Payer's Copy

SR. NO. E

NEW DELHI MUNICIPAL COUNCIL

RECEIPT

170570

Receipt No.: CH091012NDMC045073 **Date:** 09-Dec-2009

Challan Number: 202562 **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: UNPAID SALARY OF SH. DEEPAK S/O SH. RAJINDER DAILY WAGER S/K, CIRCLE-10,VIDE VR. 54/H DATED: 13.11.09, FOR THE MONTH OF OCT-2009

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

Account Code	Description	Amount
2308003	GARBAGE REMOVAL CLEARANCE	2455

Payment Mode: Cash **Total Amount:** 2455

Total Amount in Words: Two Thousand Four Hundred And Fifty Five Rupees Only

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

Name of the Operator: shamsher.singh **Counter No:** 1

NDMC

नई दिल्ली नगर पालिका परिषद

Signature of Authorised Officer

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

Sheet-7.

Circle No. .....

In continuation of .....) 31/10/09

Accountant (HG), CHIEF MEDICAL OFFICER

S.No.	Name, Father's Name, Address (Employees 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. 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 Shyam Lal H.No-3258 Lahori Ganj N.D.	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	P	S	P	P	P	P	P	P	27 days 5 P.C.A		4143-00	Attested
37.	Babita W/o Sanjay A/Boy Darya Ganj N.D.	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	P	S	P	P	P	P	P	P	27 days	-do-	4143-00	Attested
38.	Jitender S/o Raj Pal 987 Arthuda Mahan Nagar N.D.	D/W	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	A	P	P	P	P	P	S	P	P	P	P	P	P	26 days	-do-	3989-00	Attested
39.	Gurucler S/o Jtwari F-183 J.J. Camp Tigri Khan Pur N.D.	D/W	P	S	P	P	A	A	A	P	P	P	S	P	P	P	A	H	P	S	A	A	P	P	P	P	S	P	P	A	P	P	P	19 days	-do-	2915-00	Attested
40.	Sunil S/o Bishan Chand X,3B Block X New Ranjit Nagar N.D.	D/W	H	P	S	P	P	P	P	P	P	P	S	P	P	P	P	P	P	H	P	S	P	P	P	P	S	P	P	P	P	P	P	27 days	-do-	4143-00	Attested
		Daily Total	14	15	15	—	14	14	13	13	15	15	—	15	14	14	13	12	15	—	10	12	14	14	15	15	—	13	14	14	14	13	14	997 days	G. Total	152978-00	

Net payable Rs. 1,52,978-00

Initials of person marking the daily attendance

Initials of Inspecting Officer

Pay Rs. 1,52,978-00 (Rupees one lac fifty two thousand nine hundred seventy eight only)

All the Signatures of L.T-1 & L.T-1. form Sr. No. 01 to 40 of Deepak S/o Rajender at Sr. No. 12 has been attested.

Grand Total of this Muster Roll ... No. 12 ... are duly ...

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

In Cash ... Vide Challan number ...

The rest of the Bill is fully paid.

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

Rs.	P.
& the salary	
202562 dt 09/12/09	

Accountant (HG) 12/11/09

CANCELLED 13/11 A.O(H)

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.

VERIFIED FOR CASH/CHEQUE PAYMENT

Sanitation Officer Chief Sanitation Inspector Sanitation Inspector

54/H 13/11/09

Head Cashier

09/11/09

...has been made No 1643 on Page 61.

H(G)

HEALTH DEPARTMENT

Sheet-6

MUSTER ROLL NO. 885 (From 1/10/09 To 31/10/09)

Circle No. 10 Voucher No. Dated.

