O.O. No. D/981/C.M.O. (HQ), dt. 8-1-07

HEALTH DEPARTMENT

C. No - 8

MUSTER ROLL NO. 3434 (From 24-1-07 To 31-1-07)

(29) Daily wager S.K.S Comt. Ward No. 6.

Circle No. VIII Voucher No. 81/4 Dated 12/2/07

In continuation of Muster Roll No. Fresh

PART-NOMINAL-ROLL

Accountant (HG) | CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped acccrding to classes	Designation	Dates From ... To ... 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	Total	Rate Rs. P.	Amount Rs. P.	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
26	Sh. Kuldeep Singh S/o Sh. Ranjeet Singh H. No. Bapa Dham N. Delhi	9/B																								P	P	P	P	S	P	P	P	7 day	125.80 + HRA	876.170.00 898.40	Kuldeep Singh
27	Smt Indirawati W/o Sh. Kishan. J.J Camp Maher Chand Mkt N.D.	8/K																								P P P P P P P P P P P P P P P P				S	P P P			7 day.	do	898.40	इन्दरा बती
28	Sh Jaikishan S/o Sh. Bhagwan Dass. H. No- Mandir marg Harijan Basti N. Delhi	2/B																								P	P	P	P	S	P	P	P	7 day.	do	898.40	Sd/- Sh. Jaikishan
	Pay to staff Rs 24374 B/F Rs Nil S Rs 24374													Vacant																Vacant S							
		Daily Total																												S				190.	G. Total	28,864.00	
		Initials of person marking the daily attendance																																			
		Initials of Inspecting Officer																																			

Pay Rs. 24374 (Rupees Twenty four thousand three hundred seventy four only) PAID IN full. S-No' 1028

Accountant (HG)

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.

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.

Received on 2/2/07 Entry to page No 2 Serial No 20 dt 2/2/07

CERTIFIED FOR CASH/CHEQUE PAYMENT

O.O.No. D/981/C.M.O.(HQ), dt- 8-1-07

HEALTH DEPARTMENT

C. No - 8.

MUSTER ROLL NO. 3434 (From 24-1-07 To 31-1-07)

(29) Daily wager S.Ks Cont. Sheet No. 8

Circle No. VIII Voucher No. ..... Dated .....

In continuation of Muster Roll No. Fresh

PART-NOMINAL-ROLL

Accountant (HG) — CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped accccrding to classes	Designation	Dates From ... To ... (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)	Total	Rate Rs. P.	Amount Rs. P.	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
21	Sh. Naveen S/o Nathey Singh W/2. 813. Narayan Village Delhi	2/B	P P P P S P P P	7 days	12580 H.A	21,680 898.00	Naveen
22	Sh. Vishal S/o Sh. Kishan Chand H.No - Palika Dhan N. Delhi	2/B	P P P P S P P P	7 days	do	898.00	Vishal
23	Smt Raj Rani W/o Ramesh H.No - 2575 Pahar Ganj N. Delhi	8/K	P P P P S P P P P P P P P P P P P P P P	7 days	do	898.00	राजरानी Raj Rani
24	Smt Sheela W/o Hari Krishan H.No. G. 4 Ali Gaon N. Delhi	8/K	P P P P S P P P P P P P P P P P	7 days	do	898.00	शीला Sheela
25.	Sh. Rajesh S/o Nathey Singh H.No - C. 15 Singh Palika Dhan N. Delhi	2/B	P P P P S P P P	7 days	do	898.00	राजेश Rajesh
	Daily Total		24 24 24 24 S 24 24 25	169	G. Total	26,170.00	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer						

2168.00

Pay Rs. ..... (Rupees .....)

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.

	Rs.	P.
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		

O.O. No. D/981/C.M.O. (HQ), dt- 8.1.07

HEALTH DEPARTMENT

C. No - 8.

MUSTER ROLL NO. 3484 (From 24-1-07 To 31-1-07)

(29) Daily wager S.Rs Const. sheet No. 4.

Circle No. VIII Voucher No. ..... Dated .....

In continuation of Muster Roll No. Fresh

PART-NOMINAL-ROLL

Accountant (HG) CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped acccrding to classes	Designation	Dates From ... To ... 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	Total	Rate Rs. P.	Amount Rs. P.	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
16	Smt Annu c/o Vijay Kr H.No D-5 Pal Vihar N. Delhi	S/K	10 15 15 15 S 15 15 15	7 days	Rs. 80 + CA	17960 898-00	Sign Annu
17	Smt Kusum c/o Mangal Servant out Zone Akbar Road N. Delhi	S/K	10 15 15 15 S 15 15 15	7 days	do	898-00	Sign Kusum
18	Sh. Ritesh S/o Ramlashkar 2/B 13/18 Tri Lok Puri Delhi-92	S/K	10 15 15 15 S 15 15 15	7 days	do	898-00	Sign Ritesh
19	Sh. Parmod S/o Hukum Singh 2/B H.No-8 Saroj Nagar N.D.M.C. Flats		10 15 15 15 S 15 15 15	7 days	do	898-00	Sign Parmod
20	Sh. Vikash S/o Dharam Singh H.No-280 Sema Puri Delhi	S/K	~~10 15 15 15 S 15 15~~ 15 15	10 days	do	128.40 17190	Sign Vikash
	Daily Total		19 19 19 19 S 19 19 20	134	G. Total	21,680-00	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer						

Pay Rs..... (Rupees.....)

