HEALTH DEPARTMENT

MUSTER ROLL NO. ..... (From 1-5-2008 To 31-5-2008)

Circle No. M Voucher No. ..... Dated .....

In continuation of Muster Roll No. 95/H RMR 14/8/08

PART-NOMINAL-ROLL

Accountant (HG), CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped acccrding to classes	Designation	Dates From ..... To ..... (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	Rate Rs. P.	Amount Rs. P.	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
1.	Shri Anil S/o Beer Singh C-281/A Gali No 10 NEW Ashok Nagar N.D. 63	RMR Sk		25 days	155.25 + CA	3442-00 - 45-00 = 3397-00	
2.	Shri Rajan S/o Poorani Q No 333 Daryaganj N.D.	do		26 days		3580-00 - 45-00 = 3535-00	
3.	Smt Sharda W/o Rajender 16/248 Tridak Puri N.D.	do		24 days		3305-00 - 45-00 = 3260-00	
	Shri Hari Ram S/o Bayre Lal N.3 Sultan Sirsu Park N.D.	do		25 days		3442-00 - 45-00 = 3397-00	
17	Sanjay S/o Harisingh Deepchand 1317 Rani Mandi Sadar Bazar D.			=16		2203-00 - 45-00 = 2158-00	
			Daily Total	116	Grand Total	15952-00 - 225-00 = 15747-00	
			Initials of person marking the daily attendance				
			Initials of Inspecting Officer				

Pay to S/Shri Rs 15747-00 Bill Prepared Schedule

Pay Rs. 15747/- (Rupees Fifteen thousand seven hundred forty seven only)

CANCELLED Passed for Payment

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.

VERIFIED FOR CASH/CHEQUE PAYMENT

Grand Total of this Muster Roll ... ...

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

Rs.	P.