Muster Roll No 797 14/10/09

Payer's Copy

NEW DELHI MUNICIPAL COUNCIL

SR. NO. E 179885

RECEIPT

Receipt No.: CH091010NDMC036736 **Date:** 31-Oct-2009

Challan Number: 195066 **Field:** PUBLIC HEALTH ACCOUNTS BRANCH

Sub-Field: (PUBLIC HEALTH) SANITATION CIRCLE 10 **Function:** Public Health

Functionary: DIRECTOR (PH) **Received From:** SH. S.K. CHOPRA (S.I), CIRCLE-10

On Account of: UPAID SALARY OF SH. RAJESH S/O SH. KANWAR SINGH DAILY WAGER S/K, CIRCLE-10 VIDE VR. NO. 123/H DATED: 14.10.09, FOR THE MONTH OF SEPTEMBER-2009.

Address: SH. S.K. CHOPRA (S.I), CIRCLE-10

Account Code	Description	Amount
2308003	GARBAGE REMOVAL CLEARANCE	614

Payment Mode: Cash **Total Amount:** 614

Total Amount in Words: Six Hundred And Fourteen Rupees Only

Cheque/DD No.: **Cheque/DD Date:** **Bank:**

Name of the Operator: kusum lata **Counter No:** 1

NDMC

नई दिल्ली नगर पालिका परिषद्

Signature of Authorised Officer

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

HEALTH DEPARTMENT

MUSTER ROLL NO. 839 (From 1/9/09 To 30/9/09)

Circle No. .....

In continuation of .....

Accountant (HG), CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped accrding 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
41	Sh Rohit S/o Kumar	D/W																																18 days	151 FCA	2764	
42	Mukesh S/o Kartar Sin	D/W																																20 days	do	3071	
43	Sagar S/o Mangal	D/W																																26 days	do	3992	
44	Madhu w/o Pardeep	D/W																																26 days	do	3992	
		D/W																																	do		
		Daily Total	37	36	34	36	38		40	39	40	34	42	43		44	44	42	41	40	41		41	44	40	39	40	42		42	39	40		1036 Days	G. Total	159062-00	
		Initials of person marking the daily attendance																																			
		Initials of Inspecting Officer																																			

VERIFIED FOR CASH/CHEQUE PAYMENT
Head Cashier

Net Payable Rs 1,59,062-00

Pay Rs. 1,59,062-00 (Rupees one lac fifty nine thousand sixty two only)

All the signatures from L.T.I & R.T.I from Sr. No. 01 to 44 except Sr. No. 32 of Sh. Rajesh S/o Sh. Kanwar Singh are duly attested. The salary of Sh. Rajesh at Sr. No. 32 has been deposited in Cash Branch vide receipt Number CH091010NDMC036736 DT 31/10/2009.

Grand Total of this Muster Roll ... Rs. P.

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

Total amount paid (in words) Rupees..... Balance Paid

CANCELLED
Date of Payment

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.

HEALTH DEPARTMENT

Sheet-7

MUSTER ROLL NO. 839. (From 1/9/09. To 30/9/09.)

Circle No. 10 Voucher No. ..... Dated .....

In continuation of Muster Roll No. 797

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
36	RAJENDER S/o Jai Pal B/11/6 IAAI complaxe Mahipal Pur	D/W		24 days		3685	Attested
37	Sunder lal S/o Bishan lal 42 191/B 80 Gaj E Tilak Nagar	D/W		26 days	do	3992	Attested
38	Sanjay S/o Nanak Chand A-20 M.C.D. flat Neo Usman Pur Delhi	D/W		24 days	do	3685	Attested
39	Naresh S/o Ramdin 71/102 Bapu Dham	D/W		26 days	do	3992	Attested
40	Nitin S/o Rajesh 14/13 Tilak Nagar N.D.	D/W		26 days	do	3992	Attested
	Daily Total		34 33 31 33 35 — 37 35 36 30 38 39 — 40 40 38 37 37 37 — 37 37 37 36 37 39 — 39 38 37 —	946 Days	G. Total	145243	
	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

Total amount paid (in words) Rupees ..... Balance Paid

Rs.	P.

HEALTH DEPARTMENT

Sheet-6

MUSTER ROLL NO. 839. (From 1/9/09 To 30/9/09)

Circle No. 10 Voucher No. ..... Dated .....

