OO-No- 69/D/CMO/HQ Dt 11/3/08
approval Chairman No 7426/D/PS Dt 20/4/07

# HEALTH DEPARTMENT

## MUSTER ROLL NO. 4128 (From 19/03/08 To 31/03/08)

Contd sheet 9.

Circle No. VII Voucher No. 391H Dated

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

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 |
|---|---|---|---|---|---|---|---|
| 48 | Sh Ashok S/o Sh Mangeram Pal R/o F-467 JJ Clup Tigri New Delhi | DM | 18 | 11 | 18.45 + CA | 1496.00 | Paid (48) |
| 49 | Sh Gaurav S/o Sh Vijay R/o 81 Harijan Basti Mandir Marg New Delhi | do | | 11 | do | 1496.00 | Paid (49) |
| 50 | Sh Sandeep S/o Sh Narpatan R/o B-71 Budh Nagar Indra Puri Colony New Delhi | do | | 11 | do | 1496.00 | Paid (50) |
| 51 | Sh Nitish Kumar S/o Sh Subhash Chand R/o 515 Aligarh Lodhi Rd New Delhi | do | | 11 | do | 1496.00 | Paid (51) |
| | | | Daily Total | 539 | G. Total | 73,296.00 | |
| | | | Initials of person marking the daily attendance | | | 73304.00 | |
| | | | Initials of Inspecting Officer | | | | |

Pay Rs. 73304/- (Rupees Rs. Seventy three thousand three hundred four 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.

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

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. 4128 (From 19/03/08 To 31/03/08)

Correl-sheet-8

Circle No. VII 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 |
|---|---|---|---|---|---|---|---|
| 43 | Sh Rakesh S/o Suresh R/o B-23 Palika Dham Gul market Nd | DEO SA | P P P P S P P P P P S P<br>P P P P S P P P P P S P<br>P P P P S P P P P P S P | 11 | 1045 + CA | 1496.00 | Paid Rakesh (43) |
| 44 | Sh Aman Kumar S/o Sh Rajender R/o A21 DDA Flats Dilshad Garden Gazipur Kalan N Delhi | do | P P P P S P P P P P S P<br>P P P P S P P P P P S P<br>P P P P S P P P P P S P | 11 | do | 1496.00 | Paid Aman (44) |
| 45 | Sh Pawan Kumar S/o Sh Om Prakash R/o H No. 262 Village Mubarakpur | do | P P P P S P P P P P S P<br>P P P P S P P P P P S P<br>P P P P S P P P P P S P | 11 | do | 1496.00 | Paid Pawan (45) |
| 46 | Sh Mahesh S/o Sh Suresh R/o B-23 Palika Dham Gali Madan Pur Khadar N Delhi | do | P P P P S P P P P P S P<br>P P P P S P P P P P S P<br>P P P P S P P P P P S P | 11 | do | 1496.00 | Paid Mahesh (46) |
| 47 | Sh Priyanshu S/o Sh Ashok Kumar R/o H No. 123 Hasli Pur Village Delhi | do | P P P P S P P P P P S P<br>P P P P S P P P P P S P<br>P P P P S P P P P P S P | 11 | do | 1496.00 | Paid Priyanshu (47) |
| | Daily Total | | S S | ~~495~~ | G. Total | ~~67,312-00~~ | |
| | Initials of person marking the daily attendance | | W W W S W W W W W W S W | 495 | | 67320.00 | |
| | Initials of Inspecting Officer | | S S S | | | | |

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 | | |

# HEALTH DEPARTMENT

## MUSTER ROLL NO. 4128 (From 19/03/08 To 31/03/08)

Contd sheet - VII

Circle No. VII 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 accccrding 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 357/356 Tilak Pur Delhi | DW | 18 — 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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

Daily Total 440 G. Total ~~59,832.00~~ 59840.00

Initials of person marking the daily attendance

Initials of Inspecting Officer

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

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

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

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

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. 4128 (From 19/3/08 To 31/03/08)

Contd Sheet-VI

Circle No. VII 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 accccrding 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 Pal R/o 100 Tilak Vihar Harijan Colony H-Delhi | | 18 | 11 | 136.00 7 CA | 1496 | Jitender Kr (32) |
| 33 | Sh Rajender Kumar S/o Sh Dagar Chand R/o 20, J Block F Dakshin Puri N-Del- | do | | 11 | do | 1496-00 | (33) |
| 34 | Sh Vikash S/o Sh Daya Ram R/o A802 Jawala Puri Delhi | do | | 11 | do | 1496. | Vikas (34) |
| 35 | Sh Nand Kishor S/o Sh Jai Karan R/o 167 Shahid Camp Tuglakabad Extn N Delhi | do | | 11 | do | 1496. | (35) |
| 36 | Sh Rajesh S/o Sh Harkesh Kumar R/o RZ-17 Sagar Pur N Delhi | do | | 11 | do | 1496. | (36) |
| 37 | Smt Daya wati W/o Sh Subhash R/o 40 Balmiki Sadan Nizamuddin Marg N Delhi | do | | 11 | do | 1496. | (37) |
| | Daily Total | | | 385 | G. Total | ~~52,352~~-00 | |
| | Initials of person marking the daily attendance | | | | | 52360-00 | |
| | 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. 4128 (From 19/03/08 To 31/03/08)

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

In continuation of Muster Roll No. Fresh.

