Approval No. 981/HD/Chairperson, dt- 24-2-07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3663 (From 01-06-07 To 22-06-07)

(26) Sanitary Worker S.K.S/L.B.S Contr. Act No. 5.

Circle No. IV Voucher No. 26/H Dated 11/7/07

In continuation of Muster Roll No. 3610 dt 12/7/07

PART-NOMINAL-ROLL

Accountant (HG), 42490-00 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
22.	Sh. Vilash S/o Phar Singh 101, Harijan Basti.	SK	P P P

Approval No. 981/PS/Chairperson, dt. 24.2-07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3563 (From 1-6-07 To 22-6-07) (26) Daily wager S.Ks/LRs Cont- sheet No.4.

Circle No. W Voucher No. Dated.

In continuation of Muster Roll No. 3610

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
17.	Sh. Vinod S/o Sunderlal 35/35 Jugge Camp Sultan Puri.	6.13	P P P L L L L L L L L L P P L L P P P

Approval No-951/15/Estt/Pen/2K-2402

HEALTH DEPARTMENT

MUSTER ROLL NO. 3663 (from 1-6-07 To 22-6-07) (25) Dailywages S.Kp/L.Bs Contt. Sheet No.3.

Circle No. IV Voucher No. Dated

In continuation of Muster Roll No. 3610

PART-NOMINAL-ROLL

Accountant (HG), ₹ 22349.00 / 22600.00 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
12.	Sh. Sunder S/o Lal Singh. G-9 Palika Dham.	L.B	P P P P P P P P P S P P P P P P P P P

Approval No. 951/PS/Chairperson, dt. 24.2.07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3663 (From 1-6-07 To 22-6-07) (26 Daily wages SKs/LBs)

Cont- sheet No. 2.

Circle No. IV Voucher No. Dated

In continuation of Muster Roll No. 3610

Accountant (HG), 12214 12474-00 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
7.	Sh. Rahul S/o Mamman	SK	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 P P	16	127.00 +66.00	2079-00	
8.	Sh. Vijay S/o Daya Ram. 906 Jyonti Village.	L.B	P P S 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	10	11	1299-00	
9.	Sh. Rajesh S/o Sukhlal. F-268 Modan Giri,	SK	P P S P P P P P S P P P P P S P P P P P P P P P P P P P P	19	11	2469-00	
10.	Sh. yogesh S/o Jaggee 341 - Harijan Basti.	L.B	P P S P P P P P S P P P P P S P P P P P P P P P P P P P P	19	11	2469-00	
11.	Sh. Shyamsunder S/o Babulal C-33/93 Kali Bari Marg.	L.B	P P S 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	14	11	1811-00	
		Daily Total	S S S	172	G. Total	22349	
				174		22609-00	
		Initials of person marking the daily attendance	S S S S S S				
		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. 951/PS/Chairperson, dt. 24-2-07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3663 (From 1-6-07 To 22-6-07)

(26) Dailywager S.Ks/L.Bs Only five sheets (1+4=5)

Circle No. IV Voucher No. Dated.

In continuation of Muster Roll No. 3610

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.	Smt Sheela w/o Yegraj. G.203 Dukshin Puri G-203.	S/K	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	18	127.40 +66.00	2339-00	
2.	Sh. Omi S/O ~~Parkash~~ Parveen	S-K	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	19	11	2469-00	
3.	Sh. Gubhen S/o Banwere I 263 Mogal Puri.	L-B	P P P L L L L L L L L L L L L L L L L L L L L L L L L L L L L	18	11	2339-00	
4.	Sh. Jatender S/o Lekhmi Chandra 503 Pandera Rel Shadhora.	L-B	P P P L L L L L L L L L L L L L L L L L L L L L L L L L L L L	14 12	11	1814-00 1559	
5.	Smt Kailashi w/o Madanlal 17/126 Tirlok Pur.	S/K	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	15	11	1949-00	
6.	Smt Rukmani w/o Budh Ram 255 G/E Jhargir Puri	S/K	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	12	11	1559-00	
				94		12214	
	Daily Total			96	G. Total	12474-00	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer						

Fwdd page No-4 S.No-60 60 (4+6)

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.