

# HEALTH DEPARTMENT

Sheet-III

**MUSTER ROLL NO.** 989

(From 1/11/09 To 14/11/09)

Circle No. 13 Voucher No. 314 Dated 11/21/09

In continuation of Muster Roll No. 892 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.....																															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	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						
16	Dr. Sujet 200 Dalip Singh R/o Chis Dwaraka Rd Nayagooda Belsi	Dr.	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	P	P	P	P	1045	151.00	153.60	156.60
17	Sr. Rami 150 Vijay Kumar R/o 6/90 Will Kharsela Belsi	Dr.	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	P	P	P	1245	148.00	184.40	184.40	
18	Dr. Gauri 50 Banwari Lal R/o 7-4 Kapt 5th Nph MD	Dr.	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	P	P	P	1145	160.00	184.40	184.40	
19	Sr. Ajit 50 Pappu R/o 1/8 Hospital Belsi Sadar Barga Belsi Cantt	Dr.	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	P	P	P	1245	150.00	184.40	184.40	
		Daily Total																																212	G. Total	32,572	32,575-00		

Initials of person marking the daily attendance  
Initials of Inspecting Officer

Pay Rs. 32,575-00 (Rupees. Thirty two thousand five hundred & seventy five only.)

Grand Total of this Muster Roll ...  
Deduct-Payment made, as per details transferred to Register of Unpaid Wages ...  
Balance Paid

Accountant (HG) AAO (PH) T. S. S. S. S.  
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  
Total amount paid (in words) Rupees.....



**HEALTH DEPARTMENT**

Sheet-II

**MUSTER ROLL NO.**

989. (From 1/11/69 To 14/11/69)

Circle No. 13 Voucher No. 878 Dated .....

In continuation of Muster Roll No. ....

**PART-NOMINAL-ROLL**

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From: To																															Total	Rate	Amount	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment						
			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										
11.	Sr Nisla D/o Raja R/o Sec-24 B-129/Rohini Delhi.	SrK																																						115	Rs. 151.66 + CA	Rs 7671-00	<i>[Signature]</i>
12.	Sr. Rohit s/o Ravindra R/o 9/4683 Ajeet nag old Seelan Pur N.D.	do																																						09 dts	do	1383/-	<i>[Signature]</i>
13.	Sr. Rocky s/o Balraj R/o 1/188/16 Jhuggi Sadar Bagar Delhi Cantt.	do																																						10 dts	do	1536/-	<i>[Signature]</i>
14.	Sr. Mukesh s/o Radha Saran R/o 153/152 Tal Jhuggi Sadar Bagar Delhi Cantt.	do																																						12 dts	do	1844/-	<i>[Signature]</i>
15.	Sr. Pawan s/o Pappu R/o 1/8 HASPIL/4th Sadar Bagar Delhi Cantt. N.D.	do																																						09 dts	do	1383/-	<i>[Signature]</i>
	Initials of person marking the daily attendance	Daily Total																																						167 dts	G. Total	25658-00	
	Initials of Inspecting Officer																																										

Accountant (HG)

CHIEF MEDICAL OFFICER

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.

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

989 (From 1/11/09 To 14/11/09)

Circle No. 13 Voucher No. 872 Dated .....

In continuation of Muster Roll No. ....

**PART-NOMINAL-ROLL**

Accountant (HG) V.R.

CHIEF MEDICAL OFFICER [Signature]

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From: .....																															Total	Rate	Amount	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment	
			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					
6.	Sar Kamlesh Moh Subhask P/O Thugri No 27 Central rd - Kerli Shop Tekkhand N.D.	SR	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	P	P	P	1295	15.168 + 24	1844.00	[Signature]
7.	S. Sudey Singh AO Hari Singh RD 15 Yada Raghobh Nagar MN	-do-	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	P	P	P	1295	-do-	1844.00	[Signature]
8.	Sr. Semu AO Bire Singh RD 68 15 <sup>1</sup> / <sub>2</sub> Yada Raghobh Nagar MN	-do-	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	P	P	P	1295	-do-	1844.00	[Signature]
9.	Sr. Amit AO Ramesh RD 11-100 Jwala Puri MN	-do-	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	P	P	1295	-do-	1844.00	[Signature]	
10.	Sr. Rohit AO Kelas Singh RD 9/4683 Galina, Gaudh Nagar New Delhi.	-do-	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	P	P	11549	-do-	17671.00	[Signature]	
		Daily Total																																				
		Initials of person marking the daily attendance																																				
		Initials of Inspecting Officer																																				

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

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

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.



O.O. No: 1-D/360/cm/10 18/8/07

# HEALTH DEPARTMENT

19) daily wage 811,43 @ 15/100 per day

## MUSTER ROLL NO.

987 (From 1/11/07 To 14/11/07)

143 = 4 sheet

Circle No. 13 Voucher No. 822  
In continuation of Muster Roll No. .... Dated .....

### PART-NOMINAL-ROLL

Accountant (HG)

CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation Daily wages	Dates From .....																															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	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				
1	Smt Laxmi Chauhan 150 Subhash Chauhan Rd 15, Akbar Road N.D.	SRK																																			
2	St. Nabesh 90 Dm Barakast Rd 5-49 R.K. Rd. Balmiti Barast, Munshin nag N.D.	-																																			
3	Smt Semila 150 Parvinder Rd 535 Gulabi Bagh N.D.	-																																			
4	Smt Vinod 90 Ram Suroop Rd 1055 Thilok Pur N.D.	-																																			
5	Smt Ashok 90 Shrawari Rd 1055 Thilok Pur N.D.	-																																			
Daily Total			5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	
Initials of person marking the daily attendance			[Handwritten initials]																																		
Initials of Inspecting Officer			[Handwritten initials]																																		
Pay Rs. .... (Rupees) .....																																		5645		8605	
Grand Total of this Muster Roll ... ..																																					
Deduct: Payment made, as per details transferred to Register of Unpaid Wages																																					
Balance Paid																																					

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.
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