Approval No. 1701/PS/Ch..., dt. 16.4.07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3572 (From 25-4-07 To 30-4-07)

(29) Railway Yard S.Ks/L.Bs Comd. Sheet No. 6.

Circle No. VIII Voucher No. 182/71 Dated 29/5/07

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 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
26	Smt Babita W/o Vinod. J.J. Camp Jal Vihar. N. Delhi. Vice. Kuldeep. Yash. Ranjeet		P P P P S P P P P P P	124 5days	127.40 + C.A	16,120.00 ~~127.40~~ ~~+C.A~~ 650.00	Babita
27	Smt Indiravati W/o Lekhram H. No. G. 4 Ali Ganj N. Delhi		P P P P S P P P P P P	5days do	~~do~~ 650		
28	Sh. Jai Lekhram S/o Bhagwan Das. H. No. 34. Harijan Basti Mandir Marg N. Delhi		P P P P S P P P P P P	5days do	~~do~~ 650		
29	Vacant						
	Pay to Staff Rs 18070 — B/F Rs Nil						
	Daily Total			139	G. Total	18070.00	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer						

Pay to staff Rs 18070 — B/F Rs Nil

S/A Rs 18070 —

Pay Rs. 18070 — (Rupees Rs Eighteen thousand Seventy only)

PAID IN full. S No 1 to 28 All Sign + Thumb Attest

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 (PH)

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

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

Total amount paid (in words) Rs.

Rs. P.

VERIFIED FOR CASH/CHEQUE PAYMENT

Released for Payment

Approval No. 7101/PB/Chairman, dt. 16.4.07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3572 (From 25-4-07 To 30-4-07), (28) Daily wager S.K.S/L.B.S Cont. Sheet 5.

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
21	Sh. Rajesh S/o Nathu Singh H/8 Palika Dham N. Delhi	H/B	P P P P P P	100 5 days	127.40 C.A	13,000.00 650.00	Rajesh
22	Sh. Ram Dass S/o Brhian Singh Harijan Basti mandir marg N.D.	S/K	P P P P P P P P P P P P P P	5 days	do	650.00	Ram Dass
23	Sh. Sunil S/o Sh. Sher Bey Singh H. No. 377 Raghubar Nagar N. Delhi	2/B	P P P P P P	5 days	do	650.00	Sunil
24	Sh. Manoj Kr. S/o Sundar Ld. H.No. 2327 Behind Kali mandir Sita Ram Bazar.	H/B	P P P P P P	5 days	do	650.00	Manoj
25	Sh. Naveen S/o Sh. Ram Phal H. No. 13/2 W2 813. Nasiyang.	S/K	P P P P P P P P P P P P P	4 days	do	520.00	Naveen
	Daily Total		25 25 24 25 25	124	G. Total	16,120	
	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.

	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		

Approval No. 1701/PS/Chairperson, dt. 16.4.07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3572 (From 25-4-07 To 30-4-07)

(29) Dailywager S.K.S/C.SSS Contd. Sheet No. 4.

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

In continuation of Muster Roll No. First

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 Kusum W/o Sh. Mangu H.No- Akbar Road N. Delhi																																	5 days	R7.40 + C.A	9750.00 + 650.00	Kusum
17	Smt Annu W/o Sh. Vijaykr. H.No C/5 Palika Dham N. Delhi																																	5 days	do	650.00	Annu
18	Smt Raj Rani W/o Ramesh. H.No. 2575 Paharganj N. Delhi																																	5 days	do	650.00	राज रानी
19	Sh. Rajkumar S/o Payrelal Prithvi Raj Lane New Delhi																																	5 days	do	650.00	[illegible]
20	Sh. Ritesh S/o Ramkishan. 18/17 Tilak Puri Delhi-92	S/K																																5 days	do	650.00	[illegible]
	Daily Total																										20	20	20	20				100	G. Total	13,000.00	
	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.

