

HEALTH DEPARTMENT

MUSTER ROLL NO. 4153

Circle No. IV Voucher No. 531H Dated 1/5/2008 (From 1/4/08 To 30/4/08)

Continuation of Muster Roll No. 4111

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.....																															Daily 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				
11	Sh. Nand Kishore & Sh. Roshan Lal, 13/11, Sangam Vihar, Delhi.	Pluseg	P	P	P	P	P	P	P	P	P	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 days	
			P																																13-45	3536	[Signature]
12	Sh. Surind Kunder, 10/101, Karampura Delhi.		P	P	P	P	P	P	P	P	P	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 days	
			P																																11	3536-00	[Signature]
13	Sh. Raj Kumar & Sh. Tej Pal Nagari, Delhi.		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	123 days		
			P																																11	3198-00	[Signature]
14	Smt Laxmi Chandel, 13/12, Near Band Lane Delhi.		P	P	P	P	P	P	P	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 days			
			P																																11	3536-00	[Signature]

CANCELLED

Pay Rs. 47736 Rupees

Accountant (HG) [Signature]

M.O.H. [Signature]

Grand Total of this Muster Roll

Rs.	P.
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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.

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

M.R. BN has to be submitted to the relevant authorities for the release of the balance amount on wages & them.

Authorizing Officer [Signature]

Read in the presence of [Signature]

Pay Rs. [Signature]

M.O.H. [Signature]

Grand Total of this Muster Roll

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

M. R. BN has to be submitted to the relevant authorities for the release of the balance amount on wages & them.

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

HEALTH DEPARTMENT
MUSTER ROLL NO. 4153. (From 1/4/08 To 30/4/08)
 Circle No. IV Voucher No. 4111 Dated

Center Street-1

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
			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				
06.	Smt. Veeng vs St. Chand Kumar 9. Balmerikp East Mandi Mary N. Belkhi.	AI/3 Stk	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	

Pay Rs. (Rupees)

Initials of person marking the daily attendance

Initials of Inspecting Officer

Grand Total of this Muster Roll

Rs. P.

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

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.

Vide approval Chairman No-462 | D | ps dt 16/1/08
O.D. No - 162 | D | PA | Mot dt 22/02/08
HEALTH DEPARTMENT
12 Charly Dogel Str. 4/B Cross Rd. cut.

MUSTER ROLL NO. 4153.
(From 01/4/08 To 30/4/08)

Circle No. IV Voucher No. Dated
In continuation of Muster Roll No. 4111.....

PART-NOMINAL-ROLL

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					
01.	Smt. Bansi Bai s/o St. Kagar Mangloi Belli	SK	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	25 days 13345 3400-00	3264-00	
02.	Sh. Sulek s/o St. Kandan Lal F-11200, Madangini N. Belli - 62	"	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	24 days 11 3536-00		
03.	Smt. Semita s/o St. Sachder H.No.1, Balmiki Basti Mankar Mang.	"	P	P	P	P	P	P	P	P	P	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 days 11 3536-00		
04.	Sh. Mohan Lal s/o St. Hab Lal Haulamti Kala	"	P	P	P	P	P	P	P	P	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 days 11 3536-00			
05.	Sh. Randeep s/o St. Ranjeet Singh 13. Bapu Sham Belli	SK	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	19 days 11 2584-00			

Pay Rs. (Rupees)

Accountant (HG) 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.

Accountant (HG)

CHIEF MEDICAL OFFICER