

Approved Chairman Mr. 6797/195 1/11/07.
 G.O No - 136 | D | Pt | Mon 17 | 14/2/08.

HEALTH DEPARTMENT

MUSTER ROLL NO.

4/03

(From 01/03/08

To 31/03/08

Center Street - II

Circle No. X Voucher No. 95114 Dated 23/4/08
 In continuation of Muster Roll No. 4063

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																															Rate	Amount	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
			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			
9.	M. Manoj Shashi Rajinder K. 2-83 Ganesh Nagar Pandal Negera Complex N.O.	Plw	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	Rs. 153.45	Rs. 3532-00	[Signature]
10.	Sh. Lawrence K. Shashi Agard 7-11/5 Madanji N.O.	Plw	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	Rs. 2992-00	Rs. 2992-00	[Signature]
11.	Sh. Sachin Shashi Jagdish Raj 8-5 N.O. N.C. Plate Ali Vaniy	Plw	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	Rs. 328-00	Rs. 328-00	[Signature]
	Purohitokh 25180 B1RA 111 CAR 25160	Plw	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	Rs. 95160	Rs. 95160	[Signature]

Pay Rs. 25160/- (Rupees) Twenty Five Thousand Six Hundred
 Initials of person marking the daily attendance: CA 25160
 Initials of Inspecting Officer: [Signature]

CANCELLED
 Sr. A.O. [Signature]
 AO (PH)

Grand Total of this Muster Roll ... Rs. 3532-00
 Deduct-Payment made, as per details transferred to Register of Unpaid Wages Rs. 3532-00
 Balance Rs. 0

Rs.	P.

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. 4103

Voucher No. 4063

Dated 01/03/08

From 31/03/08

Circle No. X Voucher No. 4063

In continuation of Muster Roll No. 4063

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.....																															Daily Total	Initials of person marking the daily attendance	Initials of Inspecting Officer	Rate	Amount	Sign or thumb impression of payee and dated initials of paying officer made at the time of payment
			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						
5	Sh. Vichaya Devi Dosh. Chauhan T-871 G. No-9 Badliet Nagar N. D.	DMW	A	S	A	A	A	A	S	A	A	A	A	A	A	S	A	A	A	A	A	A	A	A	S	A	A	A	A	A	A	A	A	S	55 days	Rs. 133.45	7480 P.	Nil	
6	Sh. Dharambhai Dosh. Ramani Lal J. No 89 J. J. Camp Kichwai Nagar N. D. BANSI s/o sh Ramasahay.	DMW																																	22 days	Rs. 292.00	paid		
7	Sh. Manoj K. Dosh. Hari Lal 110, Badliet Nagar N. D. Mang N. D.	DMW	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	26 days	Rs. 3536.00	paid			
8	Sh. Narsheeb Dosh. Mangay Ram 47-131 Badliet Nagar N. D. village Mangrai N. D.	DMW	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	11 days	Rs. 1496.00	paid			
			9	1	2	2	2	2	2	2	2	2	2	2	2	3	3	3	3	2	3	3	3	2	1	3	3	2	2	2	2	2	2	2	2	155 days	Rs. 15504		

Pay Rs. (Rupees)

Accountant (HG) M.O.H. Sr. A.O. Grand Total of this Muster Roll
 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

Signature and stamp of Chief Medical Officer

D.O. No - 136/D1 PA/Mod. Dt. 14/2/08

(18) Carry wages SKR 4/2 @ 13425 Feb 04.

MUSTER ROLL NO.

HEALTH DEPARTMENT

Circle No. **X** Voucher No. **4063** Dated **01/03/08** To **31/03/08**

In continuation of Muster Roll No. **4063**

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.....																															Rate	Amount	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment			
			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		
1.	Sh. Som Shob. Ramani bel G.W. No. 29 J.S. Camp Kidwai Mergar N.D.	Dlw	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	30 days	Rs. 408-00	
2.	Sh. Geets w/sh. Reya 148 B. Narant vilage N.D.	Dlw	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	36 Days	Rs. 3536-00	
3.	Sh. Sandeep Ks Sh. Kantakh. 5734 Trilek N.D.	Dlw	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	36 Days	Rs. 3536-00		
4.	Sh. Hari Ram Shob. Chhote Lal 480 Keshin N.D.	Dlw	A	S	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	Nil	Rs. Nil		
			Daily Total																															Rate	Amount				
			3-	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2		2	2	55 days
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 NDWC 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.
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