In continuation of Muster Roll No. 797

Accountant (HG) CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

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
31	Vishal S/o Sh. Brij Lal J-335 Dakshin Puri	D/W		22 Days	151 7CA	3378-00	Vishal
32	Rajesh S/o Sh. Kanwar Singh 302 Sultanpuri Delhi	D/W		4 Days	do	614-00	
33	Golu S/o Rangi Lal E-25 B 191 539 Indra Camp Tilak Puri	D/W		26 days	do	3992-00	godey
34	Sanjay S/o Mahveer H.N. 749 Sangam Bazar Jangpura Bhogal	D/W		26 days	do	3992-00	
35	Mukesh S/o Ammi Lal 71 - Balmiki Basti Mandir Marg N.D	D/W		26 days	do	3992-00	Mukesh
	Daily Total		29 28 26 28 30 – 32 30 32 25 34 34 – 35 35 33 32 33 32 – 32 32 32 31 32 34 – 34 33 33	822 Days	G. Total	Rs. 125897-00	
	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

Total amount paid (in words) Rupees ..... Balance Paid

Rs.	P.

HEALTH DEPARTMENT

Sheet-5

MUSTER ROLL NO. 839. (From 1/9/09. To 30/9/09.)

Circle No. 10 Voucher No. ..... Dated .....

In continuation of Muster Roll No. 797

Accountant (HG) — CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped acccrding 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
26	Anju W/o Sh. Ramesh T-5-T Huts Janak Puri Central Jail	D/W	P P A A A 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 S P P P P P P	23 Days	151-PCA	3531-00	Attested
27	Sushil Kumar S/o Sh Devi Sahay 99 H. Basti Mandir Marg	D/W	P A 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 S P P P P P P	25 Days do		3838-00	Attested
28	Rajesh S/o Sh Suresh 100 H. Basti M. Marg N.D.	D/W	P 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 P P P S P P P P P P	25 Days do		3838-00	Attested
29	Mahesh S/o Sh. Maharaj 208 A/2 Savitri Nagar Delhi	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 S P P P P P P	26 Days do		3992-00	Attested
30	Prakash S/o Sh. Karam Chand Jhuggi No. 24 Jaisalmer House	D/W	P P S A P P P S P P P P P A S P P P A P P S P P P P P	19 Days do		2917-00	Attested
	Daily Total		26 25 23 25 26 – 28 26 28 21 29 24 – 30 30 29 28 29 28 – 28 28 28 27 28 30 – 29 29 29	7/6 Days	G. Total	10992-00	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer		N N N				

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

Total amount paid (in words) Rupees ..... Balance Paid

Rs.	P.

HEALTH DEPARTMENT

Sheet-4.

MUSTER ROLL NO. 839 (From 1/9/09 To 30/9/09)

Circle No. 10 Voucher No. ..... Dated .....

In continuation of Muster Roll No. 797

Accountant (HG) CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From ... To ... (1/17 2/17 3/17 4/17 5/17 6 7/18 8/17 9/18 10/19 11/19 12/19 13 14/20 15/20 16/20 17/19 18/19 19/19 20 21/18 22/18 23/18 24/18 25/20 26 27 28/19 29/19 30/19 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	Bobby S/o Sh. Des Raj H-288 J.J. Camp Tigri	D/W	P P (A) P P S P P P P P P P P P P P P P P S P P P P P S P P P — P

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

Total amount paid (in words) Rupees ..... Balance Paid

Rs.	P.

HEALTH DEPARTMENT

Sheet-3.

MUSTER ROLL NO. 839. (From 1/9/09 To 30/9/09)

Circle No. 10 Voucher No. ..... Dated .....

In continuation of Muster Roll No. 797

Accountant (HG) — CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

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
16	Ashu S/o Sh. Des Raj 1/14 Savitri vihar N.D.	D/W		26 Days		3992-00	Attested
17	Ajay Singh S/o Sh. Rajinder 176A Devali Village	D/W		22 Days-de		3378-00	Attested
18	Rahul S/o Sh. Mohan Lal 4072 Gali No. 15 Ajit Ngr. Gandhi Ngr	D/W		24 Days-de		3685-00	Attested
19	Sandeep S/o Sh. Ashok 1-181 Janta Jeevan Camp Tigri	D/W		23 Days-de		3531-00	Attested
20	Sanjay S/o Sh. Raghbir K-326 Dakshin Puri	D/W		24 Days-de		3685-00	Attested
	Daily Total			471 Days	G. Total	72315-00	
	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

Total amount paid (in words) Rupees ..... Balance Paid

Rs.	P.

HEALTH DEPARTMENT

Sheet-II

MUSTER ROLL NO. 839 (From 1/9/09 To 30/9/09)

Circle No. 10. Voucher No. ..... Dated .....