	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		

Approval No. 1701/PS/Chairperson, dt. 16.4.07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3572 (From 25-4-07 To 30-4-07)

(29) Dailywager Sikh/L.Bs Contd. 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 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
11	Sh. Vikas S/o Naresh Pal. H.No. 282 Semapuri N. Delhi	S/c																									P P P	P P P	P P P	P P P	G	P P P		5 dys	127.40	650.00	[illegible]
12	Sh. Rattan S/o Ram Saroop. H.No. 136 Shastri Park N. Delhi	4/B																									P	P	P	P	G	P		5 dys	do	650.00	[illegible]
13	Sh. Pramod S/o Hukam Singh. H.No. H-8 Saroj Thi Nagar N. Delhi	4/B																									P	P	P	P	G	P		5 dys	do	650.00	[illegible]
14	Sh. Vipin S/o Laxman. H.No. 44 Type II Model Town III N. Delhi	4/B																									P	P	P	P	G	P		5 dys	do	650.00	[illegible]
15	Sh. Vishal S/o Sh. Sukhbir H.No. B-89 Ramjeet Nagar. N. Delhi	4/B																									P	P	P	P	G	P		5 dys	do	650.00	[illegible]
	Daily Total																										15	15	15	15	S	15		75	G. Total	9750.00	
	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.

Approval No. 1701/PS/Chairperson, dt. 16-4-07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3572 (From 25-4-07 To 30-4-07) (29 Sailyanger S.Ko/L.B. Contd. Sheet 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 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
6	Sh. Mahesh S/o Budh Ram. H.No. A/5 Palikakunj New Delhi	S/IC	25 26 27 28 29 30 31: P P P P S P; P P P P P P; P P P P P	25 5 days	127.40 + C.A	3250.00 650.00	Mahesh
7.	Sh. Sachin S/o Sh. Kanwar Singh. C/89/108 Aram Bagh. New Delhi	L/B	25 26 27 28 29 30 31: P P P P S P	5 days	do	650.00	Sachin
8.	Sh. Parmod S/o Sh. Laxman. 8B. 32 D.D.A Flats Ram Nagar Pharganj N. Delhi	L/B	25 26 27 28 29 30 31: P P P P S P	5 days	do	650.00	Parmod
9.	Sh. Vipin S/o Sh. Suresh. H.No. 3A/32 D.D.A Flats Pharganj N. Delhi	L/B	25 26 27 28 29 30 31: P P P P S P	5 days	do	650.00	Vipin
10.	Smt Sheela W/o Harilashan. H.No f/4 Ali Garo New Delhi	S/K.	25 26 27 28 29 30 31: P P P P S P; P P P P P P; P P P P P	5 days	do	650.00	Sheela
	Daily Total		25 26 27 28 29 30 31: 10 10 10 10 S 10	50	G. Total	6500.00	
	Initials of person marking the daily attendance		25 26 27 28 29 30 31: L L L L S L				
	Initials of Inspecting Officer		25 26 27 28 29 30 31: S S S S S S				

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

Approval No. 1701/PS/Chairperson, dt. 18.4.07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3572 (From 25-4-07 To 30-4-07) (29) Dailywager S.K.S/L: Only Six Sheets (1+

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	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. Bijender S/o Raj Pal. H.No. Dakshinpuri N. Delhi-62	S/K																									P	P	P	P	S	P		5 days	127.40 F.C.A	650.00	B. Chand Signature Rajender
2.	SH. Deepak S/o Rajender. H.No 425 Dakshinpuri N. Delhi-62	2/B																									P	P	P	P	S	P		5 days	do	650.00	Deepak Signature Deepak
3	SH. Sandeep S/o Rajender. H.No. 425 Dakshinpuri N. Delhi-62	2/B																									P	P	P	P	S	P		5 days	do	650.00	Sandeep Signature Sandeep
4	SH. Deepu S/o Sh. Rajender. H. No 425 Dakshinpuri N. Delhi-62	2/B.																									P	P	P	P	S	P		5 days	do	650.00	Deepu Signature Deepu
5.	SMT Saroj W/o Sh. Ravinder H.No. Prithviraj lane N. Delhi	S/K																									P	P	P	P	S	P		5 days	do.	650.00	2/12151 Signature Saroj
	Daily Total																										5	5	5	5	S	5		25	G. Total	3250.00	
	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.