Muster Roll Verification Sheet -1															
Block	me SHG merchayat		Implementing	Agency			Work star	rted on (Dat	te)		Work com	pleted on	(Date)		
Name of the	ne SHG ter Roll used	Muster Roll No.				Scheme	e Name &	Code No							
Sl. No.	Name of the Worker		Male/Female	First Weekto Total Labours			Second Week			Third Week			Fourth Week		
													Total Labours		
				MR No.	Days of work	Total	MR No.	Days of work	Total Wage paid	MR No.	Days of work	Total Wage paid	MR No.	Days of work	Total Wage paid
1.															
2.															
3.															
4.															
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															
13.															

14.

Total

<u>Muster Roll Verification Sheet -2</u>

	Name of the Worker	Job Card No.	Male/Female	As per Muster Roll		As per Labou	ır Statement	As per Job Card	d & Pass Book	Remarks	
Sl. No.				Days of work	Total Wage paid	Days of work	Total Wage paid	Days of work	Total Wage paid	Is there any disparity? If yes, give details. (use sheet if necessary)	
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.											
13.											
14.											
	Total										