HEALTH DEPARTMENT

Cont Sheet – II

MUSTER ROLL NO. 4027 (From 1/2/08 To 19/02/08)

Circle No. IV Voucher No. Dated.

In continuation of Muster Roll No. 3980

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
9.	SH. KULDEEP S/o Sh. Gulab Singh. Add- 12/5 Nangloi Delhi	D/W S/K		~~13345~~ ~~16600~~ 16 days ~~16600~~	16 da. 13345 ~~16600~~	2177-00	
10.	SH. OMI S/o Sh. Nanak Chand Add- ~~52~~ M/S Flats Ali Ganj N.Delhi	4		16	11	2177-00	
11.	SH. BIRHAM PRAKASH S/o SH. Kanhiya Lal Add:- 48 Madan Gir N. Delhi	206/M. 31/3/08.		16	11	2177-00	
12.	SMT. SHAKUNTLA W/o Sh. Amar Singh Add- 103 Valmiki Sadan Mandir Marg New Delhi-			16days	11	2177-00	
			Daily Total	190	G. Total	95852-00	
			Initials of person marking the daily attendance				
			Initials of Inspecting Officer				

Received on 16/8/08 at 10-40 AM. entry in book No 19 serial No 456

Pay Rs. 25852/- (Rupees) Rs Twenty Eight thousand Eight hundred fifty two only

Rs Twenty five thousand Eight hundred fifty two 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)

CANCELLED Sr. A.O-ST/DR Released for Payment

Grand Total of this Muster Roll ... Fifty two only

Rs.	P.

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

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

All the Sig RTI, LTI Attested

VERIFIED FOR ELECTRONIC PAYMENT Head Cashier

HEALTH DEPARTMENT

Contd. Sheet-I

MUSTER ROLL NO. 4087 (From 1/2/08 To 19/2/08)

Circle No. IV Voucher No. Dated

In continuation of Muster Roll No. 3980

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
5.	SH. SONU S/O Sh Rajesh Add-: 16/346 Tirlok Puri Delhi-	D/W S/K.	P P S P P P P P S P P P P P P S P P P P P P

O.O. No- 1188/D/PA/MOH Dt 11/12/07

(12) daily wages 8/1-4/15

HEALTH DEPARTMENT

MUSTER ROLL NO. 4027 (From 1/2/08 To 19/2/08)

(142) Total Sheet = 3.

Circle No. IV Voucher No. Dated.

In continuation of Muster Roll No. 3980

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. NARENDER S/o Sh. RAM PHAL Add-3223, G/2 Street No-5 Dharam Pura Gandhi Ngr. Delhi	D/W S/K.	P 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 P P