In continuation of Muster Roll No. 797

Accountant (HG) CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

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
11.	Naveen S/o Bishan Dass Bapu Dham Staff Quarter N.D.	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	153+10%	3992-00	Attested
12.	Arun S/o Rajender 1735, G Block Phase-2 Metro Vihar Holambi Kalan Delhi	D/W							P	P	P	(A)	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P		20 days	do	3071-00	Attested
13.	Gaje Singh S/o Balwant Singh 724-K Block Mangal Puri N.D.	D/W	P	P	P	P	P	S	(A)	(A)	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	(A)	P	P		24 Days	do	3685-00	Attested
14.	Dinesh S/o Om Prakash 305 Block D1 Sultan Puri N.D.	D/W	P	P	P	P	P	S	P	P	(A)	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	(A)	P	P		25 Days	do	3838-00	Attested
15.	Naveen S/o Sundar Lal A-176 Deoli Village N.D.	D/W	P	P	P	P	P	S	(A)	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	(A)	P	P		25 Days	do	3838-00	Attested
	Daily Total		12	12	13	13	14	–	13	12	13	10	14	14	–	15	15	15	14	14	14	–	13	14	13	14	14	15	–	14	14	14	–	352	G. Total	54044-00	
	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.

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

Total amount paid (in words) Rupees ..... Balance Paid

(151) clerk ... 151 FCA

Sheet-I

HEALTH DEPARTMENT

MUSTER ROLL NO. 839. (From 1/9/09. To 30/9/09.)

Circle No. 10. Voucher No. .... Dated ....

In continuation of Muster Roll No. 797

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 ... (1–31)	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
				125 Days	151 FCA	19196-00	
6.	Amit S/o Balkishan WZ-100 Balmiki Vihar Palam Village N.D.	DW		26 days		3992-	Attested
7.	Sagar Kr S/o Ashok Kr 19/288 N.D.M.C. Flate Bapu Dham Ch. Puri N.D.	DW		13 days	do	1996-00	Attested
8.	Manjeet S/o Rajender 15/16 7. Huts Subji Mandi N.D.	DW		26 days	do	3992-00	Attested
9.	Sashi Rani D/o Raghbir B-805 Ghanoli Dairy Farm N.D.-91	DW		18 days	do	2764-00	Attested.
10.	Seema W/o Sukhbeer 7/114 Balet Colony N.D.	DW		24 days	do	3685-00	Attested
	Daily Total		8 8 9 9 10 - 10 8 9 6 9 9 - 10 10 10 9 9 9 - 8 9 8 9 9 10 - 9 9 9 -	232 Days	G. Total	35620-00	
	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

OO No:- D/360/CMO/70 dt 18/8/09.

HEALTH DEPARTMENT

(44) clerk coeyel 81k, LIB @ 151+CA per day

MUSTER ROLL NO. 839. From 1/9/09 To 30/9/09)

(148) = 9 Sheet.

Circle No. 10 Voucher No. ..... Dated .....

In continuation of **Muster** Roll No. 797

Accountant (HG) CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped according 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
1.	Pandeep Kr S/o Sunder lal A-176 Deuli village N.D.	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	151+CA	3992-00	Attested
2.	Shanda W/o Pandeep DEX/22A Block DEXt Near laxmi Vihar Mohan Garden N.D.	D/W	P P P P P S P P P P A P S P P P P P P S P P P P P P S P P P P	25 days	-do-	3838-00	Attested
3.	Suresh S/o Kalicharan 215 Sanjay Amen Colony Tilak Bridge N.D.	D/W	P P P P P S P P P A P P S P P P P P P S P P P P P P S P P P P	25 days	-do-	3838-00	Attested
4.	Rajesh S/o Ashok Kumar 1187 Janta Jeevan Camp Tigri Khan Pur N.D.	D/W	P P P P P S P P P A P P S P P P P P P S A P P P P P S P P P P	24 days	-do-	3685-00	Attested
5.	Harish Chand S/o Shree Kishan 97/100 Mangol Puri N.D.	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 H P A P	25 days	-do-	3838-00	Attested
		Daily Total	5 5 5 5 5 5 5 5 3 4 5 — 5 5 5 5 5 5 — 4 5 5 5 5 5 — 5 5 4 —	125 Days	G. Total	19191-00	
		Initials of person marking the daily attendance					
		Initials of Inspecting Officer					

Entry has been made on the register Page No. 60 at S.R. No. 1611

SO (HG)

08/X/09

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

Total amount paid (in words) Rupees ..... Balance Paid

Rs.	P.