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.

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.

O.O. No. D/981/C.M.O. (HQ)

HEALTH DEPARTMENT

C. No – 8.

MUSTER ROLL NO. 3434 (From 24-1-07 To 31-1-07)

(29) Daily wager S-Ks/L-Ds
Cont. Sheet No. 3.

Circle No. VIII Voucher No. ..... Dated .....

In continuation of Muster Roll No. Fresh

Accountant (HG) CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped accrding to classes	Designation	Dates From ... To ... 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	Total	Rate Rs. P.	Amount Rs. P.	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
11	Sh. Ratlangs Ram Sroop H. No. 136 Shastri Nagar N. Delhi	S/K	P P P P S P P P	7 days	125.80 T.A	898.60 898.60	Signature of Ratlangs
12	Sh. Rajkumar Pyarelal H. No. 80 Prithviraj Lane.	S/K	P P P P S P P P P P P P P P P	7 days.	do	898.60	Rajkumar Signature of Sh. Rajkumar
13	Sh. Sunil S/o Sukhanandan 132 Harijan Basti Mandir marg N.D.	S/K	P P P P S P P P P P P P P P P	7 days	do	898.60	Sunil Signature of Sunil
14	Sh. Manoj S/o Sindalal Type I flat No. 44 Type II Modal Town N. Delhi	S/B.	P P P P S P P P	7 days.	do	898.60	Manoj Signature of Sh. Manoj
15.	Sh. Vipin S/o Nanak Chand H. No. 1225 Raghubir Nagar N. Delhi.	S/B.	P P P P S P P P	7 days.	do	898.60	Vipin Signature of Sh. Vipin
						13470	
	Daily Total		15 15 15 15 S 15 15 15	105	G. Total	17960	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer						

Pay Rs. ..... (Rupees .....)

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.

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.

O.O.No. D/981/C.M.O. (HQ), dt- 8-1-07

HEALTH DEPARTMENT - C. No - 8

MUSTER ROLL NO. 3434 (From 24-1-07 To 31-1-07)

(29) Dailywager S.K. / L.R.
Cont. Aired No. 2.

Circle No. VIII Voucher No. ..... Dated .....

In continuation of Muster Roll No. Fresh

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 ... 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	Total	Rate Rs. P.	Amount Rs. P.	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
6	Sh. Vipin S/o Suresh Kr. H. No. 3A D.D. Flats Aruna Asaf Ali Road Ram Nagar Phase Ganj. N. Delhi	4B																							P	P	P	P	S	P	P	P		7 days	125.80 TCA	4490.00 898.00	Signature Vipin
7	Sh. Sachin S/o Kanwar Singh H. No 8 B.D.D. Flats Aruna Asaf Ali Road Ram Nagar Phase Ganj	4B.																							P	P	P	P	S	P	P	P		7 days	do	898.00	Signature Sachin
8	Sh. Parmod S/o Layman C-89/108 Azad Basti Chitra Gupta Road N. Delhi	4B.																							P	P	P	P	S	P	P	P		7 days	do	898.00	Signature Parmod
9	Sh. Mahesh S/o Budh Ram H. No. Mohibullah Singh Palika Kendra N. Delhi	8/1C																							P P P P	P P P P	P P P P	P P P P	S	P P P P	P P P P	P P P		7 days	do	898.00	Mahesh Kumar Signature of Sh. Mahesh
10	Sh. Ram Dass S/o Bijham T. 103 Tughlakpur Delhi-92	8/1C																							P P P P	P P P P	P P P P	P P P P	S	P P P P	P P P P	P P P		7 days	do	898.00	Ram Das Signature of Sh. Ram Das
	Daily Total																								10	10	10	10	S	10	10	10		70	G. Total	8980.00	
	Initials of person marking the daily attendance																																				
	Initials of Inspecting Officer																																				

Pay Rs. ..... (Rupees .....)

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.

Grand Total of this Muster Roll ... ... Rs. P.

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

Total amount paid (in words) Rupees ..... Balance Paid

Sanitation Off.

O.O. No. D/931/C.M.O.(HQ), dt. 8.1.07

HEALTH DEPARTMENT – C. No – 81

MUSTER ROLL NO. 3434 (From 24-1-07 To 31-1-07)

(29) Sailyarager S.Ks/L.Bs Only Six sheets (1+5=6)

Circle No. VIII Voucher No. ..... Dated .....

In continuation of Muster Roll No. Fresh

Accountant (HG) CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped accrding to classes	Designation	Dates From ... To ... 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	Total	Rate Rs. P.	Amount Rs. P.	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
1	Sh. Bisendeep S/o Ras Pal. H. No. 9/3/18 Dakshinpuri Delhi – 62.	S/K	P P P P S P ⇒ ⇒ P P P P S P ⇒ P P P P S P P P P P P P P P P P ⇒ P

Pay Rs. ..... (Rupees .....)

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.

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.