Payer's Copy

NEW DELHI MUNICIPAL COUNCIL

SR. NO. E 176712

RECEIPT

Receipt No.: CH091005NDMC009763
Date: 21-May-2009
Challan Number: 159318
Field: PUBLIC HEALTH ACCOUNTS BRANCH
Sub-Field: (PUBLIC HEALTH) HEALTH GENERAL BRANCH
Function: Public Health
Functionary: NDMC
Received From: Y.P. Malik (S.I) Circle No. 10
On Account of: On account of Sh. Ajay S/o Mohar Pal D/ws Circle No. 10,salary for the month of march-2009, vide vr. No. 73/PH dated: 13.05.09, Rs. 2456/-
April
Address: Y.P. Malik (S.I) Circle No. 10,NDMC

Account Code	Description	Amount
3202027	MECH.OF GARBAGE REMOVAL	2456
	Total Amount:	2456

Payment Mode: Cash
Total Amount in Words: Two Thousand Four Hundred And Fifty Six Rupees Only
Cheque/DD No.:
Cheque/DD Date:
Bank:
Name of the Operator: naresh kumar
Counter No: 1

Signature of Authorised Officer

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

Sheet-8

MUSTER R

Circle No. X Voucher No. ..... Dated .....

In continuation of Muster Roll No. ~~476~~ 489. 73/H 13/5/09

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 F. P.	Amount Rs. P.	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
41.	Sethram s/o Garib Pal RV-12 Air Force station Palam Delhi	D/W		26 Days	D+C.A	3992	Attested
42.	Beena w/o Rajesh 6/76 Baby Dham New Delhi	D/W		26 Days	do	3992	Attested
43.	Kamlesh w/o Raju	D/W		26 Days	do	3992	Attested
44.	Sapna w/o Rajkumar C-22, Pakka Dham Gali Main New Delhi 110001	D/W		08 Days	do	1228	Attested
			Daily Total	104	G. Total	158752	
			Initials of person marking the daily attendance				
			Initials of Inspecting Officer				

Net Payable Rs 1,58,752

Pay Rs. 158752=00 (Rupees One lac fifty eight thousand seven hundred fifty two only)

All the Signatures, L.T.I & R.T.I except Sr. No. 36 from Sr. No. 01 to 44 are duly attested & fully paid Bill fully paid

Grand Total of this Muster Roll ... Rs. ... P.

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

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

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 (Pay)

CANCELLED

Date ..... Passed for Payment

VERIFIED FOR CASH/CHEQUE PAYMENT

Sheet-7.

HEALTH DEPARTMENT

MUSTER ROLL NO. 545 (From 1/4/09 To 30/4/09)

Circle No. X Voucher No. ..... Dated .....

In continuation of Muster Roll No. ~~476~~ 489

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
36.	Ajay S/o Sh. Mohar Pal MCD Flats Rohini Sect-01 New Delhi	S/W S/Q		836 – 16 days	151+CA	198353 2456	
37.	Amit S/o Sh. Jai Kishan T-563 – CA/7A Bajeal-Nagar New Delhi	D/W		– 26 Days	-do-	3992	Attested
38.	Sunny S/o Sh. Surat Singh WZ-280 Basi. Dara Pur New Delhi	D/W		– 21 days	-do-	3224	Sunny Attested
39.	Rajkumar S/o Sh. Ramesh H. No. C-170 Shakar Pur J.J. Colony N. Delhi-45.	D/W		– 23 days	-do-	3531	Rajkumar Attested
40.	Deepak S/o Sumer chand 129 A Nehru Kutiya Malka Ganj Delhi	D/W		– 21 Days	-do-	3992	Deepak Attested
	Daily Total			948	G. Total	145548	
	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-6

MUSTER ROLL NO. 545 (From 1/4/09 To 30/4/09)

Circle No. X Voucher No. ..... Dated .....

In continuation of Muster Roll No. ~~476~~ 489

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
31.	Sachin s/o Sh. Ramesh 29 Harijan Basti Mandir Marg New Delhi	D/W		21 Days	1517.C.A	3838	Attested
32.	Pushpa w/o Sh. Bhudesh Kr 24/44 Tirlok Puri New Delhi	D/W		26 Days	do	3992	Attested
33.	Parveen s/o Sh. Kamal Singh B-4/22 Azad Pur New Delhi	D/W		26 Days	do	3992	Attested
34.	Babita w/o Sh. Jagindar 628/3 Kalyan Puri New Delhi	D/W		22 Days	do	3378	Attested
35.	Kailash s/o Sh. Rajpal S-139/7 Jaisalmer House New Delhi	D/W		24 Days	do	3685	Attested
			Daily Total	836	G. Total	128353	
			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-5

HEALTH DEPARTMENT

MUSTER ROLL NO. 545 (From 1/4/09 To 30/4/09)

Circle No. X Voucher No. ..... Dated .....

