

HEALTH DEPARTMENT MUSTER ROLL NO.

Circle No. **III & IV (M)** Voucher No. Dated **5/5/08** (From **5/5/08** To **31/05/08**)

PART-NOMINAL-ROLL

Accountant (HG) **[Signature]**

CHIEF MEDICAL OFFICER **[Signature]**

Cont. Sheet - II

S.No.	Name, Father s/Husband's Name & Address grouped according to classes	Designation	Dates From..... To.....																															Daily Total	Initials of person marking the daily attendance	Initials of Inspecting Officer	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							Total 360 days	G. Total	P.
11	1 No. वाडीवाडी P.R. बंगला वाडीवाडी N.D-3	A.M.G T.M.R	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	P	P	360	49575.00	
12	R.Z 153/345 वाडीवाडी वाडीवाडी - 46	A.M.G T.M.R	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	P	P	360	3305.00	
13	वाडीवाडी N.D-1	A.M.G T.M.R	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	P	P	360	3305.00	
14	13-185 वाडीवाडी वाडीवाडी - 96	A.M.G T.M.R	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	P	P	360	3305.00	
15	वाडीवाडी H-8 वाडीवाडी वाडीवाडी N.D-1	A.M.G T.M.R	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	P	P	360	3305.00	
												360																			360	49575.00										

Received on 12/5/08
at 4 P.M. from Mr. **[Name]**
Baga No. 29
6/6/08

Em. leav. No. **[Number]**
Sd/ (HG)
Accountant (HG)
M.O.H.
Sr. A.O.
Grand Total of this Muster Roll ...

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

Waadiwadi (Paid)
Waadiwadi (Paid)
Waadiwadi (Paid)
Waadiwadi (Paid)
Waadiwadi (Paid)

O.No- 728/D/P4/MCH/08 23/05/08

HEALTH DEPARTMENT

MUSTER ROLL NO. 4290

Circle No. III & IV (M.L) Voucher No. Dated From 5/05/08 To 31/5/08

In continuation of Muster Roll No. 4289

PART-NOMINAL-ROLL

Accountant (HG)

CHIEF MEDICAL OFFICER (M.P)

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From To																															Total	Rate	Amount P. Rs.	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	ಶೋಕ ಪುಷ್ಪೇ ಹುಮನಿ #6/232 ಮುಖ್ಯ ಕಾರ್ಯ -ವಿಜಯನಗರ ಸ್ಟ್ರೀಟ್ ಬೆಂಗಳೂರು	A.M.G.																																			3305.00		ಶೋಕ ಪುಷ್ಪೇ A.M.G. Paid Attended Sign
2	ಕರ್ನಾಟಕ ಸೇವಾ ಸಂಸ್ಥೆ 9 ಸರ್ಕಾರಿ ಕಾಲೇಜು ಆರೋಗ್ಯ N.D.M. ಕಾಲೇಜು N.D-3	A.M.G.																																			3305.00		ಶೋಕ ಪುಷ್ಪೇ A.M.G. Paid Attended Sign
3	ಕರ್ನಾಟಕ ಸೇವಾ ಸಂಸ್ಥೆ 22 ಎಂ.ಎಸ್.ಎಸ್. ಆರೋಗ್ಯ ಕೇಂದ್ರ ಶೋ.ಸ. ಆರೋಗ್ಯ ವಿಭಾಗ U.P.	T.M.R.																																		3305.00		ಶೋಕ ಪುಷ್ಪೇ T.M.R. Paid Attended Sign	
4	ಕರ್ನಾಟಕ ಸೇವಾ ಸಂಸ್ಥೆ 57 ಎಂ.ಎಸ್.ಎಸ್. ಆರೋಗ್ಯ ಕೇಂದ್ರ ಬೆಂಗಳೂರು-5	A.M.G.																																		3305.00		ಶೋಕ ಪುಷ್ಪೇ A.M.G. Paid Attended Sign	
5	ಕರ್ನಾಟಕ ಸೇವಾ ಸಂಸ್ಥೆ 9340 ಎಂ.ಎಸ್.ಎಸ್. ಆರೋಗ್ಯ ಕೇಂದ್ರ ವಿಜಯನಗರ ಸ್ಟ್ರೀಟ್ ಬೆಂಗಳೂರು	T.M.R.																																		16525.00		ಶೋಕ ಪುಷ್ಪೇ T.M.R. Paid Attended Sign	
Daily Total																																				180	G. Total		

Pay Rs. (Rupees)

Accountant (HG)

M.O.H.

Sr. A.O

Grand Total of this Muster Roll ...

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.

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

ಶೋಕ ಪುಷ್ಪೇ A.M.G. @ 135.25 P.A.

173 Total Sheet 4

ಶೋಕ ಪುಷ್ಪೇ
A.M.G.
Paid
Attended
Sign

ಶೋಕ ಪುಷ್ಪೇ
T.M.R.
Paid
Attended
Sign

ಶೋಕ ಪುಷ್ಪೇ
A.M.G.
Paid
Attended
Sign

ಶೋಕ ಪುಷ್ಪೇ
T.M.R.
Paid
Attended
Sign

ಶೋಕ ಪುಷ್ಪೇ
T.M.R.
Paid
Attended
Sign

D-2-19-91 ✓ **HEALTH DEPARTMENT**
MUSTER ROLL NO. 4990 (From 5/05/08 To 31/5/08)
 Circle No. III & IV (Med) Voucher No. 131/H Dated 10/7/08
 In continuation of Muster Roll No. Fresh 10/7/08

PART-NOMINAL-ROLL

Accountant (HG)

CHIEF MEDICAL OFFICER (HM)

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						
16	मुन्डीसुगमर ०/० श्रीपाल चव्हाण G-16 P.R. - जिन जगत भांडारी जग दिवली - ३	A.M.G T.M.R	Y																																	456	Rs. 795.00	Rs. 69795.00	(Paid)
17	पुष्टिकर सुगमर ०/० सुखदेव A-7 & 138 जीसी मंडी शंकराजी दिवली-९२	A.M.G T.M.R	Y																																	24	3305.00	3305.00	(Paid)
18	शंकराजी सुखोबा दिवली 69 बालीम जग दिवली/मंडी N.D-२३	A.M.G T.M.R	Y																																	24	3305.00	3305.00	(Paid)
19	शंकराजी सुखोबा दिवली A-SC गणेशपुरी दिवली जग दिवली-62	A.M.G T.M.R	Y																																	24	3305.00	3305.00	(Paid)
	Pangtos Taksil 19/6/27/95- BIRKAR MR CHILKAR 62/995																																			456	G. Total	69795.00	

Pay Rs. 69795.00 (Rupees) Six thousand four hundred and fifty six only
 Accountant (HG) [Signature]
 Certified that the workmen 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.

CANCELLED
Sr. A.O. Released for Payment

Grand Total of this Muster Roll ... 1 to 19 Sign Attendant ...
 Deduct Payment made, as per details transferred to Register of Unpaid Wages
 Rs. P.