Approval No. 431/P3/Chairperson, [illegible]

HEALTH DEPARTMENT

MUSTER ROLL NO. 3672 (From 1-6-07 To 22-6-07)

(19) Daily wages S.Ks/L.Bs Cont. Sheet No. 4.

Circle No. XIII Voucher No. 53/H Dated 11/7/07

In continuation of Muster Roll No. ~~2618~~ 2619

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. Naveen s/o Kanwar Chand R/o S-4 Aligarj N.D	Sk.	A A A A A A A A A A A A A A A A A A A A A A	NIL	127.40 + CA	NIL	NIL
17.	Sh. Umesh s/o Sh. Jai Kishan R/o S-486 Mangol Puri Delhi 83	do	P P P P P P P P P P P P P P P P P P P P P P	17 days 15	do	2209.00 2079	3491
18.	Smt Nirmla w/o Satish R/o J-II/06 Madan Giri N.D. 62	do	P P P P P P P P P P P P P P P P P P P P P P	19 days	do	2469.00 Paid	Nirmala
19.	Sh. Sarvesh Pawar S/o Daya Nand R/o 32 Sewa Ngr N.D.	do	A A S A A A A A A S A A A A A S A A A A A	NIL	do	NIL	NIL
			Daily Total 16 15 3 15 16 15 15 16 13 3 15 15 16 17 17 14 14 14 14 12 14	277 1789	G. Total	35994 31,186.00	

Initials of person marking the daily attendance

Initials of Inspecting Officer

Pay Rs. 35994 (Rupees) Thirty five thousand Nine hundred Ninety four only

Received on 5/7/07 at 12.65 PM. Entry in page no 4 Serial No 64.

Pay & Staff Rs 35994 BIFR Nil S.A.R. 35994

VERIFIED FOR CASH/CHEQUE PAYMENT Head Cashier

Accountant (HG) (M. C. MISHRA) AAO (Public Health) N.D.M.C. Patka Kendra

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

CANCELLED Sr. A.O. P.L. TANEJA AO (Public Health) N.D.M.C. Patka Kendra Released for New Payment

Grand Total of this Muster Roll ... Fully Paid Bill S.N: 1K 19 GGAH

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

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

Rs.	P.
11-85	

Sanitation Officer

Chief Sanitation Inspector

Sanitation Inspector

Approval No. 987/PS/Chairperson, dt. 24-2-07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3672 (From 1-6-07 To 22-6-07) (19) Dailywager SKs & BBs Cond- sheet No. 7.

Circle No. XIII Voucher No. Dated

In continuation of Muster Roll No. B618 3619

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
11.	Sh. Somesh S/o Jagdish R/o RZ-216 Mahavir Nagar N.D.	SBK	P P S P P P P P P S P P P P P S P P P P P	19 days	127.40 + DA	2469.00	
12.	Sh. Amit S/o Jai Kishan R/o F-5 Palika Dham N.D.	-do-	P P P S P P P P P S P P P P P S P P P P P	19 days	-do-	2469.00 Paid.	
13.	Sh Kamlesh S/o Ajeet R/o Gautam Nagar Jusaf Sarai N.D	-do-	P P S P P P P P S P P P P P S P P P P P P

Approval No. 931/PS/Chairperson, dt- 24.2.07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3672 (From 1-6-07 To 22-6-07) (19 Daily wager S.Ks/L.Sk Contr. sheet No. 2.

Circle No. XIII Voucher No. Dated

In continuation of Muster Roll No. 3619 & 3619

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
6.	Smt Munni w/o Dharambal R/o 1/130 Khichri Pur Delhi	Sk.	P P P

Approval No. 981/PS/Chairperson, dt-24.2.07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3672 (From 1-6-07 To 22-6-07) (19) Dailywager S.Ks/L.Ts

Only Four sheet (1+2=4)

Circle No. XIII Voucher No. Dated.

In continuation of Muster Roll No. ~~3618~~ 3619

PART-NOMINAL-ROLL

Accountant (HG), CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped acccrding to classes	Designation Daily wages	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 Pooja w/o Rakesh R/o L-52 Palam Vill. N.D.	Sik.		11 days	127.50 +CA	1429-00	
2.	Smt Rakhi w/o Vicky R/o S-16 Aliganj Lodhi Rd N.D.	do-		13 days	do-	1689-00	
3.	Sh. Satish Kr s/o Kuldeep R/o F-5 Mandir Marg N.D.	do-		19 days	do-	2469-00	Satish Kumar
4.	" Mukesh Kr s/o Khushi Ram R/o G-2 Palika Bham N.D.	do-		12 days	do-	1559-00	
5.	" Sanjay s/o Ram Karan R/o S-08 Aliganj Lodhi Rd N.D.	do-		6 days	do-	0780-00	
	Daily Total			61	G. Total	7926-00	
	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

Rs.	P.