Approval of Chairperson, at page 51/N, dt. 3.4.07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3544 (From 28-3-07 To 31-3-07)

(8) Dailywager S.K./L.B. Contd. sheet No. 2.

Circle No. III Voucher No. 93/H Dated 14/5/07

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 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.	Smt. Sunder w/o Sh. Ramesh	D/W सुन्दर	4 5 5	14 days	187.40 +CA	1820 = 00 260 = 00	
	Pay to staff Rs 2080 B/F Rs Nil GA Rs 2080						
	Daily Total			3 4 6 6 16 days	G. Total	2080 = 00 only	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer						

Pay Rs. 2080 (Rupees) Rs Two thousand Eighty only

Accountant (HG) RAM SINGH A.O. (Compost Plant) N.D.M.C. New Delhi

M.O.H. Sr. A.O. CANCELLED Released for S. P. Payment S. P. TANEJA AO (Public Health) N.D.M.C. Palika Kendra New Delhi

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.

VERIFIED FOR CASH/CHEQUE PAYMENT

Grand Total of this Muster Roll ... ...

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

Total amount paid (in words) Rupees All the signatures attested & fully paid Balance Paid

Rs.	P.

Approval of Chairperson, at page 21/N, dt- 3.4.07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3544 (From 28.3.04 To 31-3-07)

(8) Daily wages S.K.S/L.B.S for 59 days
Only two sheets (1+1=2)

Circle No. III 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
1	Smt Munni Devi w/o Late Sh Rajaj	D/W SL	P P P P P P P P P	03 days	127-40 +CA	390=00	Paid
2	Smt Kamlesh w/o Sh Ashok	D/W	P P P P P P P P P	03 days	do	390=00	Paid
3	Smt Rekha w/o Sh Vijay	"	P P P P P P P P P	03 days	do	390=00	Paid
4	Smt Rachna w/o Sh Sunil	रचना	P P P P P P P P P	03 days	do	390=00	Paid
5	Smt Kamla w/o Sh Ram Ratan	"	P P P P P P	02 days	do	260=00	Paid
	Daily Total		4 5 5	14 days	G. Total	1820=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.