HEALTH DEPARTMENT

Contd. Sheet-9.

MUSTER ROLL NO. 4087 (From 01/03/08 To 15/03/08)

Circle No. VII Voucher No. ..... Dated .....

In continuation of Muster Roll No. 4016 258 31/3/08

Accountant (HG) CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

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
48	Sh. Ashok S/o Sh Narayan Dass F-467, J.J. Camp Tigri New Delhi	DW	S S S S S S S S S S S S S S 16	13	137.40 CR	1768.00	3/21/08 (48)
49 (M)	Sh. Gaurav S/o Sh Vijay R/o- 81, Harijan Basti Mandir Marg	do	S S S S S S S S S S S S S S 16	13	do	1768.00	Paid 3/12/09 (49)
50	Sh. Sandeep S/o Sh Nav Ratten R/o- B-711 Budh Nagar Inder puri Colony New Delhi	do	S S S S S S S S S S S S S S 16	13	do	1768.00	Paid (50)
51	Sh. Nitish Kumar S/o Sh Subhash Chand R/o- 565 Aliganj Lodhi Rd New Delhi	do	S S S S S S S S S S S S S S 16	12	do	1632.00	Paid (51)
	Daily Total		49 50 49 48 50 46 49 50 47 47 49 49 50 48	627	G. Total	85,272-00	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer						

Pay Rs. 85272/- (Rupees Eighty five thousand two hundred seventy two only)

Accountant (HG) 29.3.08 M.O.H. Sr. A.O. 31/3/08

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.

Received for payment at 10.40 AM. Entry No page No 21 Serial No 496.

28/3/08

Sr. A.O.(HG)

Released for Payment

S No 1 to 51 Sign/thumb attested
Paid in full

HEALTH DEPARTMENT

MUSTER ROLL NO. 4087 (From 01/03/08 To 15/03/08)

Contel-Sheet-8

Circle No. VII Voucher No. ..... Dated .....

In continuation of Muster Roll No. 4016

Accountant (HG), CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped accccording 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
43	Sh. Rakesh S/o Sh Suresh. R/o-B-23 Palika Dham Gol market New Delhi	D/W SK	S S S S S S S S S S S S S S S 16	12	13345 + CA	1632.00	Paid Rakesh (43)
44	Sh. Aman Kumar S/o Sh. Rajender A-21, D.D.A Flats D/story Gyarki Past of Kailash New Delhi-65	do	S S S S S S S S S S S S S S S 16	12	do	1632.00	Paid Aman (44)
45	Sh. Pawan Kumar S/o Sh Om Prakash H.No-262 Village Mubarakpur	do	S S S S S S S S S S S S S S S 16	12	do	1632.00	Paid पवन कुमार (45)
46	Sh. Mahesh S/o Sh Suresh R/o-B-23 Palika Dham Gol market New Delhi	do	S S S S S S S S S S S S S S S 16	13	do	1768.00	Paid Mahesh (46)
47	Sh Priyanshu S/o Sh Ashok Kumar R/o-H.No. 123, Nagla-pur village Delhi-36	do	S S S S S S S S S S S S S S S 16	12	do	1632.00	Paid Priyanshu (47)
	Daily Total		43 S 46 43 44 46 43 43 S 39 43 43 43 46 44	576	G. Total	78,336.00	
	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 ... ... Rs. P.

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

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

HEALTH DEPARTMENT

MUSTER ROLL NO. 4087 (From 01/03/08 To 15/03/08)

Contd-Sheet-7

Circle No. VII Voucher No. ..... Dated .....

