Approval No. 2458/PS/Estt/Misc/2007-11-8-04

HEALTH DEPARTMENT

MUSTER ROLL NO. 3739 (From 1-8-07 To 31-8-07)

(26) Daily wages S-Ks/L.Bs Contract Sheet No. 5.

Circle No. IV Voucher No. 79/H Dated 20.9.07

In continuation of Muster Roll No. 3696

PART-NOMINAL-ROLL

Accountant (HG), CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped accc rding 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. Karan s/o Ram Niwas S/212/191 Neeta-ji Nagar N-D.	D/W	P P P

Approval No. 2980/PS/Chairman, dt- 11-6-07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3739 (From 1-8-07 To 31-8-07) (28) Dailywagers S.Ks/L.Bs

Contd. Sheet No. 4.

Circle No. IV Voucher No. Dated

In continuation of Muster Roll No. 3696

PART-NOMINAL-ROLL

Accountant (HG), CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped accc rding 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. Sandeep S/o Sh. Vinod 19, Balmiki Gadan Mandir Marg	D/M	P P P S P P P P P P S P P H P P P P P P S P P P P P P	19	133.45 +6.00	2584-00	
17	Sh. Sachin S/o Jagdish E-117 New Ranjit Nagar Delhi	M	P P P P S P P P P P P S P P H P P P P P P S P P P P P P	26	M	3533-00	
18	Smt Meenu W/o Parveen G-131, Ranhola Delhi	M	P P P P S P P P P P P S P P H P P P P P P S P P P P P P	26	M	3533-00	
19	Sh. Arjun S/o Hardeel 514, Ali Gany N.D.	M	P P P P S P P P P A S P P H P P A S P P P P S P P P P	25	M	3397-00	
20	Sh. Anoop S/o Ramesh F-11, Ali Gany N.D.	M	P P P P S P P P P A S P P H P P P S P P P P S P P P P	26	M	3533-00	
	Daily Total		S S S H S S	5/0	G. Total	69806-00	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer		S S H 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.

	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. 2930/PS/Chairman, dt- 11-6-07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3739 (From 1-8-07 To 31-8-07)

(36) Dailywager Sks/L.Sa Contr. cohort No. 3.

Circle No. IV Voucher No. Dated

In continuation of Muster Roll No. 3696

PART-NOMINAL-ROLL

Accountant (HG) 35814 35574-00 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
11	Smt Seema W/o Subash A-101, Ranjeet Nagar N-D	DIW	P P P P S P P P P P P P P H 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

Approval No. 2930/PS/Chairman, dt- 11-6-07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3739 (From 1-8-07 To 31-8-07)

(26) Dailywager SKs/L.B Cont- Sheet No. 2.

Circle No. IV Voucher No. Dated

In continuation of Muster Roll No. 3696

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	Sh. Jai Kesh S/o Om Parkash 429, Aliganj N.D.	D/W	P P P P S P P P P P P S P P H P P P S P P P P P S P P P P S P P P P P	27	133.45 +66-00	3669-00	
V	Smt Jyoti W/o Hari Om N-615, Sewa Nagar N.D.	"	P P P P S P P P P P P S P P H P P P S P P P P P S P P P P S P P P P P	24	"	3261-00	
8	Sh. Deepak S/o Chamanlal 7/199 Roop Dham N.D.	"	P P P P S P P P P P P S P P H P P P S P P P P P S P P P P S P P P P P	27	"	3369-00 3669	
9	Smt Seema D/o Kishan Payal SEC 1/254 Papan Kalan N.D.	"	P P P P S P P P P P P S P P H P P P S P P P P P S P P P P S P P P P P	26	"	3533-00	
10	" Urmila W/o Rajinder H-511, Kali Bari Marg N.D.	"	P P P P S P P P P P P S P P H P P P S P P P P P S P P P P S P P P P P	26	"	3533-00	
	Daily Total		S S S H S	264	G. Total	35574-00	
	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. 2930/PS/Chairman, dt- 11-6-07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3739 (From 1-8-07 To 31-8-07) (26) Dailywager 8-KS/2.Be

Only five sheets (1+4=5)

Circle No. IV Voucher No. Dated

In continuation of Muster Roll No. 3696

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 Geeta W/o Chammanlal E-250, Ranjeet Nagar Delhi	D/W	P P P P S P P P P P P P P S P P P P P P P P P S P P P P P P P S P P P P P P P P P S P P P P P P P S P P P P P P P P P S