

ANNEXURE V

Monthly Employment data to be sent to PO by the GP & other Implementing Agency

(See Para 10(9))

Financial Year

Month

Name of the Implementing Agency

Name of the District

Name of the Block

Name of the GP

SI No	Name of the Project	Code Number	Date of Starting	Man days generated			Total Expenditure (Rs)						Muster roll numbers used		Date of sending the copy of Muster Rolls to GP (if IA other than GP)	Remarks
				Unskilled	Semi skilled	Skilled	Unskilled Wages	Other wages	Material	Contingency	Worksite facilities	Total	From	To		

Signature of the competent authority of the Implementing Agency/GP

ANNEXURE VI

Muster Roll Number				
To be filled by PO				

Muster Roll for payment of Wages & Traveling Allowance under NREGA
(See Para 10(8))

Name of the District - _____ Name of the Block- _____ Name of the registering Gram Panchayat- _____

Scheme Number- _____ Name of the scheme _____

Measurement Book # _____ Pages from _____ to _____
/ Measurement Sheet#

Sl. No.	Name	Registration Number & by no	Whether worksite is beyond 5 Kms. (Yes/No)	Total No. of days	S/SS/US	Wage Rate	Amount paid (Rs)			Signature/ LTI of person	Identified by
							Wages	TA	Total		

Paid by me
Sign of person paying

Signature
Secretary of GUS / BC

Signature
SAE / Nirman Sahayak

Adjusted
Signature
Competent authority of Implementing Agency/GP

Muster Roll Stock Register to be maintained by the Issuing Authority
i.e. Programme Officer at the Block Level
 (See Para 32(5))

Issue side

Financial year

Name of The District

Name of The Block

Sl. No.	Name of Agency	Date of Issue	Muster Roll numbers		Scheme for which issued		Administrative /Financial Sanction issued (yes/no)	Name, Designation and Signature of the Official receiving	Name, Designation and Signature of the Official Issuing.
			From	To	Code	Name			
1	2	3	4	5	6	7	8	9	10

Each page should be authenticated

Muster Rolls to be issued serially

Unused muster rolls, if any, to be cancelled by the IA and kept with the other used muster rolls

Receipt Side

Sl.No	Source of Receipt	Order No and date	Challan No. by which supplied	From	To	Name, Designation and Signature of the Official receiving

The muster rolls should be counted properly and tallied for any missing/duplicate numbers

ANNEXURE VIII

**Measurement Book Stock Register to be maintained by the Issuing Authority
i.e. Programme Officer at the Block Level
(See Para 33)**

Issue side

Financial year

Name of The District

Name of The Block

Sl. No.	Name of Agency	Measurement Book numbers		Scheme for which issued		Date of Issue	Name, Designation and Signature of the Official receiving	Name, Designation and Signature of the Official Issuing.
		From	To	Number	Name			
1	2	3	4	5	6	9	10	11

Each page should be authenticated

Muster Rolls to be issued serially

Unused muster rolls, if any, to be cancelled by the IA and kept with the other used muster rolls

Receipt Side

Sl.No	Source of Receipt	Order No and date	Challan No. by which supplied	MB From No	To	Name, Designation and Signature of the Official receiving

