S.O.No. 3/9211/C.M.O. (HQ), dt. 8.1.07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3590 (From 1-4-07 To ~~30-4-07~~ 22.4.07)

Circle No. VI Voucher No. 964 Dated 14/5/07

In continuation of Muster Roll No. 3477

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
1.	Sh. Manishkr Gosh. Sunil. Q.No G-9 Aligang	D/wages S*/LB.	S S S

O.O.No. 8/981/CMO (HQ), dt. 8-1-07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3520 (From 1-4-07 To 30-4-07 22.4.07)

(24) Dailywager S.Kr/L.Bs Cond. Sheet No. 4.

Circle No. VI Voucher No. Dated

In continuation of Muster Roll No. 3477

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) 6.	Sh. Arun S/o Sh. Bhuley H.No. 250 Sun Light Colony MOJ.	D/wager S.K/LB.	P P P P P P P P P P P P P P Blanket Sunday P P P P P P Sunday	4 days	127.40	0520.00	3127 Sy/Atly By
(17) 7.	Sh. Ritesh Kr S/o Sh. Amar Nath. H.No 61 Raj Pura village, Gaur Mandi, Delhi - 07	-do-	P P P P P P P P P P P P P P

O.O.No. D/9211/C.M.O.(HQ), dt. 8.1.07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3520 (From 1-4-07 To 30-4-07 22.4.07)

(24) Sailywages S.K/L.B. Contd. sheet No. 3.

Circle No. VI Voucher No. Dated

In continuation of Muster Roll No. 3477

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
(11) 1	Sh. Rajesh s/o Sh. Jagdish Q.No 94, 80 yards Plot H. Basti, Sultanpuri	D/wager S.K/L.B.	16 days	129.40 + CA	2081.00	
(12) 2.	Sh. Arvind Kr s/o Sh. Bal Ram D-464 Kidwai Nagar East	-do-	18 days	-do-	2341.00	
(13) 3.	Sh. Surinder Kr s/o Sh. Azad Singh Q.No 1113 Sec I R.K. Puram	-do-	17 days	-do-	2210.00	
(14) 4.	Sh. Vinod Kumar s/o Sh. Chander Pal DII/190 Madan Giri	-do-	Nil	-do-	Nil	
(15) 5.	Sh. Rajesh s/o Sh. Omprakash A-1754 Jahagir Puri	-do-	18 days 22 days	-do-	2341.00	21/5/07
	Daily Total			G. Total	27312.00 29653.00	
	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), dt. 8.1.07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3520 (From 1-4-07 To ~~30-4-07~~ 22-4-07)

(24) Baildywager S.Ks/L.Dr Cont. Ahead No. 2.

Circle No. VI Voucher No. Dated

In continuation of Muster Roll No. 3477

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
(6)	6. Smt. Mamta w/o Sh. Sumit H.No 45 Jang Pura Road	D/wager S.K.	P P P

C.O. No. 2/981/C.M.O.(HQ), dt. 8.1.07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3520 (From 1-4-07 To ~~30-4-07~~ 22.4.07)

(24) Sanitary wager D.K.S/L.B.S
Only Five sheets (1+4=5)

Circle No. VI Voucher No. Dated

In continuation of Muster Roll No. 3477

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
(1) 1.	Sh. Deepak s/o Sh. Ratan Singh Q.No G-28 Aliganj	D/wager S.K/L.B.		16 days	127.40 1 cm	2081-60	
(2) 2.	Smt. Manju w/o Sh. Suresh 39/40 N.D.M.C Flat Pandara Road	—do—		19 days	—do—	2471-60	
(3) 3.	Sh. Vikash s/o Sh. Tulsi Ram K-334 Daxin Puri,	—do—		18 days	—do—	2341-60	
(4) 4.	Sh. Arun s/o Sh. Shayam Lal C-40B Sangam Park Ram Nagar Bagh.	—do—		17 days	—do—	2211-80	
(5) 5.	Sh. Vijay Kumar s/o Sh. Dalip Singh. 1380 Molana Azad Medical College.	—do—		13 days	—do—	1891-60	
				83 days			
	Daily Total			G. Total		9164-00	
	Initials of person marking the daily attendance					10795-60	
	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.

	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		