HEALTH DEPARTMENT

Contd. Sheet – II

MUSTER ROLL NO. 4063 (From 15/2/08 To 29/2/08)

Circle No. X Voucher No. 2614 31/3/08 Dated

In continuation of Muster Roll No. fresh.

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
9,	sh Parveen s/o sh Azad. 5-11/65 madangir N.D	D/W Sk	14	13 days	133.45 C.A	1769-00	Sig Attested
10,	sh Sachin s/o Jagdish Ray S-5 N.D.M.C Flat Double Story Aligany N.D.	D/W	14	9 days	do	1225-00	LTI Attested
11	sh Naseeb S/o Mangey Ram G-131 Balmiki Basti Kanthla Village Naglei N.D.	D/W		NIL	do	NIL	
	Pay to Staff 12519- BIRM 5A 12519-		14		do		
	Daily Total		22-2221 11-12222	92	G. Total	12519	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer						

Reception. 12/8/08 at 3:00 PM. Entry in page No. 20 Serial No 486.

Pay Rs. 12519/- (Rupees Twelve thousand five hundred Ninteen only)

Accountant (HG) M.O.H. Sr. A.O

CANCELLED Released for Payment

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.

VERIFIED FOR CASH/CHEQUE PAYMENT

Sanitation Officer

Grand Total of this Muster Roll ... fully paid ... Bill S.No 1 to 11 All LTI/RTI/Sig Attested

Deduct-Payment made, as per details transferred to Register of Unpaid Wages Excluding S.No- 4, 5, 11

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

Rs.	P.

HEALTH DEPARTMENT

MUSTER ROLL NO. 4063 (From 15/2/08 To 29/2/08)

Cover Sheet – I

Circle No. X Voucher No. ..... Dated .....

In continuation of Muster Roll No. Fresh

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
5.	Smt. Vidya Devi W/o Sh. Dhanlal T-271 G. N.2 Baljeet Nagar N.D	D/W.	~~A A A A A A A A A A A A A A A A~~	31 NIL	133.45 C.A	4218 NIL	
6.	Sh. Banri S/o Ram sahaj vice Sh Dharambir S/o Raman lal JNo-2255		P P P

approval Channa No. 6797/D/PS dt 1/11/07

(12) daily wages Sk, L/B @

HEALTH DEPARTMENT

MUSTER ROLL NO. 4063 (From 15/2/08 To 29/2/08)

(1+2) Total Sheets 3.

Circle No. X Voucher No. ..... Dated .....

In continuation of Muster Roll No. Fresh.

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
1.	Sonu S/o Sh. Raman Lal J. No. 22 S.S. Camp East Kidwai Ngr N. Delhi	D/W Sk	P P (S) P

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.

Sanitation Officer

	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		