In continuation of Muster Roll No. 4016

Accountant (HG), CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

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
38	Smt Asha W/o Sh. Deepak Kumar R/o- 35/356, Trilokpuri New Delhi.	DEO	16	13	135 + 01	1768-00	31121 (38)
39	Smt Sohanwati W/o Sh Chander Bhan R/o- 2/17 Bapu Dham New Delhi	-do-	16	12	-do-	1632-00	सोनवती (39)
40	Smt Aruna W/o Sh. Naresh R/o- Shiv Maha Kali Mandir M/Story Aligamj Loethi colony New Delhi	-do-	16	13	-do-	1768-00	31320 (40)
41	Smt Sarda W/o Sh. Ramesh R/o 2/304 Dakshinpuri New Delhi	-do-	16	13	-do-	1768-00	31221 (41)
42	Sh. Sushil kumar S/o Sh Matroolal R/o- H.No- 549 Mandir Marg New Delhi	-do-	16	13	-do-	1768-00	सुशील कुमार (42)
				515			
	Daily Total		40 41 40 39 41 39 40 37 38 40 40 41 39	515	G. Total	70,040-00	
	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.

HEALTH DEPARTMENT

MUSTER ROLL NO. 4087 (From 01/03/08 To 15/03/08)

Contd-Sheet-6

CD

Circle No. VII Voucher No. ..... Dated .....

In continuation of Muster Roll No. 4016

Accountant (HG) CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

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
32	Sh. Jitender Kumar S/o Sh Ram Prasad R/o – 100, Tilak Vihar Harijan Colony New Delhi	D/W	16	13	136 CA	1768-00	Paid Jitender (32)
33	Sh. Rajender Kumar S/o Sh Dayal Chand R/o – 20, J. Block F Dakshinpuri New Delhi	do	16	13	do	1768-00	(33)
34	Sh Vikash S/o Sh Dayaram R/o – A 862, Jawalapuri Delhi-87	do	16	13	do	1768-00	Paid Vikas (34)
35	Sh. Nand Kishore S/o Sh Jai Karan R/o – 167 Shahid Camp Tuglakabad Extention New Delhi	do	16	13	do	1768-00	(35)
36	Sh Rajesh S/o Sh Harkesh Kumar R/o – RZ-17, Sagarpur New Delhi	do	16	13	do	1768-00	(36)
37	Smt Dayawati W/o Sh Subhash H.NO. 40 Balmiki Sadan, Mandir Marg New Delhi	do	16	13	do	1768-00	(37)
	Daily Total		35 35 36 35 34 36 34 35 35 32 34 35 35 36 34	457	G. Total	61336-00	
	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. 4087 (From 01/03/08 To 15/03/08)

Contd. Sheet - V

Circle No. VII Voucher No. ..... Dated .....

In continuation of Muster Roll No. 4016

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
27	Smt Beena W/o Sh Naresh Chand Sood R/o - 245, T Huts C-77 Wilson Square Gol market New Delhi	DPW	S S S S S S S S S S S S S 1C	13	1324 + CA	Paid 1768-00	(27)
28	Smt Suman W/o Sh Rajender R/o 21, D/ story Aligani Lodhi Rd New Delhi - 03	do	S S S S S S S S S S S S S 1C	13	do	Paid 1768-00	(28)
29	Smt Sonu W/o Sh Ashok R/o - 234, Tilak Vihar New Delhi	do	S S S S S S S S S S S S S 1C	13	do	Paid 1768-00	(29)
30	Smt Neeta W/o Sh Hira lal R/o - Harijan Basti Mandir Marg New Delhi	do	S S S S S S S S S S S S S 1C	13	do	Paid 1768-00	(30)
31	Smt Sunita W/o Sh Bhim Singh R/o - Village Badali Balmiki Mandir Delhi	do	S S S S S S S S S S S S S 1C	13	do	Paid 1768-00	(31)
	Daily Total		29 S 30 29 28 30 28 29 S 26 28 29 29 30 28	373	G. Total	50,728-00	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer		S M M S M				

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

Rs.	P.

HEALTH DEPARTMENT

MUSTER ROLL NO. 4087 (From 01/03/08 To 15/03/08)

Contd. Sheet-III

Circle No. VII Voucher No. ..... Dated .....

