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

Chairman approval No-7426/D/PS dt 20/11/07

HEALTH DEPARTMENT

MUSTER ROLL NO. 4135 (From 19/03/08 To 31/03/08)

Circle No. XIV Voucher No. 111/14 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 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.	Geeta W/o Rajan Khichi Pai Dec-	D/W. S.K	P P P P P P P P P P P P P P P P P H S P P P P P P P P P P P S P	11 days	13 3/4	1496	
22.	Satyar Parkash S/o R.P. Road. Shi Dalat Ram. Nai Del-	"	P P P P P P P P P P P P P P P P P H S P P P P P P P P P P P S P	11 day	4	1496	
23.	Sandeep S/o Brhampal H/P/o 30 Khedangan Dec 62	"	P P P P P P P P P P P P P P P P P H S P P P P P P P P P P P S P	11 days	"	1496	
	Paytoshiff-No 333320 BIRDS NL SAILS 333320						
	Daily Total			245	G. Total	318240	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer						

Received on 11/4/08 at 2.26 PM. entry in page No 123 serial No. 548

Pay Rs. 333320/- (Rupees Rs Three lakh thirty three thousand three hundred Twenty only)

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

CANCELLED Released (V. K. GOEL) AO (PH)

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 ... ...

All signatures here after read and fully paid.

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

Rs.	P.

2 (23) (23) daily Wages S/K L/B @ 1-

(144) = Total Sheep = 5

2883

HEALTH DEPARTMENT

MUSTER ROLL NO. 4135 (From 19/03/08 To 31/03/08)

Contd Sheet-IV

Circle No. XIV 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 accc'rding 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	Vikash S/o Jaipal Govindpuri Delhi	D/W. Sik	16 → P P P P P P P P P P P P P HS P P P P P P P P P P P P S	11 day	133.45 + CA	1496	Vikash Attested Accounts A-92
17.	Sohni S/o Chamanlal Thakirpur Shadra. Delhi	-do-	16 → P P P P P P P P P P P P P HS P P P P P P P P P P P P S	11 day	"	1496	Attested Accounts A-92
18.	Deepak S/o Phullo Ram J-34. Anant Ram Deori Delhi	-do-	18 → P P P P P P P P P P P P P HS P P P P P P P P P P P P S	11 day	"	1496	Attested Accounts A-92
19.	Rameshwar S/o Shiv Charan Madangir 1/13 Delhi	-do-	18 → P P P P P P P P P P P P P HS P P P P P P P P P P P P S	11 day	"	1496	Attested Accounts A-92
20	Savitri W/o Suresh 1/61. Delhi Simpuri Delhi	-do-	18 → P P P P P P P P P P P P P HS P P P P P P P P P P P P S	11 day	"	1496	सावित्री Attested Accounts A-92
			Daily Total	212	G. Total	27336	
			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. 4135 (From 19/03/08 To 31/03/08)

Contd Sheet-III

Circle No. XIV 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
11	Smt Ramlesh w/o 10 Jangpura Delhi	D/W. Sick	1 1 H H S S	11 days	133-85 + DA	1496-00	Paid
12.	Smt. Laxmi w/o Ashok. 30 Shakarpur Delhi.	-do-	1 1 H H S S	11 days	"	1496	Paid.
13.	Smt. Anita W/o Raj Kumar 10/1 Tagore Delhi	-do-	1 1 H H S S	11 days	"	1496	Paid
14.	Bimla w/o Raju 1/8 Tilak Nagar Delhi.	-do-	1 1 H H S S	11 days	"	1496	Paid
15.	Rajesh S/o Sukaram 3/465 Tripuri Delhi	-do-	1 1 H H S S	11 days	"	1496	Paid
			Daily Total	157	G. Total	21352 / 19856	
			Initials of person marking the daily attendance				
			Initials of Inspecting Officer				

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

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

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. 4135 (From 19/03/08 To 31/03/08)

Contd. Sheet-II

Circle No. XIV 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
6.	Lakesh S/o Birender C/2 madangir Delhi	D/W Sik	P P P P P HS P P P P P P S P P P P P P

HEALTH DEPARTMENT

MUSTER ROLL NO. 4135 (From 19/03/08 To 31/03/08)

Contd. Sheet-I

Circle No. XIV 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
1.	Vikky S/o Nathi Ram 10/450 T-Puri	D/W. Sk	16 — P P P P P P P P P P P P P P P P P P P HS P P P P P P P P P P P P P P P P P P P