In continuation of Muster Roll No. ~~476~~ 489

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 24, 2 24, 3 24, 4 24, 5 — 25, 6 25, 7 25, 8 25, 9 18, 10 24, 11 23, 12 — 24, 13 24, 14 23, 15 23, 16 21, 17 24, 18 23 — 19 23, 20 23, 21 23, 22 23, 23 23, 24 30, 25 30 — 26 23, 27 24, 28 24, 29 24, 30 24, 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.	Jineh S/o Sh. Hem Raj S-352/A School Block Sakar pur.	D/W	P P P A S A A A A P P S P P P P P P S P P P P P P S P P P P —	81 Days	15% C.A	3224	Jineh Attested
27	Mukesh S/o Sh. Laik Ram 9 IWCS EDB President state New Delhi	D/W	P P P P S P P P P P P S P P P P P P S P P P P A A S P P P P —	24 Days	do	3685	Mukesh Attested
28.	Sanjeev S/o Sh. Chattar Sing S/8/186 Sunlight Colony New Delhi	D/W	P P P P S P P P P P S P P P P P P S A P P P P P S P P P P —	25 Days	do	3838	Sanjeev Attested
29.	Vikash S/o Sh. Parkash 7/103 Bapudham New Delhi	D/W	P P P P S P P P P P S A P P P P P P S P P P P P S P P P P —	25 Days	do	3838	Vikash Attested
30.	Vikki S/o Sh. Chattar Sing Indra Camp Jhuggi 81/86 Sunlight Colony New Delhi	D/W	P P P P S P P P A P P S P P P P P P S P P A P P P S P P P P —	24 Days	do	3685	Vikki Attested
	Daily Total		29 29 29 25 S 27 26 26 21 29 28 S 28 28 27 26 29 29 S 27 27 27 28 24 24 S 28 29 29 27 —	713	G. Total	109468	
	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 IV

HEALTH DEPARTMENT

MUSTER ROLL NO. 545 (From 1/4/09 To 30/4/09)

Circle No. X Voucher No. ..... Dated .....

In continuation of Muster Roll No. ~~476~~ 489

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 19, 2 19, 3 19, 4 17, 5 19, 6 19, 7 17, 8 19, 9 15, 10 19, 11 18, 12 19, 13 18, 14 18, 15 17, 16 19, 17 18, 18 19, 19 20, 20 19, 21 19, 22 19, 23 18, 24 18, 25 18, 26 18, 27 19, 28 19, 29 17, 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.	Shayam S/o Kirshan Br H.No. 75 Balmiki Sadan New Delhi-01	D/W		21 days	151 + C.A	3224	SHYAM Attested
22.	Sunila W/o Sh. Hari Kishan B-22 Palika Dham New Delhi	D/W		23 days	do	3531	Attested
23.	Mamta W/o Sh. Mukesh 12/155 Bapu Dham	D/W		25 days	do	3838	Attested
24.	Neeraj S/o Sh. Om Parkash Hazi Pur Loni Border G.H.B. U.P.	D/W		20 Days	do	3071	Attested
25.	Sunil S/o Sh. Suresh Vill. Hazi Pur Loni Border G.H.B. U.P.	D/W		22 Days	do	3378	Attested
	Daily Total		24 24 24 21 – 23 22 22 18 24 23 – 24 23 22 21 24 23 – 23 22 23 23 20 20 – 23 24 24 22 –	594	G. Total	91198	
	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 – III

MUSTER ROLL NO. 545 (From 1/4/09 To 30/4/09)

Circle No. X Voucher No. ..... Dated .....

In continuation of Muster Roll No. ~~476~~ 489.

