

Form No. - 6

MUSTER ROLL FOR NREGS/AMBERS

Financial Year:-
 Name of the work:-
 Location of the work:-

Name of the Implementing Agency:-
 Name of the Block:-

Name of the District:-

Unique Sl. No. _____
 Wage Rates:
 U. Sk.:-
 S. Sk.:-
 SK.:-

Sl. No.	Name of the Job Card Holder	Job Card No.	Disability	I.A.Y. Benif. / Patta Holder	S.C. / S.T.	Minority	Others	M/F	Date of Attendance							No. of Days	Output for full Wage	Actual Output	No. of Man Days			Amount Paid	Signature / L.T.L.	Signature of Identifier	
									1	2	3	4	5	6	7				U. Sk.	S. Sk.	Sk.				
TOTAL																									

No. of Workers

1. S.C.:-
2. S.T.:-
3. Disabled:-
4. Female:-
5. No. of I.A.Y. Benif.:-
6. No. of Patta Holders:-
7. Minority:-
8. Others:-

Signature of Supervisor taking attendance

Signature of Inspecting Authority

Full Signature of the Pymaster:- _____

Signature with seal of the Technical Officer:- _____

Signature of Pradhan / Executive Assistant / Secretary / Persons authorised by P.I.A.

Actual output / measurements has been entered in the
 Measurement Sheet No. _____ /
 M.B. No. _____ Page No. _____