HEALTH DEPARTMENT

MUSTER ROLL NO. 920 (From 1/11/09 To 14/11/09)

Circle No. 4 Voucher No. 27/H Dated 8/12/09

In continuation of Muster Roll No. 863

PART-NOMINAL-ROLL

Accountant (HG), CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped accc rding 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	Sh. Vijay S/o Beer Singh A2/691 J.J Colony Bhalswa Delhi-42	-do-	S S S S S S S S S S S S S S	12 days	-do-	1844-00	1844-00
22	Sh Laxman S/o Suraj Singh 10/91 Tilak Puri N. Delhi.	-do-	S S S S S S S S S S S S S S	12 days	-do-	1844-00	1844-00
23	Smt Laxmi W/o Ashok Kr. 8/116 Bapudham New Delhi	-do-	S S S S S S S S S S S S S S	12 days	-do-	1844-00	1844-00
24	Sh. Vijay Kr S/o Jagdish Prasad E-20 Lalik dham N. Delhi.	-do-	S S S S S S S S S S S S S S	12 days	-do-	1844-00	1844-00
25	Sh. Samit Kumar S/o Sukhbir 533 Balmiki Mahala Kapas Hera Village N. Delhi-37	do.	S S S S S S S S S S S S S S	12 days	-do-	1844-00	1844-00
26	Sh. Manoj S/o Dinesh 16/262 Kalyan Puri New Delhi-91	-do-	S S S S S S S S S S S S S S	12 days	-do-	1844-00	1844-00
		Daily Total	24 24 25 25 24 24 5 24 24 24 25 26 24	292 days			44,871-00

Entry has been made in the register on page 1065 at Sr. No. 1683

VERIFIED FOR CASH/CHEQUE PAYMENT
Head Cashier

Initials of person marking the daily attendance

Initials of Inspecting Officer

Pay Rs. 44,871-00 (Rupees Forty four thousand eight hundred & seventy one only.)

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

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

Balance Paid

Accountant (HG) A.A.O(PH)

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.

A.O(PH) M.O.H. Sr. A.O

CANCELLED
Released for Payment

Serial No 1 to 26 Received fully bill attested Rs. P. Cash Branch

Sheet-3

HEALTH DEPARTMENT

MUSTER ROLL NO. 920 (From 1/11/09 To 14/11/09)

Circle No. 4 Voucher No. ..... Dated .....

In continuation of Muster Roll No. 863

Accountant (HG), CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation T.M.R S.K	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
16	Sh. Sunil Kr S/o Babulal 162 J.J Sunlight Colony N. Delhi.	-do-	S 14 14 15 15 14 14 S 14 14 14 15 15 14	12 days		-do-	1844=00
17	Sh. Gaurav S/o Ram Niwas J.J Camp-C-109/90 Palika dham N. Delhi.	-do-	S A A A A A A S A A A A A A	Nil		-do-	Nil
18	Sh. Dinesh S/o Ram Kishan B-256 Mangal Puri Delhi-83	-do-	S P P P P P P S P P P P P P	12 days		-do-	1844-00
19	Sh. Vipin Kr S/o Krishanpal 380 Chirag delhi- New delhi-	-do-	S P P P P P P S P P P P P P	12 days		-do-	1844-00
20	Sh Surinder S/o Sheriram A2/610 J.J Colony Bhalswa delhi 42	-do-	S P P P P P P S P P P P P P	12 days		-do-	1844-00
	Daily Total		S 18 18 19 19 18 18 S 18 18 18 19 20 18	220 days G. Total			33807=00
	Initials of person marking the daily attendance		S [illegible]				
	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

Sheet-II

HEALTH DEPARTMENT

MUSTER ROLL NO. 920 (From 1/11/09 To 14/11/09.)

Circle No. 4 Voucher No. ..... Dated .....

