

Approval No. 6079/10/Chairperson, dt-5-10-66

HEALTH DEPARTMENT

MUSTER ROLL NO. 3413

Circle No. III Voucher No. 3314

Dated 8/2/67

(From 1-1-67 To 22-1-67)

(40) Daily wages SK/L.RS
Cont. sheet No. 6

PART-NOMINAL-ROLL

| S.No. | Name, Father's/Husband's Name & Address grouped according to classes | Designation | Dates From, To | | Daily Total | Rate | Amount | Sign, or thumb impression of payee and dated initials of paying officer made at the time of payment |
|-------|--|----------------|----------------|---|-------------|--------|---------|---|
| | | | 1 | 2 | | | | |
| 3688 | Ravi G. Bela Ram Haji Son B.S. Teram | D/maib S.K. | 1 | 2 | 19 days | 125-80 | 2437=00 | |
| 3788 | Deepak G. Uday Singh Haji Son B.S. Teram | SIC | 1 | 2 | 19 days | do | 2437=00 | |
| 3888 | Haven M. Shashi Haji Son B.S. Teram | do | 1 | 2 | 15 days | do | 1924=00 | |
| 39 | Shakuntla M. Deepala Haji Son B.S. Teram | do | 1 | 2 | 19 days | do | 2437=00 | |
| 40 | Sankar M. Smit Haji Son B.S. Teram | do | 1 | 2 | 19 days | do | 2437=00 | |
| | Pay to staff Rs. 86696 R.F. Rs. 114 | | | | | | | |
| | S.P. Rs. 85696 | | | | | | | |

Accountant (HG)

CHIEF MEDICAL OFFICER

Received on 8/2/67 at 12-3 P.M.
Entered to page No. 612/12/10-14 dt 2/2/67
Serial No. 14 dt 2/2/67

Pay Rs. 86696-86 (Rupees) Eighty Six thousand six hundred ninety six only
M.O.H. Released for Payment

Grand Total of this Muster Roll ...
Deduct-firmament made, as per details transferred to Register of Unpaid Wages
All The Rs.

| | |
|-----|----|
| Rs. | P. |
|-----|----|

HEALTH DEPARTMENT

MUSTER ROLL NO. 3413

Circle No. III Voucher No. 3380 Dated 22-1-07
 In continuation of Muster Roll No. 3380 (From 1-1-07 To 22-1-07)

PART-NOMINAL-ROLL

| S.No. | Name, Father's/Husband's Name & Address grouped according to classes | Designation | Dates From..... To..... | | Daily Total | Initials of person marking the daily attendance | Initials of Inspecting Officer | Rate | Amount | Sign or thumb impression of payee and dated initials of paying officer made at the time of payment |
|-------|--|-------------|-------------------------|----|-------------|---|--------------------------------|----------------|---------|--|
| | | | 1 | 2 | | | | | | |
| 24 | Sumitra w/o Kanbiya Tilok Puri Delhi 91 | DC Ks | 19 | 21 | 19 | | | 125-80 + CM | 2437 | |
| 25 | Deepa w/o Kalam Puri Delhi 91 | DC | 19 | 21 | 19 | | | do | 2437 | |
| 26 | Sarita w/o Kulkarp Kalam Puri Delhi 91 | DC | 19 | 21 | 19 | | | do | 1795-00 | |
| 27 | Saroj w/o Hazi Kiklan Kalam Puri Delhi 91 | DC | 19 | 21 | 19 | | | do | 2437 | |
| 28 | Suman w/o Manoj Kalam Puri Delhi 91 | DC | 19 | 21 | 19 | | | do | 2308 | |
| 29 | Sumit w/o Rajinder Kalam Puri Delhi 91 | DC H2 | 19 | 21 | 19 | | | do | 2180-00 | |
| | | | 22 | | 19 | | | do | | |
| | | | 23 | | 19 | | | do | | |
| | | | 24 | | 19 | | | do | | |
| | | | 25 | | 19 | | | do | | |
| | | | 26 | | 19 | | | do | | |
| | | | 27 | | 19 | | | do | | |
| | | | 28 | | 19 | | | do | | |
| | | | 29 | | 19 | | | do | | |
| | | | 30 | | 19 | | | do | | |
| | | | 31 | | 19 | | | do | | |
| | | | Total | | 1074 | | | 62688-00 | | |
| | | | Total | | 474 | | | 60788 | | |

Pay Rs. (Rupees)
 Accountant (HG) M.O.H. Sr. A.O.
 Grand Total of this Muster Roll
 Deduct-Payment made, as per details transferred to Register of Unpaid Wages
 Total amount paid (in words) Rupees
 Rs. P.

Accountant (HG)

CHIEF MEDICAL OFFICER

(40) Sainagar S.K. R. B.
 Cant. Sheet No. 7.



