Sheet-5

HEALTH DEPARTMENT

MUSTER ROLL NO. 541 (From 1/4/09 To 30/4/09)

Circle No. VI Voucher No. ..... Dated .....

In continuation of Muster Roll No. ~~472~~ 485 48/H 12/5/09

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
25	Smt Kailash Wati W/o Sh. Manpal Singh R/o H.No 207 Harijan Basti M/Marg N.D.	D/wager		26 days		3992.00	Sy Ali
26	Smt Seema W/o Sh. Sadhu Lal R/o H/No 104 N-DMC Flat Balmiki Basti N.D.	do		24 days		3685.00	Sy Ali
27	Smt Raj Kumari W/o Sh. Rahal R/o H/No 10/A 1084 Karol Bagh N.D.	do		24 days		3685.00	Sy Ali
28	Sh. Narender S/o Sh. Fera Ram R/o H/No 2/210 B/B/2 Resthal Sonant Colony Bhalswa D/Pur	do		22 days		3378.00	Sy Ali
			Daily Total	641 days	Total	98417.00	
			Initials of person marking the daily attendance				
			Initials of Inspecting Officer				

Pay Rs. 98417=00 (Rupees Ninety eight thousand four hundred Seventeen only)

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.

CANCELLED
M.O.H. Sr. A.O (PH)
Date.....
Released for Payment

VERIFIED FOR CASH/CHEQUE PAYMENT

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

Bill fully paid.

Rs.	P.

Sheet 4.

HEALTH DEPARTMENT

MUSTER ROLL NO. 541 (From 1/4/09 To 30/4/09)

Circle No. VI Voucher No. ..... Dated .....

In continuation of Muster Roll No. ~~472~~ 485

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 days	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. Ghanshyam S/o Sh. Ajay Kr. R/o 16/465 Tirlok Puri Dl-91	D/wages Sk.		26 days		3992.00	Syam Kal
22	Sh. Rahul S/o Sh. Tirlok Raj R/o H/No- 3/13 Tirlok Puri Dl-91	do		25 days		3838.00	Syam Dl
23,	Sh Pardeep S/o Sh. Dharam Pal R/o H/No 140/151 Thuts Mubarik Pur Bagh Model Town Dl-	do		08 days		1228.00	Syam Dl
24	Smt Neetu w/o Sh. Hira Lal R/o 164 Nonc Flat Balmiki Basti M/Marg New Delhi	do				NIL	
25 A	Sh. Selva Rajan S/o Sh. Mutthusami R/o 278 D.D.A Sant Nagar New Delhi	do		18 days		2764.00	Syam
	Daily Total			545 days	Total	83677.00	
	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-3

HEALTH DEPARTMENT

MUSTER ROLL NO. 54 (From 1/4/09 To 30/4/09)

Circle No. VI Voucher No. ..... Dated .....

In continuation of Muster Roll No. ~~472~~ 485

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 days	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. R/o	Rajesh S/o Sh. Ramesh F/28 N.D.M.C Flat Bakri ki Basti (M) Marg N.D.-1	O/wagon Sk.		26 days		3992-00	
17. Smt R/o	Vijay W/o Sh. Bikari 3/33 N.D.M.C. Flat Baba Dham N.D.-1	do		23 days		3531-00	R.T.I
18, Smt R/o	Kusham W/o Sh. Anil A/243 Sanjay Camp. Dakshin Puri N.D.-1	do		26 days		3992-00	
19. Smt R/o	Leena W/o Sh. Mahesh Kr H/No 3245 Gali Sero Walan P/Ganj N.D.-55	do		24 days		3685-00	
20 Smt R/o	Rakhi W/o Sh. Amit H.No 25, Mandir Marg N.D.-1	do		26 days		3992-00	
	Daily Total			468 days	Total	71855-00	
	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-II

HEALTH DEPARTMENT

MUSTER ROLL NO. 541. (From 1/4/09. To 30/4/09.)

