Approval No. 354/PS/Chairperson, dd - 23-1-07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3586 (From 1-5-07 To 25-5-07)

(20 Daily wages S.Ks/L.Bs Cont. Amed No. 4.

Circle No. VII Voucher No. 13/H Dated 6/6/07

In continuation of Muster Roll No. 3536

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	Sh Ram Kishor S/Sh Kishan Lal H-16/4 Trilokpuri Delhi	DW Sk		22	1274 + CA	2856-00	Paid 21/5/2007 (16)
17	Sh Rajiv S/Sh Iqbal H.No 91/4148 Gali No 8 RA Ajitmandi			22	-do-	2856-00	Paid 21/5/07 (17)
18	Sh Amit Kumar Tanwar S/o Sh Surender Kumar Tanwar R/o H No 3 Jaina Parwana Bhogal			19	-do-	2467-00 2467	Paid (18)
19	Sh Rakesh Kumar S/Sh Ramesh R/o 131 Nehru Basti			20	-do-	2597-00	Paid (19)
20	Sh. Aman Kumar S/Sh Naresh Kumar R/o B 274 Sangam Park Pusta Road			22	-do-	2858-00	Paid Aman Kumar (20)
		Daily Total		427	G. Total	55435-00	
		Initials of person marking the daily attendance					
		Initials of Inspecting Officer					

Pay to Staff A/c 55435-
BIF Rs NIL

Pay Rs. 55435 (Rupees Fifty five thousand four hundred thirty five only)

SBR 55435-

29/5/07 SO CHQ 29/5/07 4/15 PM

Accountant (HG) 5/6/07

M.O.H. Sr. A.O (HQ)

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.

CANCELLED
S. P. TANEJA
AO (Public Health)
N.D.M.C. Palika Kendra
New Delhi

SN. 1 to 20 A79 and Signature attached

Paid in Fully

	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		

29/5/07 received on 29/5/07 at 4.10 PM entry No page 099 Serial No 165 1/3 D 7/6/07

Approval No. 354/PS/Chairperson, dt. 23-1-07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3586 (From 1-5-07 To 25-5-07)

(20) Sanitary wages S.Ks/L.Bs Cont. Sheet No. 3.

Circle No. VII Voucher No. Dated.

In continuation of Muster Roll No. 3536

Accountant (HG), CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

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
10	Smt Savita W/o Gandhi Ram H.No 5 Jeengdura Bhogal	Safai	P P P P P P P P P P P P P P P P P P P P P P P P P P P P P	22	127.40 + CIA	2856.00	Paid Savita (10)
11	Sh Aram S/Shomvir H.No HM 3975 Gali No 18 Ashram	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	22	do	2856.00	Paid (11)
12	Sh Deepak S/Sh Ramkishan H.No H No 9/4149 Gali No 4 Ajit Nagar	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	22	do	2856.00	Paid (12)
13	Sh Mukesh S/Sh Ram Bharosey H.No 12/121 NDMC Quarter Bapu Dham.	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	22	do	2856.00	Paid (13)
14	Sh Deepak Kumar S/Sh Kul Bhushan H.No A 515 Tihar Colony Mehrauli	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	22	do	2856.00	Paid (14)
15	Sh Ram Kumar S/Sh Kishanlal H.No 16/9 Trilok Puri	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	20	do	2597.00	Paid (15)
	Daily Total		15 15 15 14 15 15 14 15 15 14 14 15 15 15 14 15 15 15 15 15 15 14 13	322	G. Total	41803.00	
	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. 354/PS/Chairperson, dt. 23.1.07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3586 (From 1-5-07 To 25-5-07)

(20) Daily wager S.Ks/L.Bs Cont. Sheet No. 2.

Circle No. VII Voucher No. ..... Dated .....

In continuation of Muster Roll No. 3536

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 Radha w/o Sh Daulat Ram R/o 12/117 Nomc Quaker Bapu Dham	D/W Sr		22	12740 + CA	2856.00	Padi (6) राधा
7	Smt Asha w/o Sh Om Prakash R/o C-54/100 Balmiki Basti	D/W Sr		20	do	2597.00	Padi (7) आशा
8	Smt Padma w/o Sh Deepak R/o 93 Harijan Basti	D/W Sr		22	do	2856.00	Padi (8) पदमा
9	Smt Laxmi w/o Sh Sanjay R/o 5-12/143 Indra Gandhi Colony	D/W Sr		22	do	2856.00	Padi (9) लक्ष्मी
	Daily Total		9 9 9 8 9 5 8 9 9 9 9 9 5 9 9 8 9 9 9 5 9 9 9 8 7	192	G. Total	24926.00	
	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. 354/PS/Chairperson, dt-23-1-07

HEALTH DEPARTMENT

MUSTER ROLL NO. ~~3586~~ 3586 (From 1-5-07 To 25-5-07)

(20) Sailywager S.K.S/L.B.S Only four sheet (1+3=4)

Circle No. VII Voucher No. ..... Dated .....

In continuation of Muster Roll No. 3536

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 Sh Ramkishan Pl. 405 T. Huts Devi Near Mintopal	D/W		21	127.40 + CA	2726.00	Rti attorney
2	Smt Siya w/o Sh Sat Pal Pl. 113A Ganesh Nagar	do		21	do	2726.00	सिया (2)
3	Smt Nirmla w/o Sh. Mahinder Pl. 33 Bhoran Marg	do		20	do	2597.00	निर्मला (3)
4	Smt Veena w/o Sh Chandkumar Pl. 93 Balmiki Basti Mandir Marg	do		22	do	2856.00	वीना देवी (4)
5	Smt Bimla w/o Sh Om Prakash Pl. 106 Harijan Basti Mandir Marg	do		22	do	2856.00	बिमला (5)
	Daily Total		5 5 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 4 3	106	G. Total	~~13761.00~~ 13761	
	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.