O.O.No-162/D/PA/Mon dt 22/2/08

Chairman approval No-462/D/Ps dt 16/01/08

HEALTH DEPARTMENT

MUSTER ROLL NO. 4114 (From 01/03/08 To 31/03/08.)

Contd. Sheet No V

Circle No. VII Voucher No. 791/H Dated

In continuation of Muster Roll No. 4074 23/4/08

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
27	Smt Sumitra W/o Sh Naresh Kumar R/o – 8/3 Trilokpuri Delhi-91	DI(P)	S S S S S S S S S S S S S S S S S S S S S S S S S S S S S	26	13347 + CA	3536-00	सुमित्रा Signature
			Daily Total	692	G. Total	94112-00	
			Initials of person marking the daily attendance				
			Initials of Inspecting Officer				

Pay to Staff HQ 94112/-
B/F to N.D.

GPF 94112

Pay Rs. 94112/- (Rupees Ninety four thousand one hundred twelve only)

Read on 7/4/08 at 4:25 PM Entry in page no 21 Serial No. 512.

VERIFIED FOR CASH/CHEQUE PAYMENT Head Cashier

16-4-08

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. (HEALTH)

CANCELLED Sr. A.O. (V. K. GOEL) AO (PH)

Released for payment

S.N. 1 & 29 Signature attached

Paid in full

	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		

(5)

HEALTH DEPARTMENT

MUSTER ROLL NO. ..... (From 01/03/08 To 31/03/08)

Contd Sheet IV

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

In continuation of Muster Roll No. 4076

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
21	Smt Veero Devi w/o Sh Arun R/o- Ambedkar Nagar N Delhi	D/W SK	S S A S S S

(4)

HEALTH DEPARTMENT

Contd sheet-III

MUSTER ROLL NO. ..... (From 01/03/08 To 31/03/08)

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

In continuation of Muster Roll No. 4074.

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
15	Sh Vijay kumar s/o Briteshkr R/o – S-12/70 Indra Gandhi camp New Khana Market Lodhi Rd N. Delhi	DW SK	S S S

HEALTH DEPARTMENT

MUSTER ROLL NO. ..... (From 1/3/08 To 31/03/08)

Counter sheet-II

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

In continuation of Muster Roll No. 4074.

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
11	Sh Arun S/o Sh Om Prakash R/o-K-306 Dakshinpuri N. Delhi	O/W SK	P P P S P P P P P P P P P P P S P P P P P P P P P P P S P P P P P P P P P P P S P P	26	133-45 + CA	3536-00	(11)
12	Sh. Nitin Bhool S/o Sh Amar Singh R/o-311/380 Prem Nagar N. Delhi	-do-	P P P S P P P P P P P P P P P S P P P P P P P P P P P S P P P P P P P P P P P S P P	26	-do-	3536-00	(12)
13	Sh. Parmod Kumar S/o Sh Mangu Ram. R/o — A-3/231 Kandli N. Delhi-	-do-	P P P S P P P P P P P P P P P S P P P P P P P P P P P S P P P P P P P P P P P S P P	26	-do-	3536-00	(13)
14	Sh Sanjay Singh S/o Sh Bijender Singh R/o — D-192 Kertwa Jia Sarai N. Delhi	-do-	P P P S P P P P P P P P P P P S P P P P P P P P P P P S P P P P P P P P P P P S P P	26	-do-	3536-00	(14)
	Daily Total		S S S S S S	361	G. Total	490,96-00	
	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. ..... (From 01/03/08 To 31/03/08)

Cont Sheet-I

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

In continuation of Muster Roll No. 4074

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.
7	Sh. Sanjay s/o sh. Raghubir Singh R/o K-326 Dakshinpuri N. Delhi	D/W SK	P S P P P P P P S P P P P P P S P P P P P P S P P P P P P S P P	26	135.45 + CA	3536-00	Paid 21.5.08 (7)
8	Sh. Vicky s/o sh. Virender R/o - House No-1640/23/3m.B Ext New Delhi - 41	-do-	P S P P P P P P S P P P P P P S P P P P P P S P P P P P P S P P	26	-do-	3536-00	Paid Vicky (8)
9	Sh. Vicky s/o sh. Madan Gopal R/o - 3A 0-4 Block mangol puri Delhi.	-do-	P S P P P P P P S P P P P P P S P P P P P P S P P P P P P S P P	26	-do-	3536-00	Paid Vicky (9)
10	Sh Rajesh kumar s/o Sh Ram kumar village & post Holambi kala Delhi.	-do-	P S P P P P P P S P P P P P P S P P P P P P S P P P P P P S P P	24	-do-	3264-00	Paid Reject (10)
	Daily Total		S S S S S S	257	G. Total	34952-00	
	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.

O.O. No – 162/D/PA/Mod Dt. 22/2/08

(27) Ability Supdt. Sik. I/B @ 131.25 + EOA.

HEALTH DEPARTMENT

MUSTER ROLL NO. 4114 (From 01/3/08 To 31/03/08.)

175 Total sheet = 6.

C.P.+E

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

In continuation of Muster Roll No. 4074.

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 Anita W/o Sh Sanjay R/o W2 1415 Nangal Razi Delhi cant	D/M SK	P P P P P S P P P P P P S P P P P P P P S P P P P P P S P P P P P P S