Contd sheet-V

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 Hutt C-77 Willer Sunder Gul market New | DW | | | | | | | 18 | | | | | | | | | | | | | | | | | | | | | | | | | 11 | 132-00 + DA | 1496-00 | बीना |
| 28 | Smt Suman W/o Sh Rajender R/o 21, D Colony Aligunj Lodhi Rd New Delhi. | do | | | | | | | 18 | | | | | | | | | | | | | | | | | | | | | | | | | 11 | do | 1496-00 | सुमन |
| 29 | Smt Sonu W/o Sh Ashok R/o 274 Tilak Vihar New Delhi | do | | | | | | | 18 | | | | | | | | | | | | | | | | | | | | | | | | | 11 | do | 1496-00 | सोनू |
| 30 | Smt Neetu W/o Sh Hira Lal R/o Harijan Basti Mandir marg New Delhi. | do | | | | | | | 18 | | | | | | | | | | | | | | | | | | | | | | | | | 11 | do | 1496-00 | नीतू |
| 31 | Smt Sunita W/o Sh Bhim Singh R/o Village Badali Balmiki Mandir Delhi | do | | | | | | | 18 | | | | | | | | | | | | | | | | | | | | | | | | | 11 | do | 1496-00 | सुनीता |
| | | Daily Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 319 | G. Total | ~~43,376-00~~ 43384-00 | |
| | | 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

Cont. Sheet - IV

## MUSTER ROLL NO. 4128 (From 19/3/08 To 31/03/08)

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

In continuation of Muster Roll No. Fresh.

Accountant (HG) CHIEF MEDICAL OFFICER

**PART-NOMINAL-ROLL**

| S.No. | Name, Father's/Husband's Name & Address grouped accrding to classes | Designation | Dates From ... To ... (1–31) | 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 Hanjan Basti Mandir marg. N Delhi. | DW SK | 18 | 11 | 122-45 + CA | Paid 1496-00 | (22) |
| 23 | Sh Premkumar S/o Sh Nanak Chand R/o H-13 Ashok Chowk Gaal market N Delhi | do | 18 | 10 | do | 1360-00 | (23) |
| 24 | Sh Satpal S/o Sh Lal Chand R/o 189 Aligunj N Delhi | do | 18 | 11 | do | Paid 1496-00 | (24) |
| 25 | Sh Mahesh S/o Sh Ramji Lal R/o A-19 Mangla Puri II Palam N. Delhi | do | 18 | 10 | do | Paid 1360-00 | (25) |
| 26 | Sh Krishan S/o Sh Karam Singh R/o H.No. 52A/2 Sunder Nagar Harihar Pura Colony Nasafgarh N Delhi | do | 18 | 11 | do | Paid 1496-00 | (26) |
| | Daily Total | | | 264 | G. Total | ~~35896~~-00 | |
| | Initials of person marking the daily attendance | | | | | 35904-00 | |
| | Initials of Inspecting Officer | | | | | | |

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

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. |
|---|---|
| | |

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

(4)

Contd Sheet - III

## MUSTER ROLL NO. 4128 (From 19/3/08 To 31/03/08)

Circle No. VII 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 155 days | Rate Rs. P. | Amount Rs. P. 2108 00 | 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 Ishid Camp Tughlakabad Distt. N. Delhi. | Sd/- | 18 | 14 | 133-45 + CA | 1496-00 Paid | Sign Attested Kumar ASI-7 |
| 17 | Smt Darshana W/o Sh Vishal R/o 129 A Masjid Moth N. Delhi | do — | 18 | 6 | do — | 816-00 Paid | Sign Attested Kumar ASI-7 |
| 18 | Sh Vinod Kumar S/o Sh Ralu Ram R/o 6296 Gali Ravi Dass Navi Karam N. Delhi | do — | 18 | 10 | do — | 1360-00 Paid | Sign Attested Kumar ASI-7 |
| 19 | Smt Saroj W/o Sh Bijender R/o 137 Nab Sarai N. Delhi. | do — | ~~18~~ 18 | 10 | do — | 1360-00 Paid | Sign Attested Kumar ASI-7 |
| 20 | Smt Munni W/o Sh Biraj Nath R/o S. 1110 Indra Camp New Rajan Market Lodhi Rd | do — | 18 | 11 | do — | 1496-00 Paid | Sign Attested Kumar ASI-7 |
| 21 | Smt Rukmani W/o Sh Badri Ram R/o 2516 EE Janakpuri Pkt N Delhi | do — | 18 | 8 | do — | 1088-00 Paid | Sign Attested Kumar ASI-7 |
| | Daily Total | | | 211 days | G. Total | ~~28,688-00~~ 28696-00 | |
| | 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 | | |

