Vide approval Chairman No- 7426/D/PS Dt 20/11/07.
D.O.No- 69/CMO/HQ Dt 11/3/08.

(23) daily wager SIK, LIB @ 133.45 +CA.

HEALTH DEPARTMENT

MUSTER ROLL NO. ~~4175~~ 4176 (From 1/4/08 To 30/4/08)

(144) Total Sheet = 5

Circle No. XIV Voucher No. 37/H Dated

In continuation of Muster Roll No. 4135 9/5/08

Accountant (HG), CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

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
21	Geeta W/o Rajan Khirki Dev Delhi	Daily wager SIK.	P P P P P S P P P P P P S H P P P P P S P P P P P P S P P P	26 days	133.45 +CA	3536=00	
22	Satyapal S/o Lakh 82 Delhi Raun Delhi	"	P P P P P S P P P P P A S H P P P P P S P P P P P P S P P P	25 days	4	3400	
23	Sandeep S/o Brijan Pal H/No 30 Mandangiri Delhi	"	P P P P P S P P P P P P S H P P P P P S P P P P P P S P P P	26 days	4	3536	
	Pay to staff - 782.00			575 —			
		Daily Total		595	G. Total	782 00	
		Initials of person marking the daily attendance					
		Initials of Inspecting Officer					

Pay Rs. 782.00 (Rupees Seventy Eight thousand seven hundred only)

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

CANCELLED Released for Payment (V.K. GOEL)

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 signs have attested and fully paid.

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

Rs.	P.

VERIFIED FOR CASH/CHEQUE PAYMENT

Complete designation & address of persons at sl no 3, 7, 9 to 16, 17, 19, 21 to 23.

Total amount paid (in words) Rupees Balance Paid

HEALTH DEPARTMENT

Cover-sheet-IV

MUSTER ROLL NO. ~~4175~~ 4176 (From 1/4/08 To 30/4/08)

Circle No. XIV Voucher No. ..... Dated .....

In continuation of Muster Roll No. ~~4134~~ 4135

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
16	Vikash S/o Jaipal Gaind Ram Del	Daily Wager SK.	P P P P P S P P P P P S P P P P P S P P P P P S P P P	26 days	135.45 + CA	3536	Attested
17	Sohni S/o Om Parkash Thirthu Shadner Del	"	P P P P P S P P P P P S P P P P P S P P P P P S P P P	26 days	"	3536	Attested
18	Deepak S/o Phulla Ram J.J. Anat Ram Deri Del	"	P P P P P S P P P P P S P P P P P S P P P P P S P P P	26 days	"	3536	Attested
19	Rameshwar S/o Chawoken madangir Ltd Del	"	P P P P P S P P P P P S P P P P P S P P P P P S P P P	26 days	"	3536	Attested
20	Savitri W/o Suresh 6/330 TP Del	"	P P P P P S P P P P P S P P P P P S P P P P P S P P P	26 days	"	3536	Attested
				498			
	Daily Total			518	G. Total	67728	
	Initials of person marking the daily attendance						
	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. ~~4175~~ 4176 (From 1/4/08 To 30/4/08)

Contd-Sheet-III

Circle No. XIV Voucher No. ..... Dated .....

In continuation of Muster Roll No. ~~4134~~ 4135

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
11	Smti Ramlesh W/o Shulik 10 Jang Pura Delhi	Daily Wager S.K.	S S S S S S S S S S S S SH S S S S S S S S S S S S S S S S	26 days	135.45 + CA	3536-00	Attend
12	Laxmi W/o Ashok 80 Sparer Pur Delhi	"	S S S S S S S S S S S S SH S S S S S S S S S S S S S S S S	26 days	"	3536-00	Attend
13	Anita W/o Raj Kumar 10/10 T-Pur Delhi	"	S S S S S S S S S S S S SH S S S S S S S S S S S S S S S S	26 days	"	3536-00	Attend
14	Bimla W/o Raju 480 Tilak Nagar Delhi	"	S S S S S S S S S S S S SH S S S S S S S S S S S S S S S S	26 days	"	3536-00	Attend
15	Rajesh S/o Suka Ram 87483 T.P.D. Delhi	"	S S S S S S S S S S S S SH S S S S S S S S S S S S S S S S	26 days	"	3536-00	Attend
	Daily Total			368 388	G. Total C/F	~~50048~~ 5004 ~~46512~~ ~~5004~~	8-00.
	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

MUSTER ROLL NO. ~~4175~~ 4176 (From 1/4/08 To 30/4/08)

Contd. Sheet-II

Circle No. XIV Voucher No. ..... Dated .....

In continuation of Muster Roll No. ~~4134~~ 4135

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 ... (1–31)	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	Kalesh S/o Birender C/2 madangir Delhi	Daily wager S.K.		26 days	153.45 + CA	3536.00	Attested
7	Kamal S/o Takchand Sunlight colony N2 Delhi	"		26 days	"	3536.00	Attested
8	Amit S/o Jaikishan 1071 Kalyanpuri Delhi	"		16 days	"	2176.00	Amit Attested
9	Smti Premo W/o Tilak Raj Sangam Vihar Delhi	"		26 days	"	3536.00	Attested
10	Rajesh S/o Sultan Singh Kirti Nagar New Delhi	"		26 days	"	3536.00	Attested
	Daily Total			238	Total	32338	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer					32368.00	

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.

(23)

HEALTH DEPARTMENT

Contd-Sheet-I

MUSTER ROLL NO. ~~4175~~ 4176 (From 1/4/08 To 30/4/08)

Circle No. XIV Voucher No. ..... Dated .....

In continuation of Muster Roll No. ~~4134~~ 4134.

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.Pur Delhi	Daily wager Sk.	P	P	P	P	P	S	A	A	P	P	P	P	S	H	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P		24 days	137.45 + CA cbbr Dm	3264	Attested
2	Umesh S/o Jai Karan 2/592 Mangal Pur Delhi	"	P	P	P	P	P	S	P	P	P	P	P	P	S	H	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P		26 days	"	3536	Attested
3	Rakesh S/o Beer Singh N Chirag Delhi-62.	"	P	P	P	P	P	S	P	P	P	P	P	P	S	H	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P		26 dys	"	3536	Attested
4	Geeta W/o Seetan Singh 2.P. R lane Delhi	"	P	P	P	P	P	S	P	P	P	P	P	P	S	H	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P		26 days	"	3536	
5	Sarot W/o Jagdish 10 Khan market Delhi	"	P	P	A	P	P	S	A	A	A	P	P	P	S	H	A	A	P	P	A	S	P	A	P	P	P	A	S	P	P	P		16 days	"	2176 ~~2176~~	
		Daily Total																																118	G. Total C/F.	16048	
		Initials of person marking the daily attendance																																			
		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