Approval No. 1701/PS/Chairperson, dt. 18-4-07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3614 (From 1-5-07 To 31-5-07)

(29) Shidyvager S.K.O/L.B.O Contr. sheet No. 1.

Circle No. VIII Voucher No. 26/H Dated 7/6/07

In continuation of Muster Roll No. 3572

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 ... (1–31)	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 Sarvihal. Vice Kuldeep Singh W/o Ranjat	N.Delhi		667 25 dy 22	127.40 + C.A	86,615 3246 2856	Babita
27	Smt Indira Wati W/o Kishan H.No. G. 4 Aligan. N. Delhi			27 dy	do	3506.40	इंदरा वती
28	Sh. Jai Kishan S/o Sh. Bhagwan Dass. H. No. - 34. Hari Jan Basti N. Delhi			26 dy	do	3376.40	
	Vacant						
	Pay to Staff Rs. 95958 — B/F Rs. Nil			739		95958 —	
		Daily Total		745	G. Total	96758.40	
		Initials of person marking the daily attendance					
		Initials of Inspecting Officer					

Pay Rs. 95958 — (Rupees) Ninety five thousand Nine hundred fifty Eight only

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. S.A.O.

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

Received on 5/6/07 at 2.20 PM. Entry No. Page no 2. Serial No 18 dt 5/6/07

Released for Payment

VERIFIED FOR CASH/CHEQUE PAYMENT

Approval No. 1761/PS/Chairperson, dt. 16.4.07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3614 (From 1-5-07 To 31-5-07)

(29) Vaidyawaqer S.Ks/L.Bs Const. street 5.

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

In continuation of Muster Roll No. 3572

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	Sh. Rajesh S/o Nathu Singh D/s Kalika Dham N.D.	4/B	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	127.40 + C.A	6910-00 3506-00	21/5/21
22	Sh. Ram Dass S/o Bahram Singh Hari Jan Basti Mandir marg N.D.	8/1c	P P P	P P P	P P P	P P P	P P P	S	P P P	P P P	P P P	P P P	P P P	S	P P P	P P P	P P P	P P P	P P P	P P P	P P P	S	P P P	P P P	P P P	P P P	P P P	P P P	S	P P P	P P P	P P P		27 days	do	3586-00	Rami
23	Sh. Sunil S/o Sh. Subay Singh H.No-377 Raghubar Nagar N. Delhi	2/B	P	P	P	P	P	S	P	P	P	P	P	S	P	P	P	P	P	P	P	S	P	P	P	P	P	P	P	S	P	P	P		27 days	do	3586-00	
24	Sh. Manoj Kumar S/o Sundar Lal H.No. 2327 Behind Kali Mandir Sita Ram Bazar.	4/B	P	P	P	P	P	S	P	P	P	P	P	S	P	P	P	P	P	P	P	S	P	P	P	P	P	P	P	S	P	P	P		27 days	do	3506-00	
25	Sh. Naveen S/o Ram Phal H.No B/2-202-813 Nazafgarh	9/1c	P P P	P P P	P P P	P P P	P P P	S	P P P	P P P	P P P	P P P	P P P	S	P P P	P P P	P P P	P P P	P P P	P P P	P P P	S	P P P	P P P	P P P	P P P	P P P	P P P	S	P P P	P P P	P P P		26 days 664	do	3376-00 8622-00	Naveen
	Daily Total																																	667	G. Total	86610-00	
	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. 3614 (From 1-5-07 To 31-5-07)

(29) Daily wager S.K.B/L.B.S Const. Sheet No. 4.

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

In continuation of Muster Roll No. 3572

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
			15	15	15	14	15	5	14	14	15	15	15	15	5	15	15	15	15	15	15	5	15	15	15	15	14	14	5	14	14	14	14	4½ 396			
16	Smt Kusum W/o Mangh H.No Akbar Road N. Delhi	S/K	P P P

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

HEALTH DEPARTMENT

MUSTER ROLL NO. 3614 (From 1-5-07 To 31-5-07)

(29) Dairywager S.Ks/L.Bs Cont. school No. 3.

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

In continuation of Muster Roll No. 3572

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	Sh. Vikas S/o Naresh Pal. H.No. 282 Samapani N. Delhi	S/K	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	S	S	S	S	S	S	S	267 24 21	127.40 + C.A	34,670 3176 2726	31/5/07 Sign Vikas
12	Sh. Ratan S/o Ram Sarup H.No. 136 Shastri Park. N. Delhi	2/B	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	27 dy	do	3506		2871	Sign Ratan
13	Sh. Parmod S/o Ishwar Singh H.No. 148 Sarojni Nagar N.D.	2/B	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	27 dy	do	3506			Sign Parmod
14	Sh. Vibin S/o Laxman H.No. 44 Type II Model Town III N. Delhi	2/B	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	27 dy	do	3506			Sign
15	Sh. Vishal S/o Sukhbir H.No. B-89 Ranjeet Nagar N. Delhi	2/B	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	27 dy	do	3506			विशाल
	Daily Total		15	15	15	14	15	S	14	14	15	13	15	15	S	15	15	15	15	15	15	S	15	15	15	15	14	14	S	14	14	14	14	399	G. Total	51,810	
	Initials of person marking the daily attendance																																				
	Initials of Inspecting Officer							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 ... ...

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

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

Rs.	P.

Approval No. 1701/10/Chairperson, dt-16.4.07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3614 (From 1-5-07 To 31-5-07)

(29) Dailywages S.Ks/L.Bs Cont. Sheet No. 2.

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

In continuation of Muster Roll No. 3572

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. D/5 Palika Qrs. N. Delhi	S/K	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 P	132 27 dys	27.40 F.C.B	17140-00 3506-00	Mahesh
7	Sh. Sachin S/o Kanwar Singh. C/189/108 Azam Bagh. N. Delhi	L/B	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 P	27 dys	do	3506-00	Sachin
8	Sh Pasmad S/o Laxman. B.32 D.D.A Flats. Ram Nagar Phar Ganj. N. Delhi	L/B	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 P	27 dys	do	3506-00	Pramod
9	Sh. Vibin S/o Sh. Suresh. H.No 3A/32 D.D.A Flats Phar Ganj N. Delhi	L/B	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 P	27 dys	do	3506-00	Vibin
10	Smt Sheela W/o Sh. Harilakhan H.No. F/4 Ali Ganj N. Delhi	S/K	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 P	27 days	do	3506-00	Sheela
	Daily Total		10 10 10 9 10 S 9 9 10 10 10 10 S 10 10 10 10 10 10 S 10 10 10 10 10 10 S 10 10 10 10	267	G. Total	34670-00	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer		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.

Sanitation Officer

	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. 3614 (From 1-5-07 To 31-5-07) (29 Daily wager S.K.B/L.B.B only Six sheets (1+5=6)

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

In continuation of Muster Roll No. 3572

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. Bisender Pal S/o Sh. Ras Pal. H.No - Dakshin puri N. Delhi 62	S/K	P P P P P S P P P P P P P P P P P P P P P S P P P P P P P P P P P P P P P