In continuation of Muster Roll No. 863

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
11/2	Sh. Malkeet S/o Sitlad Singh 50A, Baba Farid Puri Patel Nagar N. Delhi-8	TMR — do —	S 9 9 10 10 9 9 S 9 9 9 10 10 9	12 days	— do —	1044-00	
12/2	Sh. Naveen S/o Suresh Chand S-37, Harijan basti Mandir Marg N. Delhi.	— do —	S S S	12 days	— do —	1044-00	
13/2	Sh. Kuldeep S/o Satpal 464 Gali No 8 Bhale Nath Nagar Shahdra N. Delhi	— do —	S S S	12 days	— do —	1044-00	
14/2	Sh. Pawan S/o Satpal 464 Gali No 8 Bhale Nath Nagar Shahdra	— do —	S S S	12 days	— do —	1044-00	
15/2	Sh. Somu S/o Madanlal F-42, Harijan basti Mandir Marg N. Delhi	— do —	S S S	12 days	— do —	1044-00	
	Daily Total		S 14 14 15 15 14 14 S 14 14 14 15 15 14	174 Total days		26431-00	
	Initials of person marking the daily attendance		S				
	Initials of Inspecting Officer		M M M				

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

HEALTH DEPARTMENT

MUSTER ROLL NO. 920 (From 1/11/09 To 14/11/09)

Circle No. 4 Voucher No. ..... Dated .....

In continuation of Muster Roll No. 863

L.Bs
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
6 z	Sh. Hira Singh S/o Kishanlal K-331 dakshinpuri M. Delhi	-do-	S 4 4 5 5 4 4 5 S 4 4 4 5 5 4	12 days	-do-	1844-00	1844-00 Signature
7 z	Sh Gaurav S/o Komal G-40, Harijan basti Mandir Marg-M. Delhi	-do-	S S	12 days	-do-	1844-00	1844-00 Signature
8 z	Sh. Amit S/o Vijender E-1/134 Madangir Dr. Ambedkar Nagar N. Delhi	-do-	S S	12 days	-do-	1844-00	1844-00 Signature
9 z	Sh Dharmender Singh S/o Daya Singh C1/342 Sultanpuri N. Delhi-41	-do-	S S	12 days	-do-	1844-00	1844-00 Signature
10 z	Sh. Vikram S/o Rajdham Chauhan C-25 Gali No 12, East Jagatpur N. Delhi.	-do-	S S	12 days	-do-	1844-00	1844-00 Signature
	Daily Total		5 9 9 10 10 9 9 5 9 9 9 10 10 9	112 days Total			17211-00
	Initials of person marking the daily attendance		S S S S S S S S S S S S S S				
	Initials of Inspecting Officer		Y Y Y				

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

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

(26) daily wages SK, LB @ 151+CA per day

(1+4) = 5 Sheet.

HEALTH DEPARTMENT

MUSTER ROLL NO. 920 (From 1/11/09 To 14/11/09)

Circle No. 4 Voucher No. ..... Dated .....

In continuation of Muster Roll No. 863

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	Smt Kamlesh Kr W/o Ramdass 935/1 Raj Nagar Palam N. Delhi	TMR S.K -do-	S ✓ ✓ ✓ ✓ ✓ ✓ S ✓ ✓ ✓ ✓ ✓	12 days	-do-	1844-00	[illegible]
2	Smt Geeta W/o Sunder Kr. S-60/19 Jail Vihar Lajpat Nagar N. Delhi	-do-	S ✓ ✓ ✓ ✓ ✓ ✓ S ✓ ✓ ✓ ✓ ✓	12 days	-do-	1844-00	[illegible]
3	Sh. Pardeep S/o Jagdish 1/13 Bapu dham N. Delhi	-do-	S ✓ ✓ ✓ ✓ ✓ ✓ S ✓ ✓ ✓ ✓ ✓	12 days	-do-	1844-00	[illegible]
4	Sh. Naveen Kr S/o Omparkash 222 Akta Vihar Seed R.K Puram N. Delhi	-do-	S A A ✓ ✓ A A S A A A ✓ ✓ A	4 days	-do-	615-00	[illegible]
5	Sh. Yaspal S/o Kamal G-40 Balmiki basti Mandir Marg. N. Delhi	-do-	S ✓ ✓ ✓ ✓ ✓ ✓ S ✓ ✓ ✓ ✓ ✓	12 days	-do-	1844-00	[illegible]
	Daily Total		S 4 4 5 5 4 4 S 4 4 4 5 5 4	52 G.Total		7991-00	
	Initials of person marking the daily attendance		S ✓ ✓ ✓ ✓ ✓ ✓ S ✓ ✓ ✓ ✓ ✓				
	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.