In continuation of Muster Roll No. 856

PART-NOMINAL-ROLL

Accountant (HG)

CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped accordng 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 H.No-311 Sanjay Camp Daxin Puri N.D-	D/W	P P P H P P S P P P P P P S P P P P P H S P P P P P S P P P P P H S P P P P P S P P P P P	27 days	157 P.D.A	4143-00	Deepak Attested
32.	Jitender S/o Arjun H.No F-150 Janta Jeevan Camp Tigri Kham Pur N.D-	D/W	P P P H P P S P P P P P P S P P P P P H S P P P P P S P P P P P H S P P P P P S A A A A P	23 days	-do-	3529-00	Jitender Attested
33.	Lakhvir S/o Bhola Ram C-53 Madi Pur New Delhi	D/W	P P P H P P S P P P P P P S P P P P P H S P P P P P S P P P P P H S P P P P P S P P P P P	22 days	-do-	3376-00	Lakhvir Singh Attested
34.	Meera W/o Vikram G-11 Ali Ganj Lodhi Colony New Delhi	D/W	P P P H P P S P P P P P P S P P P P P H S P P P P P S P P P P P H S P P P P P S P P P P P	27 days	-do-	4143-00	Attested
35.	Kishore Kr S/o Om Parkash. C-I/172 Sultan Puri N.D-	D/W	P P P H P P S P P P P P P S A P P P P H S A P P P P S A P P P P H S P P P P P S P P P P P	23 days	-do-	3529-00	Attested
			Daily Total 9 10 10 7 9 10 9 9 10 10 — 10 9 9 8 8 10 — 7 8 9 9 10 10 — 8 9 9 9 9 9	87 Days 881	G. Total	Rs. 133645 /133645-	
			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. 885 (From 1/10/09 To 31/10/09)

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

In continuation of Muster Roll No. 856

Accountant (HG), CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped accorcding 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. 24/685 Jhuggi Kalyanpuri N.D-	O/W	H A A A A A H S A A A A S A A A	16 27 days	do	2455-00	Attested
27.	Seema w/o Ram Kr. 377 Sec-I Flats R.K. Puram N.D-	O/W	H S S H S S	27 days	do	4143-00	Attested
28.	Chanderwati w/o Ashok N-17C/363 Block F-HIG Flats Wazirpur J.J. Colony N.D-	O/W	H S S H S S	26 days	do	3989-00	Attested
29.	Rolly w/o Gulal 39 Balmiki Basti Mandir Marg N.D-	O/W	H S S H S S	26 days	do	3989-00	Attested
30.	Jawahari S/o Bishamber. H. 304 Shahbad Dal M. Delhi	O/W	H S S H S S	27 days	do	4143-00	Attested
				749 Days.			
	Daily Total			759	G. Total	1114995-00	
	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

MUSTER ROLL NO. 885 (From 1/10/09 To 31/10/09)

Circle No. 10 Voucher No. Dated

In continuation of Muster Roll No. 856

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
21.	Vinod S/o Hukam Chand D-874 Mangol Puri N.D.	D/W	P P P S P P P P P P S P P P P P H S P P P P P S P P P P P P

Sheet-3

HEALTH DEPARTMENT

MUSTER ROLL NO. 885 (From 1/10/09 To 31/10/09)

Circle No. 10 Voucher No. Dated

In continuation of Muster Roll No. 856

Accountant (HG), CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped accoording 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 7. D.S. Flats P.R. Lane N.D.	C/W	P P P S A P P P P S P P P P H S P P P P P S P P P P P	363 days 26 days	151-PCA	3989-00	Vicky Attested
17.	Vikram S/o Sher Singh 3883 Khirki TAFAZZUL Husain Darya Ganj N.D.	C/W	P P P S P P P A P S P P P P H S P P P P P S P P P P P	26 days	-do-	3989-00	Attested
18.	Neeraj S/o Kher Singh 97-D.D.A. Flats Sarai N.D.	C/W	P P P S P P P P P S P P P P H S P P P P P S P P P P P	27 days	-do-	4143-00	Attested
19.	Vipin S/o Jay Parkash A-2 683 Balaswa Dairy J.J. Colony N.D.	C/W	P H P S A P P P P S P P P P H S A P P P P S P P P P A	24 days	-do-	3683-00	Attested
20.	Mukesh S/o Ramchaliya 25, Jaisalmer House N.D.	C/W	P H P S P P P P P S P P P P H S P P P P P S P P P P A	26 days	-do-	3989-00	Attested
		Daily Total	5 5 5 — 4 4 5 4 5 5 — 5 5 5 5 5 5 — 4 5 5 5 5 — 5 5 5 5 3	492 Days 502	G. Total	75491-00	
		Initials of person marking the daily attendance					
		Initials of Inspecting Officer					

