



# HEALTH DEPARTMENT

## MUSTER ROLL NO.

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

Circle No. 11 Voucher No. R.M.R. Dated .....

In continuation of Muster Roll No. ....

### 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 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					
28	21 Sh. Kulkarni s/o Chaudhary	AMPSIK	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	31	185-50	3966-00	3921-00	[Signature]
2	22 Babulal s/o Manglik 328 Malchand colony Adrezh Nagpur	"	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	"	2180-00	2135-00	[Signature]
5	23 Fajun chand s/o Shensingh B-484 Halambikala Delhi	"	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	26	"	3334-00	3289-00	[Signature]
3	24 Anil s/o Hansingh F-37 Haeijan Basti	"	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	21	"	2693-00	2648-00	[Signature]
6	25 Rajendra s/o Rati Rawi H.N. 52 Balanki Basti	"	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	"	2308-00	2263-00	[Signature]
Daily Total			P																															625	G. Total	80443-00	74408-00	[Signature]

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

Initials of person marking the  
daily attendance  
Initials of Inspecting Officer

Grand Total of this Muster Roll ...

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

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

Rs.	P.
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# HEALTH DEPARTMENT

**MUSTER ROLL NO.**

(From 1-10-07 To 31-1-07)

Circle No. IV Voucher No. R.M.P. Dated .....  
 In continuation of Muster Roll No. R.M.P. PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From .....																															Daily Total	Initials of person marking the daily attendance	Initials of Inspecting Officer	Pay Rs.	
			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					
13	smt USha w/o Ranouchand Ranjeet Nagar New Mother Dary N.D.	S.M.L	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	25	P	4185-90	3206-00-45-00=3161-00	46685
34	Sh. Sumit s/o S. Subramanian B-54 Block-31 Tirukurupuzi.	P.A.	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	29	P	3714-00	3714-00-45-00=3669-00	46685	
56	Sh. Sumit s/o S. Subramanian B.E-86 Hari Nagar.	P.A.	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	29	P	3714-00	3714-00-45-00=3669-00	46685	
14	Sh. Narayana s/o S. Sreena Ravi G/1-A GNDJP Kali Bazar Mary.	P.A.	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	29	P	3714-00	3714-00-45-00=3669-00	46685	
20	Sh. Suresh s/o S. Mahalingam Suresh. J-431 Shikarpur N.D.	P.A.	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	31	P	3966-00	3966-00-45-00=3921-00	46685	
7	Sh. Suresh s/o S. Mahalingam Suresh. J-431 Shikarpur N.D.	P.A.	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	5/2	P	65962-00	65962-00-810-00=65152-00	46685	

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. .....

# MUSTER ROLL NO

# HEALTH DEPARTMENT

Circle No. 14 Voucher No. R.M.R.

Date. 1-1-07 To. 31-1-07

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

In continuation of Muster Roll No. R.M.R.

### 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	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					
24	A-1 Galmit, Pever Road,	do	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	31	11	3966-00-145-00 = 3921-00	
15	100-Balmika Basti Mandir marg.	do	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	30	11	3840-00-145-00 = 3795-00	
33	Shoela W-12 Raha 100-Balmika Basti	do	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	31	11	3966-00-145-00 = 3921-00	
31	Vinod S.I. Ram Phul S-28 Hazijan Basti M. marg	do	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	25	15-00	3600-00-145-00 = 3555-00	
32	Ravi S.B. Bantla H-16 Palika Pham.	do	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	29	11	3714-00-145-00 = 3669-00	

Accountant (HG)

CHIEF MEDICAL OFFICER

97500

Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment

98509-00

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.

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.

MUSTER ROLL NO

HEALTH DEPARTMENT

From I-I-07 To 31-1-07

Circle No. IV

Voucher No. R.M.R.

Dated

In continuation of Muster Roll No.

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.																				
			Accountant (HG)																																																						
11	Jad Singh 87 Bhagwan Singh G-11 Palika Dharm	R.M.P. Sik	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	Rs.	Rate	8006 7499 CHIEF MEDICAL OFFICER 7499 7498 Sign. or thumb impression of paying officer made at the time of payment																				
			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		29	12580	3714																	
			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		P	28	116600	3500																
			32	Ravi 86 on Farhad Y-955 Mangal Puri	-d	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	Rs.	Rate	3466 3240 Sign. or thumb impression of paying officer made at the time of payment																
						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		31	45000	3466													
						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		P	31	45000	3240												
						35	Pardip 86 Bala Ram 91 Haujian Basti. M. Mary.	-d	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	Rs.	Rate	3966 3840 Sign. or thumb impression of paying officer made at the time of payment												
									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		31	45000	3966									
									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		P	31	45000	3840								
									36	Rajul 86 Balaram Singh M-290 Shakur Pur	-d	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	Rs.	Rate	3840 3714 Sign. or thumb impression of paying officer made at the time of payment								
												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		31	45000	3840					
												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		P	31	45000	3714				
												37	Rohela 86 Tihar Khas C-9/389 Sultan Puri	-d	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	Rs.	Rate	3840 3714 Sign. or thumb impression of paying officer made at the time of payment				
															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		30	45000	3840	
															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		P	30	45000	3714

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 Muster Roll ...

