O-O-No-162/D/Payment dt 22/02/08
Chairman Approval No-462/D/PS dt 16/01/08

HEALTH DEPARTMENT

MUSTER ROLL NO. 4159 (From 1/4/08 To 30/4/08)

Circle No. X Voucher No. 26 Dated 7/5/08

In continuation of Muster Roll No. 4117

Cover-sheet IX

PART-NOMINAL-

S.No.	Name, Father's/Husband's Name & Address grouped acccrding to classes	Designation
41.	Sunita W/o Sh. Raju Chauhan B-20 Nagloi Camp No 2	D/W
42.	Satbir S/o Sh. Roop Chand J-130 Nagloi Delhi	D/W
43.	Surinder S/o Sh. Kishan Lal J.J. colony Wazirpur	D/W

26/H 7/5/08

Pay to Staff Rs 139536/- B/F Rs Nil
Total Rs 139536/-

Daily Total — — — — — — — 1027 G. Total 139672 / 139536

Initials of person marking the daily attendance

Initials of Inspecting Officer

VERIFIED FOR CHEQUE PAYMENT
Head Cashier

Pay Rs. 139536/- (Rupees One lac thirty nine thousand five hundred thirty six only)

Accountant (HG) 5/5/08

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. 5/5/08

CANCELLED
Released for Payment

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

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

Rs.	P.

MEDICAL OFFICER

Thumb impression of and dated initials of officer made at the time of payment

Sign. Attested AS 7 JRS

Sign. Attested AS 7 JRS

Sign. Attested AS 7 JRS

NEW DELHI MUNICIPAL COUNCIL

NDMC

RECEIPT

Payer's Copy

SR. NO. D 58456

Receipt No.: CH080906NDR-017682 Date: 21-Jun-2008
Challan Number: 85760 Field: PUBLIC HEALTH ACCOUNTS BRANCH
Sub-Field: (PUBLIC HEALTH) SANITATION CIRCLE 10 Function: Public Health
Functionary: NDMC Received From: Sh. Vijay Pal, SI
On Account of: Unpaid Balance of Sh. Sanjay S/o Chanderpal Rs.1360/- vide Vr. NO. 26/H dt. 07/05/2008
Address: Circle No. X

Account Code	Description	Amount
3202027	MECH.OF GARBAGE REMOVAL	1360

Payment Mode: Cash Total Amount: 1360
Total Amount in Words: One Thousand Three Hundred And Sixty Rupees Only
Cheque/DD No.: Cheque/DD Date: Bank:
Name of the Operator: kusum.lata Counter No: PK COUNTER 1

NDMC
नई दिल्ली नगर पालिका परिषद

Signature of Authorised Officer

RECEIPT IS SUBJECT TO REALISATION OF CHEQUE/DRAFT/PAY ORDER.

HEALTH DEPARTMENT

MUSTER ROLL NO. 4159 (From 1/4/08 To 30/4/08)

Contd sheet VIII

Circle No. X Voucher No. ..... Dated .....

In continuation of Muster Roll No. 4117

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
37	Varun s/o Sh. Jagmal 7/177 Khichari Pur ND 91	D/W	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		18 days	133.45 + C.A	2448 Paid	Varun Kumar Sig Attested ASO
38	Raman s/o Sh. Ravi Kr. 8089 Pahar Ganj	D/W	P	P	P	P	P	S	P	P	P	P	P	P	P	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P		19 days	do	2584 Paid	2nd Sig Attested ASO
39	Rakesh s/o Sh. Ram Chander 46 L.B. Sadam Gole Mkt	D/W	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 days	do	3536 paid	Rakesh Sig Attested ASO
40	Ram Chander s/o Sh. Gopi J-18 Nangloi	D/W	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 days	do	3536 paid	Sig Attested ASO
	Daily Total		4	4	4	4	4	S	4	4	4	4	3	S	3	2	4	4	4	4	S	3	3	2	2	2	3	S	2	4	4			949	G. Total	~~129064~~	
	Initials of person marking the daily attendance							S							S						S							S						948		128928	
	Initials of Inspecting Officer																																				

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. 4159 (From 1/4/08 To 30/4/08)

Contd-Sheet-VII

Circle No. X Voucher No. ..... Dated .....