Circle No. VI Voucher No. ..... Dated .....

In continuation of Muster Roll No. ~~472.~~ 485

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
11	Sh. Rajesh S/o Sh. Nanwa R/o 77/Mandir Marg N. Delhi	Sweeper		22 days		3378-00	Paid
12	Sh. Vijay Pal S/o Dharam Pal R/o B-35, Indra Nagar Bhatti Mines N.Delhi	do		26 days		3992-00	Paid
13.	Sh. Rakesh S/o Sh. Hargu Lal R/o 5/19 Duble Storey. P.Ridge. N.Delhi	do		26 days		3992-00	Paid
14	Smt. Meena W/o Sh. Deepak R/o 7/73 N.DMC flat Bapu Dham N.Delhi	do		23 days		3531-00	Paid
15	Smt. Manju W/o Sh. Suresh Kr R/o E/104 Babu Colony G/Bad (U.P.)	do		18 days		2764-00	Paid
	Daily Total			343 days	G. Total	52663-00	
	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

Sheet-I

HEALTH DEPARTMENT

MUSTER ROLL NO. 541. (From 1/4/09. To 30/4/09.)

Circle No. VI Voucher No. ..... Dated .....

In continuation of Muster Roll No. ~~472~~ 485

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
6.	Sh. Deepak S/o Sh. Moti Lal R/o A/15 Palika Dham G/Market N Delhi	D/Nagar Sfr.		20 days		3071.00	Sd. ALL RL
7	Sh. Raju S/o Sh. Ram Parshad R/o 129 Balmiki Basti Mandir Marg N Delhi	do		25 days		3838.00	Sd. ALL RL
8	Sh. Parveen S/o Sh. Beer Singh R/o E/778 Gali No 5, Pappu Colony Shahid Nagar GTB Enclave	do		14 days		2149.00	Sd. ALL RL
9.	Sh. Rajesh S/o Sh. Radhey Shayam R/o 49/M/S. Flat Ali Gaon N Delhi	do		23 days		3531.00	Sd. ALL RL
10.	Sh. Rajesh S/o Sh. Lallan R/o I/8, Block PH-II Seelam Pur Delhi	do		20 days		3071.00	Sd. ALL RL
	Daily Total		6 9 8 6 5 8 8 8 10 10 6 5 8 8 10 10 10 8 5 7 9 10 10 9 9 5 10 10 10 10	228 days	G. Total	3500	6-00
	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/83/CMO/49 Dt. 18/02/09.

(28) daily wager Sk, C/B @ 157+CA.
(145) Total sheet=6

HEALTH DEPARTMENT

MUSTER ROLL NO. 541 (From 1/4/09 To 30/4/09)

Rs 157 + CA per day.

Circle No. VI Voucher No. ..... Dated .....

In continuation of Muster Roll No. ~~472~~ 485

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 Sona W/o Sh. Keerlan Lal R/o H No 10755 Jandey Walan Road Ram Nagar	Sk.		26 days	@ 157+ CA	3992-00	Sona Sig Alok
2.	Smt Pooja W/o S/o Amit R/o H No 148 N. DMC flat Balmiki Basti N-Delhi	Do		26 days		3992-00	Pooja Sig Alok
3.	Smt Asha W/o Sh. Ram Kishan Rani R/o H/No 145 N DMC flat Balmiki Basti N-Delhi	Do		26 days		3992-00	आशा Sig Alok
4.	Smt Prem Wati W/o Sh. Sish Pal R/o Block No. 50/5. 2 Madan Gir II Dr. Ambed Kar Nagar 062	Do		26 days		3992-00	प्रेमवती Sig Alok
5.	Sh. Sanjay S/o Videshi R/o 5/63 Bapu Dham N-Delhi	Do		26 days		3378-00	संजय Sig Alok
			Daily Total	126 days	G. Total	19346-00	
			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.