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

Total amount paid (in words) Rupees ...

Balance Paid

# HEALTH DEPARTMENT

**MUSTER ROLL NO.**

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

(Date .....

Circle No. IV Voucher No. P.M.A.P.

Dated .....

In continuation of Muster Roll No. P.M.A.P.

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	Rate	Amount 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				
37	Sh. Shankar S. S. S. H.N. 15 Jagat mata Ashram, Elak Nagar.	R.M.L. S.K.	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	26		
30	Sh. Sai Bhagwan S. S. S. 2-B/615 Naglai Delhi U.	S	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	30		
4	Smt Rajni W. R. J-2/214 Mandangir,	S	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	Need			
25	Sh. Suresh S. H.N. 9793 gali N. 7 Matoni Dhanda Paharganj	Houseker Raiti duty	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	31			
15	Smt Karamji W. R. B-86 B. 31 Tirlok Puri	R.M.L. S.K.																																	364		
		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 ... ..

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

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

Rs.	P.

# HEALTH DEPARTMENT MUSTER ROLL NO. [Handwritten]

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

Circle No. IV Voucher No. R.M.R. Dated .....

In continuation of Muster Roll No. R.M.R. PART-NOMINAL-ROLL  
Accountant (HG) 1788 CHIEF MEDICAL OFFICER 17583

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From ..... To .....																															Total	Rate Rs. P.	Rs. P.	Signature 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					
			[Daily marking grid for attendance]																																			
33	SI. Ram Singh Sth Shastri Nam 22 Mandir mazy.	R.M.L. AK	[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]	31	RS-500 466-000	3966-00-45-00	3991-00	[Signature]
31	Smt Switalale Kari Kumar H.N.12 Hazigan Barti, mandir mazy.	[Fingerprint]	[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]	27	11	3463-00-45-00	3418-00	[Signature]
33	Smt Jagrawi V/o Switalale E-1/57 New Ramjit Nagar	[Fingerprint]	[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]	37	11	<del>3528-00-45-00</del> 3463-00-45-00	3543-00 3418-00	[Signature]
30	Smt. Dalkinder Sth Kankhedi H.N.131 Juwala Puri Comp N. 4.	[Fingerprint]	[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]	31	11	3466-00-45-00	3921-00	[Signature]
29	Smt Reetika V/o Ram Chander C-4 Palika Dharm	[Fingerprint]	[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]	27	11	3463-00-45-00	3418-00	[Signature]
01	Smt. H. S. K. [Handwritten] 56 to 681.	[Fingerprint]	[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]	282	G.Total	36508-00-45-00	36558-00 35679-00	[Signature]

Accountant (HG) M.O.H. Sr. A.O. [Handwritten]  
 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

# HEALTH DEPARTMENT

**MUSTER ROLL NO.**

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

Circle No. IV Voucher No. R.M.P.

Dated .....

In continuation of Muster Roll No. ....

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				
			Initials of person marking the daily attendance																																		
20	Smt Maya w/o Chetty Lal 18/259 Bapu Dharm.	R.M.P.S.K.	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	26	
			Initials of person marking the daily attendance																																19592	3334-00-45-00 = 3289-00	
18	Sh. Nukul s/o Han Chaud 35-Harjiam Basti,	"	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	28	
			Initials of person marking the daily attendance																																11	3714-00-45-00 = 3669-00	
8	Sh. Rajan s/o Subbaraj s/o S A-3 Palika Dharm.	"	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	25		
			Initials of person marking the daily attendance																																11	3334-00-45-00 = 3289-00	
1	Sh. Sajjan s/o Rattan s/o S Bawana Delhi.	"	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	29		
			Initials of person marking the daily attendance																																11	3714-00-45-00 = 3669-00	
21	Sh. Saury s/o Rajest 160 Jwala Puri Compn.	"	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	31		
			Initials of person marking the daily attendance																																11	3966-00-45-00 = 3921-00	
			Initials of person marking the daily attendance																																134	G Total	
			Initials of person marking the daily attendance																																	17808-00-45-00 = 17853-00	
			Initials of person marking the daily attendance																																	19662-00-45-00 = 17857-00	

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

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.

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

Rs. P.