# HEALTH DEPARTMENT

## MUSTER ROLL NO. 4128 (From 19/3/08 To 31/03/08)

Contd. Sheet-II (3)

Circle No. VII 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 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 |
|---|---|---|---|---|---|---|---|
| 10 | Smt Seema W/o Sh. Sadhu Lal R/o Mandir Marg, N Delhi | DJW SK | 18 | 10 | 135 + CA | 1360-00 Paid | Sign Attested (10) |
| 11 | Smt Rajwati W/o Sh. Gulab R/o 01/790 Sultanpuri N Delhi | do | 18 | 11 | do | 1496-00 Paid | Sign Attested (11) |
| 12 | Sh Sanjay S/o Sh Raj Singh R/o F-1356 Mandir Marg N Delhi | do | 18 | 11 | do | 1496-00 Paid | Sign Attested (12) |
| 13 | Sh Heeraj S/o Sh Vinod R/o H.No 1952 Kotla Pilangi village N Delhi | do | 18 | 7 | do | 952-00 Paid | Sign Attested (13) |
| 14 | Sh Kuldeep Kumar S/o Sh. Babu Lal R/o H.No 1958 Kotla Pilangi village N Delhi | do | 18 | 8 | do | 1088-00 Paid | Sign Attested (14) |
| 15 | Sh Anil Kumar S/o Sh. Kalla Singh Karotiya R/o 265 Sitory Par Awas Atul Grev. Rd N Delhi | do | 18 | 9 | do | 1224-00 Paid | Sign Attested (15) |
| | Daily Total | | | 155 / 155 day | G. Total | 22080-00 | |
| | 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. 4128 (From 19/3/08 To 31/03/08)

Contd. Sheet-I

Circle No. VII 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 |
|---|---|---|---|---|---|---|---|
| 6 | Sh Narender Kumar S/o Sh Ved R/o Dr Ambedkar Nagar N-Delhi | DW SK | 18 | 11 | 133.45 + CA | 1496-00 | |
| 7. | Smt Arti W/o Sh. Manoj Kumar R/o J-297 Dakshinpuri N-Delhi | do — | 18 | 11 | do — | 1496-00 | |
| 8 | Smt Rajni Bala W/o Sh Kishanpal R/o 7/481 Block-7. Trilokpuri Delhi | do — | 18 | 11 | do — | 1496-00 | |
| 9 | Smt Sunita W/o Sh Jagpal R/o Teen Murti Compound N-Delhi | do — | 18 | 11 | do — | 1496-00 | |
| | Daily Total | | | G. Total | | | |
| | Initials of person marking the daily attendance | | | 99 days | | 13,464=00 | |
| | Initials of Inspecting Officer | | | | | | |

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

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

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

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

O.O.No- 69/D/CMO/HQ Dt. 11/3/08

(51) Daily Wager S/K, LIB @ 133.45 +CA

# HEALTH DEPARTMENT

## MUSTER ROLL NO. 4128 (From 19/03/08 To 31/03/08)

(149) Total Sheet = 10

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

In continuation of Muster Roll No. Fresh.

PART-NOMINAL-ROLL

Dulhandi

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. Ajay Kumar S/o Sh. Billoo R/o 221, J.J. Samlight Colony N.Delhi | D/W S/K | | | | | | | | | 18 | | | | | | | | | | | | | | | | | | | | | | | 11 | 133.45 Per day + CA | 1496-00 | आजय कुमार (1) |
| 2 | Sh. Deepak S/o Sh. Ram R/o Aligarh Lodhi Rd | -do- | | | | | | | | | 18 | | | | | | | | | | | | | | | | | | | | | | | 11 | -do- | 1496-00 | दीपक (2) |
| 3 | Sh. Naveen Kumar S/o Sh. Satyawan R/o H.N. 219 Village Masoudpur Delhi | -do- | | | | | | | 18 | | | | | | | | | | | | | | | | | | | | | | | | | 11 | -do- | 1496-00 | नवीन कुमार (3) |
| 4 | Sh. Pradeep S/o Sh. Surender R/o H.N. 217 Village Masoudpur | -do- | | | | | | | | 18 | | | | | | | | | | | | | | | | | | | | | | | | 11 | -do- | 1496-00 | Pradeep (4) |
| 5 | Sh. Krishan S/o Sh. Dalip R/o Gautam Nagar N. Delhi | -do- | | | | | | | | 18 | | | | | | | | | | | | | | | | | | | | | | | | 11 | -do- | 1496-00 | कृष्ण (5) |
| | Daily Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 55 days | G. Total | 7480=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 | | |