NEW DELHI MUNICIPAL COUNCIL

Payer's Copy

SR. NO. E

RECEIPT

147632

Receipt No.: CH091012NDMC047619

Date: 31-Dec-2009

Challan Number: 204108

Field: PUBLIC HEALTH ACCOUNTS BRANCH

Sub-Field: (PUBLIC HEALTH) SANITATION CIRCLE 1

Function: Public Health

Functionary: DIRECTOR (PH)

Received From: SH. DAVENDRA KUMAR, INSPECTOR

On Account of: UNPAID SALARY OF SMT. BEER BALA W/O SH. VINOD KUMAR D/W S/K CIRCLE-I. VIDE VR. NO. 16/H DT. 11.11.09 FOR THE MONTH OF OCTOBER

Address: SH. DAVENDRA KUMAR, INSPECTOR,CIRCLE-I, NDMC AREA.

Account Code	Description	Amount
2308003	GARBAGE REMOVAL CLEARANCE	154

Payment Mode: Cash

Total Amount: 154

Total Amount in Words: One Hundred And Fifty Four Rupees Only

Cheque/DD No.:

Cheque/DD Date:

Bank:

Name of the Operator: vineet.prakash

Counter No: 1

31/12/09

Signature of Authorised Officer

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

Sheet 7.

HEALTH DEPARTMENT

MUSTER ROLL NO. 890 (From 29/9/09 To 30/9/09)

Circle No. I 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 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
25	Ajay Prasad S/o Jagdish ADD – G-21 Palika Kendra N.D.	DPO	P P	01 day	154-00	154-00	
26	Deepak Kohli S/o Bansi Lal ADD – C-107/93 Palika Kendra N.D.	do	P P	01	do	154-00	
27	Kishan Kr S/o Shobha Ram ADD 763 Gali No-6 Meethapur Delhi	do	P	01	do	154-00	
28	Beer Bala W/o Vinod Kumar ADD 16/255 Kalyanpuri Delhi	do	P P	01	do	154-00	
29	vacant				do		
30	– do –						
31	– do –						
32	– do						
33	34, 35, 36 - vacant						
				G. Total		6913-00	

Daily Total

Initials of person marking the daily attendance

Initials of Inspecting Officer

Net payable Rs. 6913-00

Pay Rs. 6913-00 (Rupees Six thousand nine hundred thirteen only)

Received Rs 06913-00
Paid Rs 06759-00
Balance Rs 0154-00 of Smt. Beer Bala W/o Vinod Kumar S.No. 28 in bill No. 16/H dt 11/11/09. Rest of arse fully paid S.No 1+027, Balance Rs 154-00 has been deposited vide Chalan No. 204108 dt. 30/12/2009 & C.R No CH091012 NDMC047619 dt. 31/12/09.

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.

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

CANCELLED AO(H) 11/11

Released for Payment

PAYMENT

Sr. No. 1626 Passed 26/10/09

Rec'd on 16-10-09 Entry has been made in the register of

S.O. (HG) 16-10-09

S.Y. Ansari 26/10/09

AAO (H)

A.C.I 31/12/09

Sheet 3

HEALTH DEPARTMENT

MUSTER ROLL NO. 890. (From 29/9/09 To 30/9/09)

Circle No. I 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 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
19	Sh. Gaurav Chandlia S/o Surjen. G-16 Palika Nagar Oham	do	P P	2 days	151.00	302	
20	Sh. Sunil S/o Rajender PDD- G-39 Kali Bedi Nagar N.D.	do	P P	01 day	do	154	
21	Sh. Anil S/o Rajender PDD-10/167 Tri Lok Puri Delhi	do	P P	01	do	154	
22	Sh. Ajay Pal S/o Rajender PDD-10/167 Tri Lok Puri Delhi	do	P P	01	do	154	
23	Sh. Kuldeep Singh S/o Sardar Singh PDD-C-D-150 Sultanpuri	do	P P	01	do	154	
24	Sh. Vikas S/o Jaikishan PDD-69 P.R. Lane Khanna Market	do	P P	01	do	154	
				4 Days	G. Total	Rs 6297 / 6451	

Daily Total

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. 890 (From 29/9/09 To 30/9/09)

Circle No. I Voucher No. ..... Dated .....

