Sheet-7.

HEALTH DEPARTMENT

MUSTER ROLL NO. 856. (From 5/9/09 To 30/9/09.)

Circle No. 10. Voucher No. 73/H Dated.

In continuation of Muster Roll No. Form 15/10/09

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
36	Kuldeep s/o Shayam Lal H.N. 3256 gli Shakool wali Pahar ganj New Delhi	D/W	P P P S P P P P P P P P S P P P P P P S P P P P P P S

Sheet-6.

HEALTH DEPARTMENT

MUSTER ROLL NO. 856. (From 5/9/09 To 30/9/09.)

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

In continuation of Muster Roll No. Fresh.

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
31	Deepak s/o Chhattar Pal	D/W	P P P P P P S P P P P P S P P P P P S H P P P —	19 days	533 Days 51 P.A	Rs 81,834-00 2917	Allowed
32	Jitender s/o Arjun H.No. F180 Tanta Jeewan Camp Tigri Khanpur New Delhi-62	D/W	P P P P P P S P P P P P S P P P P P S H P P P —	21 days	-do-	3224	Allowed
33	Udhvir s/o Bhola Ram C-53 Madipur Neew Delhi	D/W	P P P P P P S P P P P P S P P P P P S H P P P —	21 days	-do-	3224	Allowed
34	Meera w/o Vik Ram Gali Ali gang Lodhi Colony Neew Delhi 3	D/W	P P P P P P S P P P P P S P P P P P S P P P —	22 days	-do-	3378	Allowed
35	Kishor Kumar s/o Om Parkash C 1/172 Sultan Puri Neew Delhi	D/W	P P P P P P S P P P P P S P P P P P S P P P —	22 days	-do-	3378	Allowed
			Daily Total 14-25 15 27 28 26 27-29 32 32 30 31 32-31 30 29 31 31 34-25 33 26	638 Days	G. Total	Rs 97,955-00 98109	
			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. 856 (From 5/9/09 To 30/9/09)

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

In continuation of Muster Roll No. Fresh

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
26	Laxmi W/o Rakesh	D/W	P P P P P S P P P P P A A S P P P P P S P P P P P A S P P P	471 470 Days 17 Days	15/- P.M.	Rs 372,263-00 2610-00	Attested
27	Seema W/o Lt Ram Kr	D/W	S 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	14 Days	do	2149-00	Attested
28	Chanderwati W/o Lt. Ashok	D/W	S P P P P P S P P A A P P A A A P P A P P A P P P P P S P P A	8 Days	do	1228-00	Attested
29	Dolly W/o Lt Gulab	D/W	P P P P P

Sheet-4.

HEALTH DEPARTMENT

MUSTER ROLL NO. 856 (From 5/9/07 To 30/9/07)

Circle No. 10 Voucher No. Dated

In continuation of Muster Roll No. Fresh.

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 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	VINOD S/o Hukam Chand J-874 Mangal Puri Delhi	D/W		362 Days / 22 days	151-FCA	55738 / 3378	Attested
22	DINesh S/o Balkishan B-737 Budh Nagar Inder Puri	D/W		21 days	-do-	3224	Attested
23	seema W/o Ashok Kr. 3225 Phal Gani New Delhi	D/W		21 days	-do-	3224	Attested
24	Lalit S/o Late Sh. Nath Ram K-630 Seva Nagar Delhi	D/W		22 days	-do-	3378	Attested
25	Laxmi W/o Ashok	D/W		22 days	-do-	3378	Attested
				470 Days		Rs 72,163-00	
	Daily Total		12 18 18 21 21 21 22 23 23 22 23 23 23 22 21 21 23 24 25 23 24 19	471	G. Total	72317	
	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

MUSTER ROLL NO. 856. (From 5/9/09 To 30/9/09)

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

In continuation of Muster Roll No. Fresh.

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	Vicky s/o Nathi 70 Double Story Flats P.R Lane No 3	D/W		27 Days 5 Days	151+CA	41,915 768	Attested
17	Vikram s/o Sh. Sher Singh	D/W		20 Days	do	3071	Attested
18	Neeraj s/o Khersingh Q7 D.P.A flat Sarai Pushe Delhi	D/W		22 days	do	3378	Attested
19	VIPIN S/o Jay Parkash A-2 683 Balaswa dairy J.J. Colony	D/W		22 days	do	3378	
20	Mukesh S/o Ramchaliya 25 Jaiselmer House Qtrs maan Singh Road Delhi	D/W		20 days	do	3071	Attested
			Daily Total	362 Days 363	G. Total	55358 55735	
			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.

Sheet-II

HEALTH DEPARTMENT

MUSTER ROLL NO. 856 (From 5/9/09 To 30/9/09)

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

In continuation of Muster Roll No. Fresh.

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	Sanjeev s/o Sh. Om Parkash	D/W	P P P S P 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 A A	20 Days	307/-	3015-	Attested
12	Deepak s/o Sh. Rajinder 120 Mithapur Village	D/W	P P P S P P P P P P S P P P P P P S P P P P P S P A A	17 Days	261-00		Attested
13	Raj s/o Sh. Todel.	D/W	P P P S P P P P P P S P P P P P P S P P P P P S P A A	16 Days	245-00		Attested
14	Azad s/o Sh. Ram chand.	D/W	P P P S P P P P P P S P P P P P P S P P P P P S P A A	5 Days	768-00		Attested
15	Manoj s/o Sh. Kanwar Pal	D/W	P P P S P P P P P P S P P P P P P S P P P P P S P A A	14 Days	2149-00		Attested
			Daily Total 6 9 9 12 12 12 13 13 13 14 13 14 14 14 14 13 12 12 14 14 15 15 14 11	273 Days	G. Total Rs 41,915-00		
			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.

	Rs.	P.
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		

HEALTH DEPARTMENT

Sheet-I

MUSTER ROLL NO. 856. (From 5/9/09 To 30/9/09)

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

In continuation of Muster Roll No. Fresh

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
6.	Matti w/o Parkash F-193 F Block J.J. Camp Tigri Delhi	D/W	P P P

O.O. No. :- D/417/CMO/19 Dt 4/7/09.

(40) daily wages SK 2/B @ 151+CA per day (1+7) = 8 Sheet.

HEALTH DEPARTMENT

MUSTER ROLL NO. 856. (From 5/9/09 To 30/9/09.)

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

In continuation of Muster Roll No. Fresh.

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
1.	Sunil S/o Kalicharan 26, Q-3, Block Mangolpuri Delhi	D/W	22 days	151+CA	3378 —	
2.	Jyoti W/o Anoop Raj E-23, Block B, Gale Kuan Okhla Industrial Area Phase-I Delhi - 110020	D/W	17 days — do —		2610 —	
3.	Ajay S/o Nayan Singh 212, Block C-1 Sultan Puri Delhi	D/W	21 days — do —		3224 —	
4.	Shayam Kr S/o Babulal K-211, J.J. Camp Tigri Delhi - 110062	D/W	20 days — do —		3071 —	
5.	Parkash S/o Sh. Jagatlal F-193, J.J. Camp Tigri New Delhi	D/W	16 days — do —		2456 —	
		Daily Total	1-435445-555555-434555-555-	96 Days	G. Total	14739 —
		Initials of person marking the daily attendance				
		Initials of Inspecting Officer				

Entry has been Made in the registers on Page 54 at S.R. No 1610

SO(HG)

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

M.O.H. Dy. A.O

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.

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.