00	<i>[Signature]</i>
22	Dr. Jagann Singh Raj Wihar No. 18/1263 Gopal Sharma Narnou Pali N. Delhi		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	2500	3836-00	3836-00	<i>[Signature]</i>
23	Dr. Kachchhad Singh Lalbam No. 16/365, Tinsare Road Delhi - 91.		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	2300	3529-00	3529-00	<i>[Signature]</i>	
24	Dr. Kachchhad Singh Lalbam No. 16/365, Tinsare Road Delhi - 91.		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	2300	3529-00	3529-00	<i>[Signature]</i>	
Verified for Cashier Payment Head Cashier Initials of person marking the daily attendance Initials of Inspecting Officer			VA CA N T F POST - D/W - SK Grand Total of this Muster Roll ... 79329-00																															51700	79329-00			

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

Grand Total of this Muster Roll ... 79329-00

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

Total amount paid (in words) Rupees: *Seventy nine thousand three hundred twenty nine only*

Balance Paid

Rs. P.

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.