In continuation of Muster Roll No. 4016

Accountant (HG) CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

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
22	Sh. Ajay s/o Sh. Hari Kishan R/o-76, Hari Jan Basti Mandir marg New Delhi	DRD SK	S S S S S S S S S S S A → 1G	12	136-00 + CA	1632-00 Paid	Ajay (22)
23	Sh. Prem Kumar S/o Sh. Nanak Chand R/o-H.13, Ashok Church-Gol market New Delhi	do	S S A S S S S S S S S A → 1G	12	do	1632-00 Paid	प्रेमकुमार (23)
24	Sh. Satpal S/o Sh. Lal chand R/o-189 Aligarh New Delhi	do	S S S S S S S S S S S S → 1G	13	do	1768-00	Satpal (24)
25	Sh. Mahesh S/o Sh. Ramji lal R/o-A-19 Mangla puri-2 Palam New Delhi-45	do	S S S S S S A S S S S S → 1G	12	do	1632-00	Mahesh (25)
26	Sh. Krishan S/o Sh. Kuran Singh R/o H.NO-52 A/1 Sunder Nagar Haibat pura Colony Najafgarh New Delhi	do	S S A S S S A S S S S S → 1G	11	do	1496-00 Paid	कृष्ण कुमार (26)
	Daily Total		24 5 25 24 23 25 23 24 5 21 23 21 21 25 27 →	308	G. Total	41,888-00	
	Initials of person marking the daily attendance		→				
	Initials of Inspecting Officer		S S S →				

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

Grand Total of this Muster Roll ... ... Rs. P.

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.

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

HEALTH DEPARTMENT

MUSTER ROLL NO. 4087 (From 01/03/08 To 15/03/08)

Covered Sheet-III

Circle No. VII Voucher No. Dated

In continuation of Muster Roll No. 4016

Accountant (HG) CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

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
16	Sh. Anil s/o Sh. Shyam Singh. R/o – 167 Shahid camb Tuglakabad Extention New Delhi	DLW SK	16	NIL	1250 + CA	NIL	16
17	Smt Darshana w/o Vishal R/o – 129 A Masjid Moth New Delhi	do	16	10	do	1360-00 Paid	दर्शना 17 Sign Attested Kumar AO-7
18	Sh Vinod kumar s/o Sh kaburam R/o – 6296 Gali Ravi Dass Navi Karim New Delhi	do	16	12	do	1632-00 Paid	18 Sign Attested Kumar AO-7
19	Smt Saroj w/o Sh. Bijendar R/o – 131 Neb Sarai New Delhi	do	16	13	do	1768-00 Paid	सरोज 19 Sign Attested Kumar AO-7
20	Smt Munni w/o Sh. Birjesh R/o – S-12/10 Indra Camp New Khanna market Lodhi Rd	do	16	13	do	1768-00 Paid	मुन्नी 20 Sign Attested Kumar AO-7
21	Smt Rukmani w/o Sh Budh Ram R/o – 2558 E.E Jahangir puri New Delhi	do	16	11	do	1496-00 Paid	रुकमनी 21 Sign Attested Kumar AO-7
	Daily Total		19 5 20 20 19 20 18 19 5 17 18 20 19 20 16	248	G. Total	33728-00	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer						

Pay Rs. (Rupees)

Grand Total of this Muster Roll ... ... Rs. P.

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.

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

HEALTH DEPARTMENT

MUSTER ROLL NO. 4087 (From 01/03/08 To 15/03/08)

Circle No. VII Voucher No. ..... Dated .....

