approval No. 1701/PS/Chairperson, dt-16.4.07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3609 (From 1-5-07 To 31-5-07)

(40) Dailywager S.K.S/L.B.S Cont-sheet No. 8.

Circle No. III Voucher No. 4/6 68/H Dated 8/6/07

In continuation of Muster Roll No. 3567

11/6/07

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
				847	127-40 + CA	110629=00	
					do		
					do		
					do		
					do		
					do		
	Pay to Staff Rs 110239						
	B/F Rs Nil	Daily Total		847	G. Total	110629=00 only.	
	CA Rs 110239	Initials of person marking the daily attendance				110239	
		Initials of Inspecting Officer					

Received on 5/6/07 at 10.40 A.M. Entry in page No 2 serial No 1 dt 5/6/07

SO(AF) 5/6/07 10/50 Am

Pay Rs. 110239 (Rupees Rs One Lakh ten thousand two hundred thirty nine only

Accountant (HG) 8/6/07

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)

CANCELLED Released 28/6/07

Whether addresses of muster-roll employees are not required to be mentioned

Grand Total of this Muster Roll ... As desired by AO(PH) and paid [illegible] in MPR Sheet and [illegible] has been done

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

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

Rs.	P.

VERIFIED FOR PAYMENT

Sanitation Offi...

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

HEALTH DEPARTMENT

MUSTER ROLL NO. 3609 (From 1-5-07 To 31-5-07)

(40) Dailywager S.Ks / L.Bs
Cond. sheet No. 7.

Circle No. III Voucher No. .... Dated ....

In continuation of Muster Roll No. 3567

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 .... (1–31)	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
34	Sunny S/o Chatter Singh, H.No. 35, Har Jan Bas Tee ayam, M.D.	Plo Lorry	[illegible]	26 days	127-40 + CA	9865=00 / 3376=00 / 3246	paid
35	Sanjeev S/o Rajpal, H.No. 110, Har Jan Bas Tee ayam, New Delhi	Sanjeev	[illegible]	26 days	d/o	3376=00	Paid
36	Hari Kishan S/o Mungi Ram, H.No. 45, Har Jan Bas Tee m. au, New Delhi	do	[illegible]	27 days	d/o	3506=00	Paid
37	Sanjay S/o Ramesh, H.No. 135, Har Jan Bas Tee ay. au, New Delhi	do	[illegible]	27 days	d/o	3506=00	Paid
38	Sh. Rajesh S/o Sh. Narayan	do	[illegible]	NIL			
39	Sh. Rakesh S/o Sh. Jugal	do	[illegible]	NIL			
40	Sh. Chirag S/o Sh. Jai Prakash	do	[illegible]	NIL			
	Daily Total						
	Initials of person marking the daily attendance			~~847 days~~ 849	G. Total	~~110629=00~~ 110239 only.	
	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 of Chairperson, dt. 16-4-07
No. 1701/PS

HEALTH DEPARTMENT

MUSTER ROLL NO. 3609 (From 1-5-07 To 31-5-07)

(40) Dailywager S.K.& L.Bo
Cont. sheet No. 6.

Circle No. III Voucher No. Dated

In continuation of Muster Roll No. 3567

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
(28) 15/253	Sumit S/o Rajinder Thokpur Delhi 94		P P P P P P P 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 days	127-40 +C14	3506=00	
(29) 15/274	Deepak S/o Uday Singh Thokpur Delhi 94		P 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 days	do	3246=00	
(30) 15/223	Charanjit Sjt S/o Madan Lal Thokpur Delhi 94		A A A A A A A A A A A A A A A A A A A A A A A A A A A	NIL	do	NIL	
(31) 15/76	Ravi S/o Bela Ram Thokpur Delhi 94		A A A A A A A A A A A A A P P P P P P P P P P P P P P	15 days	do	1948=00	
(32) 15/120	Vinod S/o Kalu Ram Thokpur Delhi 94		P P P 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 days	do	3506=00	
(33)	Ram Kishor S/o Mata Din 23/353 Thokpur Delhi 94		P P P 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 days	do	3506=00	
				744		96605	
	Daily Total			744	G. Total	96865=00	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer		S.I-3 S.I-3 S.I-3 S.I-3				

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, dd. 16.4.07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3609 (From 1-5-07 To 31-5-07)

(40) Daily wager S.No 1 to 5
Cont. sheet No. 5.

