# Form No. - 6

## MUSTER ROLL FOR NREGA / WBREGS

Unique Sl. No. _____

Wage Rates:

U. Sk.:-

S. Sk.:-

Sk.:-

Financial Year:-

Name of the Implementing Agency:-

Name of the Block:-

Name of the District:-

Name of the work:-

Location of the work:-

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

Actual output / measurements has been entered in the

Measurement Sheet No._____. /

M.B. No. _____ Page No._____.

**Full Signature of the Paymaster:-** _____

**Signature with seal of the Technical Officer:-** _____

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