In continuation of Muster Roll No. 4117

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
33.	Sandeep S/o Sh. Zilley Singh T-127 Subhash Nagar Gurgaon	D/W.		25 days	133.45 + C.A	3410 paid	Sign Attested ASI
34.	Umesh Chand S/o Sh. Hari Chand 16/102 Tirbak Puri	D/W		25 days	do	3410 paid	Umesh Chand Sign Attested ASI
35.	Kishan S/o Sh. Shankar F-43 Balmiki Sadan	D/W		26 days	do	3536 paid	Sign Attested ASI
36.	Raj Kumar S/o Sh. Ratan Lal 128 Seelampur	D/W		19 days	do	2584 paid	Sign Attested ASI
	Daily Total		4 4 4 4 4 5 4 4 4 3 4 3 5 4 3 3 4 4 5 3 3 3 3 4 4 5 3 4 4	860	G. Total	116960	
	Initials of person marking the daily attendance			859		116824	
	Initials of Inspecting Officer					116824	

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. 4159 (From 1/4/08 To 30/4/08)

Contd. Sheet - VI

Circle No. X Voucher No. ..... Dated .....

In continuation of Muster Roll No. 4117

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.	Hemlata W/o Kishan 197 Balmiki Basati	D/W	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 P P P

HEALTH DEPARTMENT

MUSTER ROLL NO. 4159 (From 1/4/08 To 30/4/08)

Contd Sheet-V

Circle No. X Voucher No. ..... Dated .....

In continuation of Muster Roll No. 4117

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.
25	Vinod Kumari W/o Sh. Man Singh H-1 Ashoka Church G Market	D/W	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	P	26 days	133.45 + C.A	3536	Paid 19/7/08 Sign Attested ASO
26	Ajay Kr. S/o Sh. Rajinder R.Z. 42 Sainik Enclave Dhoroda Kalan	D/W	P	P	A	P	P	S	P	P	A	P	P	P	S	P	P	P	A	P	P	S	P	P	P	P	P	P	S	A	A	P	P	21 days	do	2856	Paid Ajay Kumar Sign Attested ASO
27	Sanjay Kr. S/o Sh. Chanda Pal 10/82 Tirlok Puri	D/W	P	P	P	A	A	S	A	P	P	P	P	P	S	P	P	A	A	A	A	S	A	A	A	A	A	A	S	A	A	A	A	10 days	do	1360	
28	Pardeep S/o Sh. Surjan Singh 81 Shah Pur Jat	D/W	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	A	P	P	S	P	P	P	P	P	P	S	P	P	P	A	24 days	do	3264	Paid Sign Attested ASO
	Daily Total		4	4	3	3	3	–	3	4	3	4	4	4	–	4	4	3	1	3	3	–	3	3	3	3	3	3	–	2	2	2	2	~~664~~ 663	G. Total	~~90304~~ 90168	
	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. 4159 (From 1/4/08 To 30/4/08)

Cont. Sheet-IV

Circle No. X Voucher No. ..... Dated .....

In continuation of Muster Roll No. 4117

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.	Naresh Kr. S/o Sh. Suresh H-2 Palika Dham Gole Mkt N. Delhi	D/W		24 days	133.45 + C.A	Paid 3264-00	नरेश कुमार Sign. Attested ASO
22.	Sanjay S/o Sh. Dharambeer H-15 Ashoka Church	D/W		26 days	do	Paid 3536-00	संजय Sign. Attested ASO
23.	Sunil S/o Sh. Om Parkash 50 Village Kushak Hiranki	D/W		22 days	do	Paid 2992	सुनील Sign. Attested ASO
24.	Vinay S/o Sh. Madan Lal 10/19 Tirlok Puri	D/W		26 days	do	Paid 3538-00	विनय Sign. Attested ASO
	Daily Total		4 3 3 4 4 5 3 4 4 2 3 4 5 4 4 4 4 4 5 4 4 4 4 4 5 4 4 4	583	Gr. Total	79288	
	Initials of person marking the daily attendance			582		79152	
	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. 4159. (From 1/4/08 To 30/4/08)

Contd. Sheet-III

Circle No. X Voucher No. ..... Dated .....

