HEALTH DEPARTMENT

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

Circle No. 4 Voucher No. 106/H Dated 15/6/07

In continuation of Muster Roll No. .....

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
111	Sh. Padam S/o Badh Ram H.N. 9604 Bhaget Singh Nagar.			19	127.40 +66-00	2467-00 - 45-00 = 2422-00	
112	Smt Archana W/o Om Parkash 33. Harijan Basti.			30	11	3888-00 - 45-00 = 3843-00	
113	Sh. Mukesh S/o Hanchuke 35. Harijan Basti.		Promoted as a D/S/K. O.O. D/D/H/421 Join - 8-5-07	1	11	130-00 - 45-00 = 85-00	
114	Sh. Suresh S/o Zahur H-No- 9796, Gali No 7 Phar Gang N.D	E.C.R.		31	11	4015-00 - 45-00 = 3970-00	
	Entry made in on Page No 14 to 26			303 Total =		39338-00 - 630-00 = 38708-00	
			Daily Total	271	G. Total	35143-00 - 540-00 = 34653-00	
			Initials of person marking the daily attendance			38323-00 - 585-00 = 37738-00	
			Initials of Inspecting Officer			35323-00 - 585-00 = 34738-00	

Pay Rs. 39308 (Rupees Thirty nine thousand three hundred Eight only) Pay to Staff Rs 38678 + Rs 630

Accountant (HG) 5/6/07

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)

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

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

Sanitation Officer

Chief Sanitation Inspector

Rs.	P

HEALTH DEPARTMENT

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

Circle No. 4 Voucher No. ..... Dated .....

In continuation of Muster Roll No. R.M.R.

Accountant (HG) 14018-00 – 225-00 = 13793-00 CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped accccrding 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. Rajesh s/o Ratiram H.N. 52 Balmiki Basti.		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	17	127.40 +66.00	2207-00 – 45-00 =	2162-00
7.	Sh. Anil s/o Hari Singh F.37 - Harijan Basti.		A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	P	P	P	P	P	P	P	P	P	S	P	P	P	P	12	11	1588-00 – 45-00 = 1558	1543-00 1513
8.	Sh. Raju s/o Ramdhi H. 16 Palika Dharm.		P	P	P	P	P	S	P	P	P	P	P	P	P	P	P	P	A	P	P	P	P	P	P	P	P	P	P	P	P	P	P	30	11	3888-00 – 45-00 =	3843-00
9.	Sh. Subash s/o Harisingh 147. I.S.P.O. Prahlad Pur.		P	P	A	A	P	P	A	P	P	P	P	A	A	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	26	11	3376-00 – 45-00 =	3331-00
10.	Smt Raj Bala W/O Sh. Subhash 589 M.C.D. Sanaj Pur		P	P	P	P	P	P	P	A	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	A	P	P	29	11	3761-00 – 45-00 =	3331-00 3716
		Daily Total																																222	G. Total	28808-00 – 450-00 =	28358-00
		Initials of person marking the daily attendance																																			
		Initials of Inspecting Officer																																			

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

	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		

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.

HEALTH DEPARTMENT

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

9860

Circle No. 4 Voucher No. ..... Dated .....

In continuation of Muster Roll No. .....

PART-NOMINAL-ROLL R.M.R. S/K 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
(1) 1.	Smt Maya w/o Chety Lal 18/259 Bapu Dham		P	P	P	P	A	P	A	P	P	P	P	P	P	P	P	P	P	P	P	P	P	A	A	A	A	P	P	P	P	P	P	25	127.40 +66.00	3246-00	45-00 = 3201-00
(6) 2.	" Sunita w/o Raj Kr. H.N.12 Harjan Basti.		P	P	P	P	P	S	P	P	P	P	P	P	P	P	P	A	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	26	"	3376-00	45-00 = 3331-00
(8) 3.	" Bimla w/o Ram Chander C.4 Palika Dham		P	P	A	P	P	P	P	P	P	P	P	P	S	P	P	P	P	P	P	P	A	P	P	P	P	P	P	P	P	P	P	28	"	3633-00	45-00 = 3588-00
(39) 4.	" Indera w/o Shri Ram		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	A	A	P	A	1	"	130-00	45-00 = 85-00
(14) 5.	Sh. Sunil s/o Jorawar B-54 Block 31 Tilak Pur.		P	P	P	P	P	P	P	P	P	P	A	A	A	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	28	"	3633-00	45-00 = 3588-00
	Daily Total																																	108	G. Total	14018-00	225-00 = 13793-00
	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.