In continuation of Muster Roll No. Foresh.

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
13	Pradeep Kr S/o Satish Sim- RD- 16/466 Trilokpuri	D/C	P P	02	do	307-00 paid	
14	Babita W/o Praveen Kr- RO- E 145 MCD flats- Nand Nagri-	do	P P	02	do	307-00	
15	Manish Kr S/o Hari Kishan- RO- 24/452 Trilokpuri Delhi	do	P P	02	do	307-00	
16	Mithlesh W/o Naresh Kr- RO- 11 Motilal Nehru Road Hin-	do	P	1 day	do	154-00	
17	Sanjay S/o Kripal Sim- RO- 25 Nawajini Subzi Com Hin-	do	P	2	do	307-00	
18	Satish Chander S/o Ramjilal RO- B-2/64 Lalita Park Laxmi Nagar-	do	P P	2 days	do	307-00	
	Daily Total			34 Days	G. Total	5220-00	
	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.

Sheet-I

HEALTH DEPARTMENT

MUSTER ROLL NO. 890 (From 29/9/09 To 30/9/09)

Circle No. I 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
(7)	Sh. Manish S/o Sunil Dutt DOD - G-9 Dis-Government Place Delhi N.D	M/O																													P	A		01 day	do	154-00	Manish
(8)	Smt. Sudesh W/o Balkansingh DOD - 7214 Type II Andrews Ganj	M/O																													P P	P P		2 days	do	307-00	L.T. allot
(9)	Vijay Kr S/o Parusingh DOD - W2 - 124 Manjem Bagh N.D	do																													P P	P P		02 day	do	307-00	Vijay Kumar
(10)	Sh. Sikander S/o Kirpal DOD - W2 - 139 Tilak Nagar N.D	do																													P P	P P		02	do	307-00	
(11)	Sh. Vikash S/o Ashok DOD - W2 - 82 - 80 - Tilak Nagar	do																													P P	P P		2 days	do	307-00	Ramesh
(12)	Rajesh S/o Babulal DOD - 21 - 4136 Leadhy Harding N.D	do																													P P	P P		02	do	307-00	Rajesh
	Daily Total																																	23 Days	G. Total	3531-00	
	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

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

DO-NDS- D/459/CMO/HQ Dt 29/9/09.

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

(175) = 6 Sheet.

HEALTH DEPARTMENT

MUSTER ROLL NO. 890 (From 29/9/09 To 30/9/09)

Circle No. I Voucher No. 16/H Dated

In continuation of Muster Roll No. Foesh. 11/11/09

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
(1)	Smt. Babita W/o Vinod - RDD-20/116 Devin Pur Kid -	D/W	P P P P	02 day	151+CA	307-00	Babita
(2)	Bimla W/o Suresh. RDD-J-II/27 madan Gir Delhi-62	-do	P P P P	02	-do	307-00	
(3)	Smt. Pinki Keer W/o Budh Singh. RDD. C-68 D.D.A Flat Sec New Ranjeet Nagar	-do	P P P P	02	-do	307-00	Pinki Keer
(4)	Smt. Deepak S/o Suresh - RDD-102 Balmiki Sadan Kid -	-do	P P P P	02	-do	307-00	Deepak
(5)	Smt. Meena W/o Nanna - RDD-77 Harijan Basti Kid -	-do	P P P P	2 days	-do	307-00	Meena
(6)	Praveen W/o Praveen S/o Sidey Ram - RDD-H-82 154 A-Jaydamba Camp Kid	-do	P P P P	02	-do	307-00	Parveen
	Daily Total			12	G. Total	2202	1842-00
	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.

16/H

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.