

D-6 No-69 / Cmo / HQ / D 27. 11/3/08

HEALTH DEPARTMENT

MUSTER ROLL NO. 4/3d

Circle No. XI Voucher No. 21st
In continuation of Muster Roll No. 15608
Dated 25/10/08 (From 19/03/08 To 31/03/08)

Center Sheet - II

Received on 11/11/08
at 11:40 AM - Entice
Page No 32 - Same as 15608

| S.No. | Name; Father's/Husband's Name & Address grouped according to classes | Designation | Dates From..... To..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Rate | Amount | Sign or thumb impression 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 | | | | | |
| 26 | Sh. Kuldeep Sh. Shyam Lal H/o 3256 Gully Sedool Wadi Phabar Bhangar | D/ceager | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 18 | 11092 | 13345 | 1498 | <i>[Signature]</i> |
| 27 | Sh. Sachin Sh. Madan Lal 21/02 Tailor Bhr M 20-01 | " | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 18 | 11092 | " | 1498 | <i>[Signature]</i> |
| 28 | Sh. Pappu Sh. Shyam Lal J road H.No 6 Madanpura M 12 02 | " | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 18 | 11092 | 272 | 272 | <i>[Signature]</i> |
| 29 | Sh. Deepak Sh. Sugart 69 Kalika Gawan Dard Jaram Bai Nagar | " | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 18 | 11092 | " | 1498 | <i>[Signature]</i> |
| 30 | Sh. Kuldeep Sh. Bendre Pantostiff New 3384 | " | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 18 | 11092 | " | 1498 | <i>[Signature]</i> |
| Pay Rs. 43384 (Rupees) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 21 | 43384 | 43384 | 43384 | <i>[Signature]</i> |

Accountant (HG) *[Signature]*

Grand Total of this Muster Roll ...

S No 1 to 30 All amounts Signature Attested and Fully paid

Accountant (HG) *[Signature]*

CHIEF MEDICAL OFFICER

Sign or thumb impression of
Paying officer made at the
time of payment

Rs. P.

15608

HEALTH DEPARTMENT

MUSTER ROLL NO.

4/32

Circle No. XI Voucher No. Freeh Dated 19/03/08

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

To 31/03/08

Confer Sheet - IV

PART-NOMINAL-ROLL

| S.No. | Name, Father's/Husband's Name & Address grouped according to classes | Designation | Dates From..... To | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Rate | Sign, or thumb impression 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 | | | | |
| 21 | SH. Amol Kumar s/o SH. Vishnu Ram. 128 Balwiski Pathi | Printer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 133.45 | 1498 | |
| 22 | SH. Raju s/o SH. Munshi Lal. 106 Harsijan Pathi Yaswanth Kung N D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 11 day | 1498 | |
| 23 | SH. Karanbhaya s/o Shalakhani Chand SH. Methga s/o Erit Chakras Baker s/o as 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 11 day | 1498 | |
| 24 | SH. Sant Viteta s/o Kach Kinnora SH. Babu s/o Am Chackras (s/o) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 11 day | 1498 | |
| 25 | SH. Sant Anitta s/o Sh. Sabhalak SH. D. D. A. Flat s/o s/o s/o Gaoji N D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 11 day | 1498 | |
| | Daily Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 273 | |
| | Initials of person marking the daily attendance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 37178 | |
| | Initials of Inspecting Officer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 37128 | |

Pay Rs. (Rupees)

Accountant (HG)

CHIEF MEDICAL OFFICER

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

HEALTH DEPARTMENT

MUSTER ROLL NO. 4132.

