

# HEALTH DEPARTMENT

## MUSTER ROLL NO. 4962.

(From 1/6/08 To 30/6/08)

Contd. Sheet II

Circle No. III Voucher No. 73/11 Dated. 16/7/08

In continuation of Muster Roll No. 4961 PART-NOMINAL-ROLL

Accountant (HG) \_\_\_\_\_ CHIEF MEDICAL OFFICER (S) \_\_\_\_\_

S. No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From..... To.....																															Total Days	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								
13-	Amr S/o Ran Anwar 11 Harangpur m.m.w. Dabhi	Daily Wages	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	P	P	25 days	Rs. 295/- P. 135-25 + CHN 065/-	Rs. 3447=00	[Signature]
13-	Beena W/O Ram Kishan 257 Gurupat Larky Dabhi	Daily Wages	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	P	25 days	Rs. 250/-	Rs. 3447=00	[Signature]	
	Pay to Supt Rs. 39848- BIRP Rs. M. 2	Daily Total																																28	Rs. 39848	Rs. 39848=00 only	[Signature]				

*Handwritten notes:*  
 10.10.10 88  
 10.10.10 88  
 10.10.10 88  
 10.10.10 88

Pay Rs. 39848-  
 Accountant (HG) \_\_\_\_\_  
 M.D.H. Sr. A. Payment  
 Released to 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.

Rs. P.



# HEALTH DEPARTMENT

**MUSTER ROLL NO.** 4968

(From 1/6/08 To 30/6/08)

Contd. sheet - I

Circle No. III Voucher No. 4991

Dated .....

In continuation of Muster Roll No. 4991

**PART-NOMINAL-ROLL**

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From .....																															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				
7	Vinod Seth Karbar Hei Jam Bas Fee ny, nu, New Delhi	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	P	18 days
8	Six 2/08 Jaga Sarbom Haushi No 33 Kham Market New Delhi	A	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	P	25 days
9	Usha wela Sambhar Haushi No 45 Kham Market New Delhi	A	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	
10	Paola wela Kham Market Haushi No 66 Kham Market New Delhi	A	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	23 days	
Daily Total			19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	214 days
Initials of person marking the daily attendance			[Handwritten initials]																																		
Initials of Inspecting Officer			[Handwritten initials]																																		
Pay Rs. .... (Rupees) .....																																					

Accountant (HG) S

CHIEF MEDICAL OFFICER (S) [Signature]

(one/Two) on Leave

Rs. P.

Accountant (HG)

M.O.H.

St. A.O

Grand Total of this Muster Roll ...

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

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.



# HEALTH DEPARTMENT

**MUSTER ROLL NO.** 4968

(From 16/08 To 30/08)

(178) Total Sheet-3

Circle No. III Voucher No. 4291 Dated .....

**PART-NOMINAL-ROLL**

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From..... To.....																															Total	Rate per day P.	Amount 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					
1	Smt. Ram Nivase w/o Kisher c-1 Balika Sham Near Delhi	S.K	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	135.25	3447.25	<i>[Signature]</i>
2	Smt. Kamlesh w/o Parkesh House No 511 Double story abelli Road Delhi	S.K	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	do	3447.50	<i>[Signature]</i>
3	Sr. Hashbajin S/o Mangal H.No 246 Village 8 Post office Tharok Kala Delhi-72	S.K	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	do	1138.50	<i>[Signature]</i>
4	Sr. Amit S/o Mehendar C-1 Balika Sham	S.K	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	do	3447.50	<i>[Signature]</i>
5	Sr. Suresh S/o Haredal Sr. B.S.S. School C.R. Road No. Delhi-19	S.K	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	do	3447.50	<i>[Signature]</i>
6	Sr. Ajay S/o Jagannan	S.K	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	do	3034.50	<i>[Signature]</i>
	<b>Daily Total</b>		16	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	193 days	16960.50	<i>[Signature]</i>	

Pay Rs. (Rupees)

Initials of person marking the daily attendance  
Initials of Inspecting Officer

Accountant (HG)

CHIEF MEDICAL OFFICER

*[Signature]*

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. <u>          </u>	P. <u>          </u>
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