Circle No. III Voucher No. Dated

In continuation of Muster Roll No. 3567

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
(21) H/5	Jagdish S/o Jai Bhagwan Pallika Dharm New Delhi	Duty on Lorry	P P P P P S P P P P P S P P P P P S P P P P P S P P P P	27 days	127-40 +CA	8040=00 3506=00	Jagdish
(22) C/28	Raymala W/o Ravinder Pallika Dharm New Delhi		P P P P P S P P P P P S P P P P P S P P P P P S P P P P	27 days	do	3506=00	Rekha
(23) H/20	Sumitra W/o Kanhiya Pallika Dharm New Delhi		P P P P P S P P P P P S P P P P P S P P P P P S P P P P	27 days	do	3506=00	
(24) H/7	Pooja W/o Deepak Pallika Dharm New Delhi		P P P P P S P P P P P S P P P P P S P P P P P S P P P P	27 days	do	3506=00	Pooja
(25) H/8	Sarita W/o Kuldeep Pallika Dharm New 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	20 days	do	2597=00	Sarita
(26) H/28	Saroj W/o Harikishan Pallika Dharm New Delhi		P P P P P S P P P P P S P P P P P S P P P P P S P P P P	27 days	do	3506=00	Saroj
(27) B/35	Suman W/o Manoj Pallika Dharm New Delhi		P P P P P S P P P P P S P P P P P S P P P P P S P P P P	23 days 625 673	do	2986=00 8089 8153=00	Suman
	Daily Total				G. Total		
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer		S-1-3 S-1-3 S-1-3 S-1-3				

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.

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

HEALTH DEPARTMENT

MUSTER ROLL NO. 3609 (From 1-5-07 To 31-5-07)

(40) Daily wager S.Ks/L.Rs Cont. Sheet No. 4.

Circle No. III Voucher No. ..... Dated .....

In continuation of Muster Roll No. 3567

PART-NOMINAL-ROLL

Accountant (HG), CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	T.M.R. Designation S.K	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
15	Sh. Parvin Wd/o Sushil Kanjan Kamp Delhi			16 days	122-40 +CA	39602=00 2077=00	पावन
16	Susti Shakun Tala w/o Deepak Moti Bar Hospital Delhi M.			20 days	do	2597=00	राकुन
17	Susti Santosh w/o Sunil Harder Pur Delhi			25 days	do	3246=00	
18	Bhawana Gehlot w/o Jagdish Harijan Bas Tee M.M. N.D.			27 days	do	3506=00	भावना
19	Geeta w/o Chander Shekhar Palika Dham Near Delhi			27 days	do	3506=00	गीता
20	Asha w/o Roshan Palika Dham Near Delhi			27 days	do	3506=00	आशा
				445		57780	
	Daily Total			447 days	G. Total	58040=00	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer		S.I-3 S.I-3 S.I-3 S.I-3				

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. 3609 (From 1-5-07 To 31-5-07)

(40) Dailywager S.Ks/L.Bs Cont. Sheet No. 3.

Circle No. III Voucher No. ..... Dated .....

In continuation of Muster Roll No. 3567

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
11 13/7	Sh. Surender S/o Sh. Rishal Singh Kalan Puri Delhi 91	D/W Sy	P P P P P S P P P P P S A A A A A P P P P P P S P P P P	21 days	187-40 +CA	31812 31942=00 2726=00	
12 13/120	Sh. Hari Singh S/o Sh. Balbir Kalan Puri Delhi 91	" H Sgp	P H P P P S P P P P P S P P A A P P S P P P P P S P A P A	23 days	do	2986=00	
13 13/25	Sh. Rajender S/o Sh. Kamarchand Kalan Puri Delhi 91	" रहेन्द्र	A H P A A P P A A P H P P P A P A A A S P P A A P A A A A P P	~~15 days~~ 14	do	~~1948=00~~ 1818	
14 14/76	Sh. Amit S/o Sh. Jai Narayan Kalan Puri Delhi 91	"	[illegible]	nil	nil	nil	
				303		39342	
	Daily Total			305	G. Total	39602=00	
	Initials of person marking the daily attendance		[illegible]				
	Initials of Inspecting Officer		S.1-3 S.1-3 S.1-3 S.13				

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. 3509 (From 1-5-07 To 31-5-07)

(40) Dailywager S.Ks/L.Bs Cont. Sheet No. 2.