Pay Rs. (Rupees)

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

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. 885 (From 1/10/09 To 31/10/09)

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

In continuation of Muster Roll No. 856

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 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 Om Prakash 10/103 Block 10 Trilokpuri N.D.	O/W	P P P S P P A P P P S P P P P H S P A P P P P S P P P P

HEALTH DEPARTMENT

Sheet-I

MUSTER ROLL NO. 885 (From 1/10/09 To 31/10/09)

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

In continuation of Muster Roll No. 856.

Accountant (HG) CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped accordng 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.	Malti w/o Ram Kash F-193 F- Block J.J. Camp Tigri N. Delhi	D/W	S S S S S S S S S S S S S S S S H S S S S S S S S S S S S S H	22 days	151-P.A	3376-00	Malti Attested
7. -	Azad S/o Ramesh D-232 Ambedkar Colony R.K. Puram New Delhi	D/W	S S S S S S S S S S S S S S S S H S S S S S S S S S S S S S H	27 days	do	4143-00	Azad Attested
8. -	Neeraj S/o Anoop Singh. C-206 Vasant Vihar Kusum Kahan New Delhi	D/W	S S S S S S S S S S S S S S S S H S S S S S S S S S S S S S H	27 days	do	4143-00	Neeraj Attested
9. -	Rajani w/o Shokeen 14 Block C.J.J. Colony Raghubir Nagar New Delhi	D/W	S S S S S S S S S S S S S S S S H S S S S S S S S S S S S S H	27 days	do	4143-00	रजनी Attested
10. -	Mamta w/o Satbir S/c I 214 Sultan Puri New Delhi	D/W	S S S S S S S S S S S S S S S S H S S S S S S S S S S S S S H	27 days	do	4143-00	ममता Attested
	Daily Total		10 10 10 9 10 10 8 9 9 10 10 10 9 10 10 8 9 9 10 9 10 9 8 8 7 8 8	247 Days 257	G. Total	Rs. 37899-00	
	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

Rs.	P.

O-O No:- D/417/CMO/HQ dt 4/9/09.

(40) clarky wages 81k, C/B @ 151+CA per day

(177) = 8 Sheet.

HEALTH DEPARTMENT

MUSTER ROLL NO. 885 (From 1/10/09 To 31/10/09)

Circle No. 10 Voucher No. Dated

In continuation of Muster Roll No. 856

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.	Sunil S/o Kali Charan 26 Q3 Block Mangol Puri N.D.	O/W	P P P S P P P P P P S P P P P P P H S P P P P P S P P P P P	26 Days	151+CA	3989-00	Sunil Attested
2.	Jyoti W/o Anoop Raj E-23 Block B Dhola Kuan Okhla Industrial Area N.D.	O/W	P P P H P P P S P P P P P P P P P H S P P P P P S P P P P P	23 Days -do-		3529-00	Jyoti Attested
3.	Ajay S/o Narayan Singh 212 Block C-I Sultan Puri N.D.	O/W	P P P S P P P P P P S P P P P P P H S P P P P P S P P P P P	26 Days -do-		3989-00	Ajay Attested
4.	Shyam Ker S/o Babu Lal K-211, J.J. Camp Tigri N.D.	O/W	P P P H P P P S P P P P P P P P P H S P P P P P S P P P P P	21 Days -do-		3222-00	Attested
5.	Lakhan S/o Jagan Lal F-193 J.J. Tigri Khan Puri N.D.	O/W	P P P H P P P S P P P P P P P P P H S P P P P P S P P P P P	21 Days -do-		3222-00	Lakhan Attested
			Daily Total 5 5 5 4 5 5 3 4 4 5 5 5 4 5 5 3 4 4 5 4 5 4 4 4 3 4 4	117 Days. 127	G. Total	17951-00	
			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.