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

31/03/08

Gmt steel-II

Circle No. XI Voucher No. Fresh Dated

PART-NOMINAL-ROLL

Accountant (HG)

CHIEF MEDICAL OFFICER

| S.No. | Name, Father's/Husband's Name & Address | Designation | Dates From | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Total | Rate | Amount | Sign. or thumb impression 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 | | | | | |
| 12 | Smt. Ashakumari W/O Sr. Anil D-252 Dakshinpur Munim | SR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 11 days | 133-45 P. Rs. 1498 | 1498 | (Signature) |
| 13 | Smt. Karita W/O Sr. Sanjay C/1085 Netaji Rajar Munim | " | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 11 days | 1498 P. Rs. 1498 | 1498 | (Signature) |
| 14 | Smt. Amit s/o Sr. Prem Singh 16 Balomiki Sadan Smt. Bimla W/O Sr. Surabh Smt. HNO 27 Mandangar | " | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 11 days | 1498 P. Rs. 1498 | 1498 | (Signature) | |
| 15 | Smt. Ravi s/o Sr. Nafe Singh 16/365 Bapa Nagar Kamal Bahadur | " | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 11 days | 1498 P. Rs. 1498 | 1498 | (Signature) | |
| | | | Daily Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Initials of person marking the daily attendance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Initials of Inspecting Officer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pay Rs. | | | (Rupees) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grand Total of this Muster Roll ... | | | 22334/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deduct-Payment made, as per details transferred to Register of Unpaid Wages | | | 22301/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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.

HEALTH DEPARTMENT

MUSTER ROLL NO. 4132

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

Circle No. XI Voucher No. 1028 Dated 31/03/08

Continuation of Muster Roll No. 1028

PART-NOMINAL-ROLL

| S.No. | Name, Father's/Husband's Name & Address grouped according to classes | Designation | Dates From To | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Total | 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 | | | | | | | | |
| 6. | SH. DEEPAK S/O SH. KALA RAM. C-21307 Suktan Pur, Boli | Plumber | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 11 days | 138.45 | 1498.25 | (Signature) | |
| 7. | Smt. Pooja W/O SH. RAKESH. HSO Jeejee Haradki | | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 11 days | 149.80 | 1498.25 | (Signature) | |
| 8. | SH. SURYASH S/O SH. OM RAM. 61 H Bapu debar, N.D. | | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 11 days | 149.80 | 1498.25 | (Signature) | |
| 9. | Smt. Sunita W/O SH. AJAY ANAND. D-62 N.J.P. Harpada, Stat Gto N.D. | | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 11 days | 149.80 | 1498.25 | (Signature) | |
| 10. | SH. AMIT KUMAR S/O SH. OM PRAKASH. B-806 Badi Nagar, Jodhpur N.D. | | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 11 days | 149.80 | 1498.25 | (Signature) | |
| | | Daily Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Initials of person marking the daily attendance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Initials of Inspecting Officer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Accountant (HG)

CHIEF MEDICAL OFFICER

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

MUSTER ROLL NO.

HEALTH DEPARTMENT

Circle No. XI Voucher No. Dated.
 In continuation of Muster Roll No. Fresh (From 4132 To 3103/08)