Circle No. III Voucher No. ..... Dated .....

In continuation of Muster Roll No. 3567

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	Sh. Hemant S/o Sh. Kamal Dass Trilok Puri Delhi 91 23/353	D/W SK	A P P P P P W/R P A P A P P W/R P P P P P P W/R P P P P P P W/R P P P	~~25 days~~ 24	127-40 +CA	~~3246=00~~ 3116	David
7	Sh. Harish S/o Sh. Mahak Pal Trilok Puri Delhi 91 15/353	" Harish	A P P A A P P P P P P W/R P P P A P A P P P P A A P P A A A A A	18 days	do	2337=00	David
8	Smt Geeta S/o Sh. Mohan Trilok Puri Delhi 91 13/7	" Geeta	P P W/R P P P P P P W/R P P P P P P W/R P P P P P P P W/R P P P P P P W/R	26 days	do	3376=00	David
9	Sh. Ram Pal S/o Sh. Shivcharan Trilok Puri Delhi 91 19/20	"	W/R P P P P P P W/R P P P P P P W/R P P P P P P W/R P P P P P P W/R P P	26 days	do	3376=00	David
10	Sh. Amit S/o Sh. Mahender Trilok Puri Delhi 91 15/135	" Amit	P P P P W/R P P P P P P W/R P P P P P P W/R P P P P P P W/R P P P P P	27 days	do	3506=00	David
				245		31812	
	Daily Total		7 9 8 7 7 8 6 8 8 8 8 8 9 7 9 8 9 7 9 9 7 9 9 8 8 9 8 5 8 9 8	~~246 days~~	G. Total	~~31942=00~~	
	Initials of person marking the daily attendance		H H H H H H H H H H H H H H H H H H H H H H H H H H H H H H				
	Initials of Inspecting Officer		S.1-3 S.1-3 S.1-3 S.1-3				

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

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.

Sanitation Officer Chief Sanitation Inspector Sanitation Inspector

Approval of Chairperson No. 1701, dt. 18.4.07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3609 (From 1-5-07 To 31-5-07)

(40) Dailywager S.Ks / L.Bs
Only Eight Sheets (1+7=8)

Circle No. III Voucher No. ..... Dated .....

In continuation of Muster Roll No. 3567

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	Sh. Suraj S/o Sh. Ramesh Hei Jan Bas Tee M.M., New Delhi 180 Hai Jan	[illegible]	P	P	P	[illegible]	P	P	P	P	P	P	[illegible]	P	P	P	P	P	P	[illegible]	P	P	P	P	P	P	[illegible]	P	P	P	P	P	P	27 days	127-40 + CA	3506=00	[illegible]
2	Sh. Amit S/o Sh. Kishori Lal Hei Jan Bas Tee M.M., New Delhi H.No 63	"	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	P	P	P	P	P	P	[illegible]	P	P	P	P	P	P	[illegible]	P	P	[illegible]	P	P	P	17 days	do	2207=00	[illegible]
3	Smt. Geeta W/o Sh. Ram Charan Hei Jan Bas Tee M.M., New Delhi H.No 4	"	P	P	P	P	P	S	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	27 days	do	3506=00	[illegible]
4	Sh. Mahesh S/o Sh. Shri Charan Hei Jan Bas Tee M.M., New Delhi H.No 8	"	P	P	P	P	P	P	[illegible]	P	P	P	P	P	P	[illegible]	P	P	P	P	P	P	[illegible]	P	P	P	P	P	P	[illegible]	P	P	27 days	do	3506=00	[illegible]
5	Sh. Jai Kumar S/o Sh. Chander Singh Hei Jan Bas Tee M.M., New Delhi H.No 120	"	P	P	P	P	P	P	[illegible]	P	P	P	P	P	P	[illegible]	P	[illegible]	P	P	P	P	[illegible]	P	P	P	P	P	P	[illegible]	P	P	26 days	do	3376=00	[illegible]
	Daily Total		4	4	4	3	4	3	2	4	4	4	3	5	4	3	5	4	5	3	5	4	3	5	5	5	3	5	4	2	5	5	5	124 days	G. Total	16101=00	
	Initials of person marking the daily attendance		H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H				
	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.