In continuation of Muster Roll No. 4016

Contd-Sheet-II

SK

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
10	Smt Seema w/o Sh Sadhu lal R/o – Mandir Marg New Delhi	SK	S S S — 16 —	12	133-45 + CA	1632-00 Paid	Sign Attested SKumar ASI-7 (10)
11	Smt Rajwati w/o Sh Gulab R/o – D-1/390 Sultanpuri New Delhi	do	S S S — 16 —	12	do	1632-00 Paid	Sign Attested SKumar ASI-7 (11)
12	Sh. Sanjay S/o Sh. Raj Singh R/o – F/384 Mandi pur J.J Camp New Delhi	do	S S S — 16 —	13	do	1768-00 Paid	Sign Attested SKumar ASI-7 (12)
13	Sh Neeraj S/o Sh Vinod R/o – H.N. 1952, Katla Pilanji village New Delhi	do	S S S — 16 —	11	do	1496-00 Paid	Sign Attested SKumar ASI-7 (13)
14	Sh – Kuldeep Kumar S/o Sh Babu lal R/o – H.N. 1989 Katla Pilanji village New Delhi	do	S S S — 16 —	13	do	1768-00 Paid	Sign Attested SKumar ASI-7 (14)
15	Sh Anil Kumar S/o Sh Kallu Singh Karotiya R.NO – 26 Single story PGT Awes Atul grey Rd New Delhi-110001	do	S S S — 16 —	13	do	1768-00 Paid	Sign Attested SKumar ASI-7 (15)
	Daily Total		15 5 15 15 14 15 14 15 5 13 13 15 15 5 15	189	G. Total	25,704-00	
	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

Rs.	P.

HEALTH DEPARTMENT

MUSTER ROLL NO. 4087 (From 01/03/08 To 15/03/08)

Contd Sheet-I

Circle No. VII Voucher No. ..... Dated .....

In continuation of Muster Roll No. 4016

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. Narender Kumar s/o Sh Ved R/o – Dr Ambedkar Nagar N. Delhi	DIW SK	S S S S S S S S S S S S S S S S — 16 —	13	132.00 + CA	1768-00	(6)
7	Smt Arati W/o Sh Manoj Kumar R/o – J-297 Dakshinpuri New Delhi	do	S S S S S S S S S S S S S S S S — 16 —	13	do	1768-00	आरती (7)
8	Smt Ratini Bala W/o Sh Kishan lal R/o – 7/481 Block 7, Trilok puri Delhi.	do	S S S S S S S S S S S S S S S S — 16 —	13	do	1768-00	Rajini (8)
9	Smt Sunita W/o Sh. Jagbal R/o – Teen Murti Compound New Delhi	do	S S S S S S S S S S S S S S S S — 16 —	13	do	1768-00	सुनीता (9)
	Daily Total		9 5 9 9 8 9 9 9 5 9 8 9 9 9 9 9	115	G. Total	15,640-00	
	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.

	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		

O.O.No - 1226/D/PA/MOH Dt 20/12/07
Approval Charsma No - 7426/D/PS Dt 20/11/07

(51) clarify wages S/K, 4/B @ 133.45 + CA

HEALTH DEPARTMENT

(1+9) Total Sheet = 10

MUSTER ROLL NO. 4087 (From 01/03/08 To 15/03/08)

Circle No. VII Voucher No. ..... Dated .....

In continuation of Muster Roll No. 4016

Accountant (HG) CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

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	Sh. Ajay kumar s/o sh. Bellan R/o - 221, J.J. sunlight colony N. Delhi	D/W S/K	S S S S S S S S S S S S S 16	11	122.40 + CA	1496-00	अजय कुमार (1)
2	Sh. Deepak s/o sh Ram R/o - Aligan J Lodhi Rd	do	S S S S S S S S S S S S S 16	13	do	1768-00	दीपक (2)
3	Sh Naveen kumar s/o sh. Satyawan R/o - H.N - 219 village Masood pur Delhi	do	S S S S S S S S S S S S S 16	13	do	1768-00	नवीन कुमार (3)
4	Sh Pradeep s/o Sh Surender R/o - H.No - 217 Village Masoodpur	do	S S S S S S S S S S S S S 16	13	do	1768-00	Pradeep (4)
5	Sh. Krishan s/o sh. Dalip R/o - Gautam Nagar New Delhi	do	S S S S S S S S S S S S S 16	13	do	1768-00	कृष्ण (5)
	Daily Total		5 5 5 5 4 5 5 5 5 5 4 5 5 5 5	63	G. Total	8568-00	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer		S D H S D				

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

Grand Total of this Muster Roll ... ...

Rs.	P.

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.

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