CN14. CN.14.

Sheet-III

HEALTH DEPARTMENT

MUSTER ROLL NO. 843 (From 1/9/09 To 30/9/09)

Circle No. XIV Voucher No. 64/17 Dated

In continuation of Muster Roll No. 801 13/10/09

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
16	Rakhi w/o Niten P.R. Kaur Nee			26 days	151 + CA	3992-00	Rakhi
17	Amit s/o Shir Ram			26 days	11	3992-00	
18	Naveen s/o Ramkishan R.P.R. Kumar Nee			26 days	11	3992-00	NAVEEN
				468 Days			
	Daily Total			460	G. Total	71856-00	
	Initials of person marking the daily attendance					Rs. 71856-00 Paisa	
	Initials of Inspecting Officer						

Entry has been made in the register on Page 60 at R.P.R. No. 1614

Net Payable Rs 71,856-00

SO (HG)

Pay Rs. 71,856-00 (Rupees Seventy one Thousand eight hundred fifty six only)

CANCELLED Rejected for 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.

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

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

Total amount paid (in words) Rupees All signature have attested and Balance Paid

Rs.	P.

HEALTH DEPARTMENT

Sheet

MUSTER ROLL NO. 843 (From 1/9/09 To 30/9/09)

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

In continuation of Muster Roll No. 801

Accountant (HG), CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

Dates From .... To ....

S.No.	Name, Father's/Husband's Name & Address grouped according 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.	Rate P.	Amount Rs.	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
																																		260			19960	
11	Gyanedir S/o Tarachand 10/1 Kalyanpuri Qtr.	Deelf SK	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	151 + CA		3992-00	Gyanender [signature]
12	Raj Kumari S/o Tarachand 25/1 Dakshin...	"	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	151 + CA		3992-00	25.9.09 [signature]
13	Rakesh S/o Kishanlal 1/ mandir [illegible]	"	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	151 + CA		3992-00	[signature]
14	Nitenkumar S/o Namakchand 1/1 [illegible]	"	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	151 + CA		3992-00	Nitin [signature]
15	Preetekum D/o Kaviraj 9/1 Kalyanpuri	"	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	"		3992-00	[signature]
	Daily Total		15	15	15	15	15	S	15	15	15	15	15	15	S	15	15	15	15	15	15	S	15	15	15	15	15	15	S	15	15	15		390	G. Total		59880	
	Initials of person marking the daily attendance		[initials]																																			
	Initials of Inspecting Officer		[initials]																																			

Pay Rs. .... (Rupees ....)

M.O.H. Sr. A.O

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

Rs.	P.

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.

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

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

HEALTH DEPARTMENT

Sheet-I

MUSTER ROLL NO. 843 (From 1/9/09 To 30/9/09)

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

In continuation of Muster Roll No. 801

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 130	Rate Rs. P.	Amount Rs. P. 19960	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
6.	Parwati w/o Perven 25 Dabal Stary Dr	Daily wed 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	151 + CA	3992-00	पार्वती Attested
7.	Vinod S/o Harilal H.No. Dakshin Pur Dr	"	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	11	3992-00 paid	
8.	Pardeep S/o Harilal Shri Ram 16/156 Tilak Pur Dr	"	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	11	3992-00 Paid	
9.	Reema D/o Parkash 45 mandir nagar Dr	"	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	11	3992-00 रेमा Attested	
10.	Promila w/o Muksh 50 mandir nagar Dr	"	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	11	3992-00 प्रमिला Attested	
	Daily Total		10 10 10 10 10 8 10 10 10 10 10 8 10 10 10 10 10 10 8 10 10 10 10 10 8 10 10 10	260	G. Total	39920	
	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.

O.O. No :- D/360/CMO/HQ Dt. 18/8/09.

HEALTH DEPARTMENT

(18) daily wages 8/k, L/B @ 151+CA per day

(1+3) = 4 sheet.

MUSTER ROLL NO. 843 (From 1/9/09 To 30/9/09)

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

In continuation of Muster Roll No. 801

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	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	Babli w/o Birslal 22/498 Tri/Pur Dr			26 days	151 + CA	3992-00	बबली Attested
2	Rekha w/o Kishanlal ve mandir mergi New Dr			26 days	"	3992-00	इरवी Attested
3	Sunniy S/o Budh Ram H/1 Dekshi Kunj Dr			26 days	"	3992-00	2760 Attested
4	Jitender S/o Harikishan 10/1 Tri/Okhla Dr			26 days	"	3992-00	जितेन्द्र Attested
5	Pawan S/o Dayachand 17/463 Tri/Okhla Dr			26 days	"	3992-00	पवन Attested
	Daily Total		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	130	G. Total	19960	
	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.