CN 14. CN 14.

Sheet-II

HEALTH DEPARTMENT

MUSTER ROLL NO. 902. (From 29/9/09 To 30/9/09)

Circle No. 14. Voucher No. 63/H 13/X/09 Dated

In continuation of Muster Roll No. Foem.

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
9.	Shamvir S/o Omparkash I/ Kalyan Nr Der	Deck wear 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 2 days	151+CA	307=00	Signature Attested AO(H)
10	Mahavir S/o Omparkash W/o Dakshin Nr Der	1.	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 2 days	"	307=00	Signature Attested AO(H)
	Vacant					

Entry has been made in the register on page 60 at Sr.No. 1616.

S.O (H.S) 08/X/09

Daily Total 20 G. Total 3070=00

Net payable Rs 3070-00

Initials of person marking the daily attendance

Initials of Inspecting Officer

Pay Rs. 3070-00 (Rupees Three thousand seventy only)

Accountant (HG) A.A.O (HQ) NDMC M.O.H. Sr. A.O

CANCELLED A.O(H) Processed for Payment

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.

VERIFIED FOR CASH/CHEQUE PAYMENT

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

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

All Signature have attested and fully paid

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

Rs.	P.

HEALTH DEPARTMENT

MUSTER ROLL NO. 902. (From 29/9/09. To 30/9/09.)

Circle No. 14. Voucher No. ..... Dated .....

In continuation of Muster Roll No. Fresh.

Accountant (HG). CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

Dates From ..... To .....

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
5	Geeta w/o Chamanlal 2 New Ranjeet Nagar Del	Daily Wes Sts.	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	2 days	151+CA	307=00	Attested
6	Rahul S/o Sanjay 2/1 Trilokpuri Del	"	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	2 days	"	307=00	Attested
7	Shakuntala w/o Sanjay 10/1 Trilokpuri Del	"	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	2 days	"	307=00	Attested
8	Mukesh S/o Ramsahai 10/85 Trilokpuri Del	"	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	2 days	"	307=00	Attested
	Daily Total		8 8	16	G. Total	2456=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.

O.O. No. :- D/459/CMO/HQ Dt 29/9/09. CW·14 CW·14·

(16) daily wages 812, L/B @ 151+CA per day

(1+2) = 3 sheet

HEALTH DEPARTMENT

MUSTER ROLL NO. 902 (From 29/9/09 To 30/9/09)

Circle No. 14 Voucher No. .... Dated ....

In continuation of Muster Roll No. Fresh.

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.	Amount P.	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
1.	Sagar S/o Rajkumar Ramkoa PK Pam Nee Dec 2.	Daily wages S/d.																													P	P		2 days	151+CA		307	=00	Rkirat Attested
2.	Anita w/o Raju. 22 R. Lane. New Delhi	"																													P	P		2 days	"		307	=00	Attested
3.	Akshay S/o Subhash. 2 Alligant Lodhi Road.	"																													P	P		2 days	"		307	=00	AKSHAY Attested
4.	Sarita w/o Subhash 45 Walmiki Mandir	"																													P	P		2 day	"		307	=00	Attested
	Daily Total																														4	4		8	G. Total		1228	=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