HEALTH DEPARTMENT

MUSTER ROLL NO. 3413

(From 1-1-07 To 22-1-07)

(16) Daily wages S.K/L.B.J
Cont. sheet No. 57

Circle No. III Voucher No. 3380 Dated

In continuation of Muster Roll No. 3380

PART-NOMINAL-ROLL

| S.No. | Name, Father's/Husband's Name & Address grouped according to classes | Designation | Dates From..... To..... | | Daily Total | Initials of person marking the daily attendance | Initials of Inspecting Officer | Pay Rs..... (Rupees) |
|-------|---|-------------|-------------------------|----|-------------|---|--------------------------------|----------------------|
| | | | 1 | 2 | | | | |
| 19 | Ramraj 80 Chattr Hsi Jom Bas Tee am, New Delhi | (Signature) | 16 | 17 | 19 | (Signature) | (Signature) | 9180-00 |
| 20 | Sagar kum 80 Rofa Hsi Jom Bas Tee am, New Delhi | (Signature) | 16 | 17 | 19 | (Signature) | (Signature) | 2437-00 |
| 21 | Han kishan 80 Manda Hsi Jom Bas Tee am, New Delhi | (Signature) | 16 | 17 | 19 | (Signature) | (Signature) | 2437-00 |
| 22 | Sagar 80 Rofa Hsi Jom Bas Tee am, New Delhi | (Signature) | 16 | 17 | 19 | (Signature) | (Signature) | 2437-00 |
| 23 | Rakesh 80 Jafar Hsi Jom Bas Tee am, New Delhi | (Signature) | 16 | 17 | 19 | (Signature) | (Signature) | 471924 |

Accountant (HG)

CHIEF MEDICAL OFFICER

Sign. or thumb impression of payee and dated initials of paying officer made at the time of 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 works) and they were actually paid on my identification in my presence.

Grand Total of this Muster Roll ...
Deduct-Payment made, as per details transferred to Register of Unpaid Wages
Total amount paid (in words) Rupees..... Balance Paid

Rs. P.

HEALTH DEPARTMENT

MUSTER ROLL NO. 3413

(From 1-1-07 To 28-1-07)

(40) Daily wages S.K./L.P.J. Cont. sheet No. 4.

Circle No. III Voucher No. 3800 Dated

In continuation of Muster Roll No. 3300

PART-NOMINAL-ROLL

Accountant (HG)

CHIEF MEDICAL OFFICER

| S.No. | Name, Father's/Husband's Name & Address grouped according to classes | Designation | Dates From..... To..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Rate | Amount | Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment | | | |
|---|--|-------------|-------------------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|------|--------|---|-------------------|-------------|-------------|
| | | | 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 | | | | | | |
| 55 | Chung 870 Gandhi Enclave New Delhi | P/W SRK | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | 06 Oct 25-50 + CH | 0769 | (Signature) |
| 56 | Ram Kishore 870 Mathura Road New Delhi | P/W | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | 17 days do | 2150 = 00 | (Signature) | |
| 57 | Rajm 870 Mangin Road New Delhi | P/W | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | 14 days do | 1795 = 00 | (Signature) | |
| 58 | Vinod 870 Kaku Road New Delhi | P/W | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | 18 days do | 2308 = 00 | (Signature) | |
| 59 | Babu Dham New Delhi | P/W | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | | | (Signature) | |
| Daily Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Initials of person marking the daily attendance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Initials of Inspecting Officer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Pay Rs. (Rupees)

Accountant (HG)

M.O.H. Sr. A.O.

Grand Total of this Muster Roll ...

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

Total amount paid (in words) Rupees. Balance Paid

Rs. P.

Approval No. 6079/1991 Chairperson, dt-5-10-06

HEALTH DEPARTMENT

MUSTER ROLL NO. 3313

(From 1-1-07 To 30-1-07)

40 Daily wages 3.75/1.84
Cont. sheet No. 3.

Circle No. III Voucher No. Dated

In continuation of Muster Roll No. 3380

PART-NOMINAL-ROLL

Accountant (HG)

CHIEF MEDICAL OFFICER

| S.No. | Name, Father's/Husband's Name & Address grouped according to classes | Designation | Dates From: To | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Rate Rs. P. | Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment |
|--|---|-----------------------|----------------|----|----|----|----|----|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------------|--|
| | | | 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 | | |
| 11 | Sundera Sd. Asha Singh Pallika Dharam New Delhi a1 | Phlebotomist 132-5 | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | 17 days |
| 12 | Sd. Hans Singh Sd. Sahabji Pallika Dharam New Delhi | Phlebotomist 132-5 | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | 19 days |
| 13 | Sd. Rajender Sd. Kanchand Pallika Dharam New Delhi | Phlebotomist 132-5 | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | 17 days | |
| 14 | Sd. Anant Sd. Jai Narayan Pallika Dharam New Delhi | Phlebotomist 132-5 | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | 17 days | |
| Daily Total | | | 13 | 11 | 13 | 10 | 11 | 10 | 6 | 12 | 13 | 14 | 11 | 13 | 10 | 6 | 12 | 13 | 11 | 11 | 9 | 5 | 12 | | | | | | | | | | | | 239 days |
| Initials of person marking the daily attendance | | | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | | |
| Initials of Inspecting Officer | | | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | |

Pay Rs. (Rupees)

Grand Total of this Muster Roll ...

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

Rs. P.

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.

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