(175) Total sheet = 6

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: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 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 | 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 | | | | |
| 1. | SH. Balvinder Singh, Am Parkash. <u>H No 2028 Katta Mambra Kheri N. Dohri - 3</u> | Daily wages S.K. | | | | | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | 11 days | 183-45 + 24 | 1498 1496 | CHIEF MEDICAL OFFICER | |
| 2. | SH. Jagbal s/o SH. Kalutikam <u>F-5 HP 296 Malwanger N.R.</u> | " | | | | | 18 | | | | | | | | | | | | | | | | | | | | | | | | | 11 days | 1498 | 1498 | CHIEF MEDICAL OFFICER | | |
| 3. | SH. Samita w/o SH. Rajkumar. <u>2/27 Bapu Alham Charkya Kheri N.R.</u> | " | | | | | 18 | | | | | | | | | | | | | | | | | | | | | | | | | 11 days | 1498 | 1498 | CHIEF MEDICAL OFFICER | | |
| 4. | SH. Itender s/o SH. Nagesh Singh. <u>16/365 Bapu Nagar Karol Bagh N.R.</u> | " | | | | | 18 | | | | | | | | | | | | | | | | | | | | | | | | | 10 days | 1360-00 | 1360-00 | CHIEF MEDICAL OFFICER | | |
| | SH. Vikash s/o Nagesh Singh. <u>16/365 Bapu Nagar Karol Bagh N.R.</u> | " | | | | | 18 | | | | | | | | | | | | | | | | | | | | | | | | | 11 days | 1498 | 1498 | CHIEF MEDICAL OFFICER | | |
| | <u>SH. Umesh s/o Agwal Bagh N.R.</u> | " | | | | | 18 | | | | | | | | | | | | | | | | | | | | | | | | | 11 days | 1498 | 1498 | CHIEF MEDICAL OFFICER | | |
| | <u>SH. Umesh s/o Agwal Bagh N.R.</u> | " | | | | | 18 | | | | | | | | | | | | | | | | | | | | | | | | | 11 days | 1498 | 1498 | CHIEF MEDICAL OFFICER | | |
| | <u>SH. Umesh s/o Agwal Bagh N.R.</u> | " | | | | | 18 | | | | | | | | | | | | | | | | | | | | | | | | | 11 days | 1498 | 1498 | CHIEF MEDICAL OFFICER | | |
| | <u>SH. Umesh s/o Agwal Bagh N.R.</u> | " | | | | | 18 | | | | | | | | | | | | | | | | | | | | | | | | | 11 days | 1498 | 1498 | CHIEF MEDICAL OFFICER | | |
| | <u>SH. Umesh s/o Agwal Bagh N.R.</u> | " | | | | | 18 | | | | | | | | | | | | | | | | | | | | | | | | | 11 days | 1498 | 1498 | CHIEF MEDICAL OFFICER | | |
| | <u>SH. Umesh s/o Agwal Bagh N.R.</u> | " | | | | | 18 | | | | | | | | | | | | | | | | | | | | | | | | | 11 days | 1498 | 1498 | CHIEF MEDICAL OFFICER | | |
| | <u>SH. Umesh s/o Agwal Bagh N.R.</u> | " | | | | | 18 | | | | | | | | | | | | | | | | | | | | | | | | | 11 days | 1498 | 1498 | CHIEF MEDICAL OFFICER | | |
| | <u>SH. Umesh s/o Agwal Bagh N.R.</u> | " | | | | | 18 | | | | | | | | | | | | | | | | | | | | | | | | | 11 days | 1498 | 1498 | CHIEF MEDICAL OFFICER | | |
| | <u>SH. Umesh s/o Agwal Bagh N.R.</u> | " | | | | | 18 | | | | | | | | | | | | | | | | | | | | | | | | | 11 days | 1498 | 1498 | CHIEF MEDICAL OFFICER | | |
| | <u>SH. Umesh s/o Agwal Bagh N.R.</u> | " | | | | | 18 | | | | | | | | | | | | | | | | | | | | | | | | | 11 days | 1498 | 1498 | CHIEF MEDICAL OFFICER | | |
| | <u>SH. Umesh s/o Agwal Bagh N.R.</u> | " | | | | | 18 | | | | | | | | | | | | | | | | | | | | | | | | | 11 days | 1498 | 1498 | CHIEF MEDICAL OFFICER | | |
| | <u>SH. Umesh s/o Agwal Bagh N.R.</u> | " | | | | | 18 | | | | | | | | | | | | | | | | | | | | | | | | | 11 days | 1498 | 1498 | CHIEF MEDICAL OFFICER | | |
| | <u>SH. Umesh s/o Agwal Bagh N.R.</u> | " | | | | | 18 | | | | | | | | | | | | | | | | | | | | | | | | | 11 days | 1498 | 1498 | CHIEF MEDICAL OFFICER | | |
| | <u>SH. Umesh s/o Agwal Bagh N.R.</u> | " | | | | | 18 | | | | | | | | | | | | | | | | | | | | | | | | | 11 days | 1498 | 1498 | CHIEF MEDICAL OFFICER | | |

The Rates may be ascertained from N.R. Books and calculation are made please Accountant (HG)

Certified that the workers mentioned in the muster roll were actually employed by me on NDMC works and they were actually paid on my identification in my presence.

M.O.H. Sr. A.O. Grand Total of this Muster Roll
 Deduct-Payment made, as per details transferred to Register of Unpaid Wages

| | |
|-----|----|
| Rs. | P. |
|-----|----|