@ 133.45 FCA.

HEALTH DEPARTMENT

MUSTER ROLL NO. 4137 (From 01/04/08 To 30/4/08)

Contd. Sheet-

Circle No. I Voucher No. 66/M Dated 12/5/2008

In continuation of Muster Roll No. 4095

PART-NOMINAL-ROLL

Accountant (HG)

CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped accrding 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
(29)	Rani W/o Ramkishan — Hno - Haiderabad M	D/w		26	133.45 + CCA @ 66.7%	3536 —	21/5/08
(30)	Sujit S/o Rajbal — Hno - Trilokpuri	D/w		26	Do	3536 —	सुजित
(31)	Santosh W/o Kishanlal — Hno - Mayur Vihar Pkt I	Dhw		26	Do	3536 —	Santosh
				25		3400 —	
(32)	Radhey S/o Sunder — Hno - Trilokpuri	Dw		26	Do	3536 —	रामदेव
				24		3264 —	

Strictly subject to Pay for want of testimony complete Residential address

Pay Gr Staff-Rs 97648- B/F Rs NIL

1/3

Rs 97648/-

14/5

Daily Total 728 G. Total 97648 —

Initials of person marking the daily attendance

Initials of Inspecting Officer

Pay Rs. 97648/= (Rupees) Rs Ninety Seven thousand six hundred forty Eight only

Read on 7/5/08 at 12.55 PM. Entry in page no 24 Serial No 583.

07/5/08

SO (HG)

M. Roll Room 12/5/08

8/5/08

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.

CANCELLED (ANIL GOEL) AO (PH)

Released for Payment

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

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

Rs.	P.

Entry Paid S No - 1 to 32, Sign -

HEALTH DEPARTMENT

MUSTER ROLL NO. 4137 (From 01/04/08 To 30/4/08)

Contd. sheet - IV

Circle No. I Voucher No. ..... Dated .....

In continuation of Muster Roll No. 4095

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
23	Jagan S/o Sardar - ADD - Palika Dham	D/W		26	13.345 + 1 ea	3536.00	
24	Maya W/o Satpal - ADD - P.R. Lanekhan MKT	D/W		26	Do	3536.00	
25	Vinod S/o Chandrapal - ADD - D-29 Ali Gani Lahiri Rd	D/W		24	Do	3536	3264.00
26	Surender S/o Raghubir Singh - ADD - A Liliani Lahiri Rd	D/W		26	Do	3536.00	
27	Suraj S/o Chingyal - ADD - D-9 Dehi Cite	D/W		26	Do	3536.00	
28	Preeti W/o Desh Raj - ADD - Babu Dhanu	D/W		26	Do	3530.00	Preeti
	Daily Total			619	G. Total	84184	
	Initials of person marking the daily attendance			617		83912.00	
	Initials of Inspecting Officer						

Strictly not to pay for want of regarding of complete residential

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. 4137 (From 01/04/08 To 30/4/08)

Contd. Sheet-III

Circle No. I Voucher No. ..... Dated .....

In continuation of Muster Roll No. 4095

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 Per day Rs. P.	Amount Rs. P.	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
(17)	Vijay S/o Jagdish Add- Trilok Puri	Do-		22	133.45 +CA	2992-00	
(18)	Rakesh S/o Raj Bir Singh Add- Tilak Mayor M.D.	Do-		24	Do	3264-00	
(19)	Sunny S/o Rameshwar Add- Trilok Puri	Do-		26	Do	3536-00	
(20)	Saraj S/o Ravinder Add- Harijan Basti	Do		26	Do	3536-00	
(21)	Pradeep S/o Ranjeet Add- Palika Dam	do-		09	Do	1224-00	
(22)	Rakesh S/o Sultan Add- Manyal Pam	Do		21	Do	2856-00	
	Daily Total			463	G. Total R/F	62968-00	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer						

Strictly not to pay for want of recording of complete residential address

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. 4137 (From 01/04/08 To 30/4/08)

Contd-Sheet-II

Circle No. I Voucher No. Dated

In continuation of Muster Roll No. 4095

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 Per Day Rs. P.	Amount Rs. P.	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
(13)	Sandeep S/o Rajender Singh H/o Kalpana Devi M/o	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	06	33.45 + HRA 66% pm	816-00	Strictly not to pay for want of recording of complete residential address.
(13)	Mandeep S/o Suresh W/o Babu Dhan M/o	Do	P P P P P P P 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	Do	3536-00	Mandeep
(14)	Sandeep S/o Madan W/o Jai Lok Puri Delhi	Do	P P P P P P P 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	Do	3536-00	Sandeep
(15)	Deepak S/o Ranbir W/o Jhangan Puri	Do	P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P	14	Do	1904-00	
(16)	Rajeev S/o Lobat W/o Kalpana Devi M/o	Do	P P P P P P P 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	Do	1496-00	21/4
	Daily Total			335	G. Total	45560-00	
	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

Contd-Sheet-I

MUSTER ROLL NO. 4137. (From 1/4/08 To 30/4/08.)

Circle No. I Voucher No. .... Dated ....

In continuation of Muster Roll No. 4095

Accountant (HG). CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	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-	Rishi S/O Vijay - R/O - Trilokpuri	D/W-	A	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	A	A	P	-	23	133.49 +CA 66/00	3128-00	[signature]
8	Meena W/O Vinod - R/O - Trilokpuri	DO	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	P	-	26	DO	3536-00	सीमा
9-	Jitender S/O Kamlal - R/O - Mangolpuri M.D.	DO	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			
10	Ravi S/O Sitaram R/O - Kalikapuri	DO	A	P	A	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	P	-	26	DO	3536-00	[signature]
11-	Anil S/O Jaipal - R/O - Alipur Lodhi Road	DO	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	P	-	26	DO	3536-00	[thumb impression]
	Daily Total																																	252	G.Total C/F	34,272-00	
	Initials of person marking the daily attendance																																				
	Initials of Inspecting Officer																																				

Strictly Not to Pay for want of Residing of complete Residential address. Sd/- 1/5/08

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

Vide approval Chairman No-6797/D/PS Dt. 01/11/07.
O.O.No - 136/D/PA/MON. Dt. 14/2/08.

(32) daily wages S/K, L/B @ 133.45 Fcs.

B.O.T.

HEALTH DEPARTMENT

MUSTER ROLL NO. 4137 (From 01/4/08 To 30/04/08)

(1+5) Total Sheet = 6.

Circle No. I Voucher No. ..... Dated .....

In continuation of Muster Roll No. 4095

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 Per day Rs. P.	Amount Rs. P.	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
1	Ajit S/o Raikar Add - Tri 10 K Pari	D/W		26	133.45 Fcs	3536-00	Strictly not lotting for want of recording of complete residential address
2	Pabbu Vaid S/o Lagguran Add - Manjar Pratt	D/W		21	DO	2856-00	
3	Laxmi W/o Ramesh Add - Palikandhan	DO		26	DO	3536-00	
4	Raikar S/o Mohan Add - Khammkt	DO		26	DO	3536-00	
5	Seema W/o Sanjay Add - Tri 10 K Pari	DO		26	DO	3536-00	
6	Urmila W/o Ashok Add - Hanjan Basti	DO		26	DO	3536-00	
	Daily Total			151	G. Total	20,536-00	
	Initials of person marking the daily attendance			151			
	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.