In continuation of Muster Roll No. 4117

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
16.	Rahul S/o Sh. Madan Lal 10/19 Tirlok Puri Delhi	D/W		26 days	133.45 + C.A	~~48552~~ 48688 Paid 3536-00	राहुल sig. Attested ASO
17.	Vinod S/o Seria 614 St. Columbas School Gole Market N.Delhi	D/W		25 days	do	Paid 3400-00	Vinod sig. Attested ASO
18.	Sonia W/o Sh. Suresh T-5439 Gali No 2 Baljeet Nagar	D/W		22 days	do	Paid 3264-00	सोनिया sig. Attested ASO
19.	Anuj S/o Sh. Mangi Singh H-1 Palika Dham G.B. road	D/W		26 days	do	Paid 3536-00	Anuj sig. Attested ASO
20.	Gaurav S/o Sh. Ram Niwas C-109/9 Palika Dham Jhuggi Camp	D/W		26 days	do	Paid 3536-00	Gaurav sig. Attested ASO
	Daily Total		5 5 5 5 5 5 4 5 5 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	485	G. Total	~~65960~~	
	Initials of person marking the daily attendance			484		65824	
	Initials of Inspecting Officer						

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. 4159 (From 1/4/08 To 30/4/08)

Contd. sheet-II

Circle No. X Voucher No. ..... Dated .....

In continuation of Muster Roll No. 4117

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
11.	Mahinder S/o Sh. Jaggan 318 Teimur Nagr.	D/W	Break	15 Days	133.45 + C.A	2040- Paid	सिग्नेचर सिग्ज Attested A.S.
12.	Parkash S/o Sh. Ram Das E-18 Palika Dham	D/W		25 Days do		3400- Paid	सिग्नेचर सिग्ज Attested A.S.
13.	Parveen S/o Rajinder 318 Tirlok Puri	D/W		17 Days do		2312- Paid	सिग्नेचर सिग्ज Attested A.S.
14	Amit S/o Sh. Ram Niwas H-9 Palika Dham.	D/W		25 Days do		3400- Paid	सिग्नेचर सिग्ज Attested A.S.
15.	Vijay Kumar S/o Sh. Balwan D-296 Nangloi	D/W		24 Days do		3264- Paid	Vijay Kumar सिग्ज Attested A.S.
	Daily Total		4 5 5 5 4 – 5 5 5 5 5 3 – 5 4 4 4 4 4 – 3 3 3 3 4 4 – 4 4 2	~~358~~ 357	G. Total 43	~~48688~~ 48552	
	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. 4159 (From 1/4/08 To 30/4/08)

Contd. Sheet-I

Circle No. X Voucher No. ..... Dated .....

In continuation of Muster Roll No. 4117

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.	Anand S/o Sh. Chand Singh R- 138 J.J. Colony Wazirpur	D/W	P P P P P S P P P P P P S P P P P P S P P P P P S

Vide approval Chairman No- 462/D/PS Dt. 16/01/08.
C.O. No- 162/PA/MOH Dt. 22/02/08.

(44) daily wages S/K, 4/B @ 133

HEALTH DEPARTMENT

MUSTER ROLL NO. 4159 (From 1/4/08 To 30/4/08)

(149) Total Sheet = 10

Circle No. X Voucher No. ..... Dated .....

In continuation of Muster Roll No. 4117

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.	Lekh Raj S/o Sh. Shiv Charan J-367 Ambedkar Ngr.	D/W	P P P P P S P P P P P P S P P P P P S P P P P P S P P P	26 days	133.45 + C.A. 664.00	Paid 3536-00	Lekh Raj Sig Attested ASO
2.	Sukh Ram S/o Sh. Malkhey A-3/231 Kondli	D/W	P P P P P S P P P P P P S P P P P P S P P P P P S P P P	26 days	do	Paid 3536-00	Sukh Ram Sig Attested ASO
3.	Pardeep Kr. S/o Sh. Bhim F-217 Mittal Colony Prahlad Pur	D/W	P P P P P S P P P P P P S P P P P P S P P P P P S P P P	26 days	do	Paid 3536-00	Pardeep Sig Attested ASO
4	Smt. Santosh W/o Mukesh 1570 Kotla Mubarak Pur	D/W	P P P P P S P P P P P P S P P P P P S P P P P P S P P P	26 days	do	Paid 3536-00	RTI Attested ASO
5.	Sunil Kr S/o Sh. Jai Bhagwan T-143 Sarai Kale Khan	D/W	P P A P P S P A A P P P S P P P P P S A P P P P S P P P	22 days	do	Paid 2992-00	Sig Attested ASO
	Daily Total		5 5 4 5 5 – 5 4 4 5 5 5 – 5 5 5 5 5 – 4 5 5 5 5 5 – 5 5 5 –	126	Gr. Total c/o	17136-00	
	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 ... ... Rs. P.

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