

**MUSTER ROLL NO. 3431** (From 24.1.07 To 31.1.07)

**HEALTH DEPARTMENT**

Circle No. XIII Voucher No. 8814 Dated 24/1/07

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	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																																																																																																																																																																																																																																																																																																																							
16	Smt Nimala wo Satish R/o 16/155 Max Park, Dera	Daylong																																							<p>Total 24</p> <p>Rs. 125.50 P.</p> <p>Amount 2944.00 P.</p>																											Sig of the Payee	17	Smt Kamalika wo Hird R/o 10/10 Park, Dhindhan	do																																							<p>Total 24</p> <p>Rs. 74.5 P.</p> <p>Amount 2108.50 P.</p>																											Sig of the Payee	18	Smt Nimmika wo Champa, Dera R/o 5-7, Aligarh N.D.	do																																							<p>Total 24</p> <p>Rs. 64.5 P.</p> <p>Amount 2169.00 P.</p>																											Sig of the Payee		Smt Nimila wo Shreshtha R/o 57/B, Park, N.D. Ks-	do																																							<p>Total 24</p> <p>Rs. 74.5 P.</p> <p>Amount 2108.50 P.</p>																											Sig of the Payee		Smt Stokha wo B.P. R/o 15, 905 - B.P. R/o Max	do																																							<p>Total 24</p> <p>Rs. 129.45 P.</p> <p>Amount 15905.00 P.</p>																											Sig of the Payee
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Handwritten notes at the top left, including 'Smt Stokha', 'B.P. R/o Max', '15905', and various initials and numbers.

Accountant (HG), [Signature]

CHIEF MEDICAL OFFICER

(19) Kaishyagar & Co. Ltd  
Contd. Sheet No. 4.

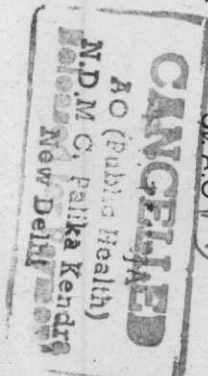
Grand Total of this Muster Roll ...

Total amount paid (in words) Rupees ...

Balance Paid

Signatures at the bottom: [Signature], [Signature], [Signature]

VERIFIED FOR CASH/CHEQUE PAYMENT  
Certified that the workers mentioned in the muster roll were actually employed by the NDMC work(s) and were actually paid for the identification in my presence.



# HEALTH DEPARTMENT

## MUSTER ROLL NO. 3439

(From 24-1-07 To 31-1-07)

(19) Sanjiv Kumar S.K. / 2-1-07  
Smt. Shreed. N.S.

Circle No. XIII, 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		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	3	4							5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
11	Smt Anita wife Subhakar R/o 5-9 mandir marg N.D.	Doalgunge																												
12	Smt Sangeeta wife Virendra R/o 6/7, Dakshinpur, N.D.	do																												
13	Smt Rakhi wife Rakesh R/o 10/295, Thiruk Puri, D.M.	do																												
14	Smt Usha wife Rajendra R/o 26, Sera nagri N.1	do																												
15	Smt. Umesh S/O T. K. K. K. R/o 5-4 mandir marg N.1	do																												
			9 days										G. Total																	

Pay Rs. (Rupees) M.O.H. Sr. A.O.

Grand Total of this Muster Roll

Accountant (HG) 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.

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

Total amount paid (in words) Rupees Balance Paid

Rs.	P.
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# HEALTH DEPARTMENT

## MUSTER ROLL NO. 34-39

(From 24-1-07 To 31-1-07)

19 Railwaywager SKA/1/RS  
Only four sheets

Circle No. XIII 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.....																															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	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				
1	Sh. Satish S/o Kuleep R/16/125 Tailor Puzi N.D.	Railways																																7 days	125.80 +11A	0898-00	Sh. Satish
2	Sh. Mukesh S/o Khuskhus R/105-21 mandir marg N.D.	-do-																																6 days	-0-	0769-00	Sh. Mukesh
3	Sh. Sanjay S/o Ramkrishn B-62 neldi ngr N.D.	-do-																																2 days	-0-	0898-00	Sh. Sanjay
4	Sh. Sanjay S/o Ramkrishn R/105/22 neldi vill N.D.	-do-																																2 days	-0-	0898-00	Sh. Sanjay
5	Sh. Som S/o Jagdish R/10 F-25 Aligany N.D.	-do-																																2 days	-0-	0898-00	Sh. Som
		Daily Total																																34 days	G. Total	4361	

Pay Rs. (Rupees) .....

Accountant (HG)

M.O.H.

St. 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.

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.