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 ... (1/4 – 30/4)	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.	Babli w/o Anand Swaroop A-537 Pandav Nagar New Delhi	D/W	P P P P S P P P P P S P P P P P S P P P P P S P P P P P	26 days	151+CA	3999	Attested
17.	Smt Rajesh w/o Kishan Gopal A-537 Pandav Nagar New Delhi	D/W	P P P P S P P P P P S P P P P P S P P P P P S P P P P P	26 days	–do–	3999	Attested
18.	Arinash S/o Pardeepkr B-216 Naglai N. Delhi	D/W	P P P P S P P P P P S P P P P P S P P P P P S P P P P A	25 days	–do–	3838	Attested
19.	Sarita w/o Vinod B-86 Tilak Puri New Delhi	D/W	P P P P S P P P A P S P P P P P S P P P P P S P P P P P	25 days	–do–	3838	Attested
20.	Shankar S/o Balkishan WZ-100 Palam Village Nasir Pur road New Delhi	D/W	P P P A S P P P A P S P P P A P A S P P P P P S P P P A	22 days	–do–	3378	Attested
	Daily Total		19 19 19 17 – 19 17 19 15 19 18 – 19 18 18 17 19 18 – 19 19 19 19 18 18 – 18 19 19 17	483	G. Total	74158	
	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.

HEALTH DEPARTMENT

MUSTER ROLL NO. 545 (From 1/4/09 To 30/4/09)

Circle No. X Voucher No. .... Dated ....

In continuation of Muster Roll No. ~~476~~ 489.

PART-NOMINAL-ROLL

Accountant (HG), CHIEF MEDICAL OFFICER

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. P.	Amount Rs. P.	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
			9	9	9	9		9	8	9	9	9	9		9	8	8	8	9	9		9	9	9	9	8	8		8	9	9	8		284 days		55927	
11.	Monika w/o Jai Narayan H.No. 32/12 C.B. Staff-Quater Near D.A.V. School Sadar Bazar, New Delhi	D/W o/c	P	P	P	P	S	P	P	P	A	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P		25 days	151 + C.A	3838-00	[signature] Attested
12.	Sonu w/o Sh. Sanjay H.No. 32/12 C.B. Staff-Quater Near D.A.V. School Sadar Bazar New Delhi	D/W	P	P	P	P	S	P	P	P	A	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P		25 days	-do-	3838-00	[signature] Attested
13.	Seema w/o Kirshan H.No. 322, Sunlight Colony New Delhi - 14	D/W	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	S	P	P	P	P		26 days	-do-	3999-00	[signature] Attested
14.	Ranbir s/o Rajender H.No. 13 CAD Colony, Jor Bagh road N. Delhi	D/W	P	P	P	P	S	P	A	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P		25 days	-do-	3838-00	[signature] Attested
15.	Parvinder s/o Challar Singh S/81/86 J.J. Camp. Sunlight Colony - II Hari Nagar Ashram, N. Delhi	D/W	P	P	P	A	S	P	P	P	P	P	A	S	P	P	P	P	P	S	P	P	P	P	P	P	P	S	P	P	P	P		24 days	-do-	3685-00	[signature] Attested
	Daily Total		14	14	14	13	–	14	12	14	12	14	13	–	14	13	13	13	14	14	[illegible]	14	14	14	14	13	13	–	13	14	14	13	–	359	G. Total	55118-00	
	Initials of person marking the daily attendance		[initials]																																		
	Initials of Inspecting Officer		[initials]																																		

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. 545 (From 1/4/09 To 30/4/09)

Circle No. X Voucher No. ..... Dated .....

In continuation of Muster Roll No. ~~476~~ 489

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
6.	Sanjay S/o Sh. Saral Singh 1/3 Bapu Dham Chankyapuri New Delhi - 21	D/W	P P P P S P P P P P S P A A A P P S P P P P A A S P P P A	20 days	151 + C.A	3071	Attested
7.	Dilsad S/o Nazir Ali A/295 Rajiv Nagar	D/W	P P P P S P P P P P S P P P P P P S P P P P P P S P P P P	26 days	-do-	3992	Attested
8.	Geeta D/o Sh. Hari Om 85/10 Pusp Vihar Set-I New Delhi	D/W	P P P P S P A P P P S P P P P P P S P P P P P P S P P P P	25 days	-do-	3838	Attested
9.	Santosh W/o Sh. Jagdish 495 Block-C J.J. Camp. Tigri Nagar Delhi-62	D/W	P P P P S P P P P P S P P P P P P S P P P P P P S P P P P	26 days	-do-	3992	Attested
10.	Dharmender S/o Narayan 243, K-754, Mangal Puri Delhi-83.	D/W	P P P P S P P P P P S P P P P P P S P P P P P P S P P P P	26 days	-do-	3992	Attested
	Daily Total		9 9 9 9 – 9 8 9 9 9 9 – 9 8 8 8 9 9 – 9 9 9 9 8 8 – 8 9 9 8	284 days	G. Total	35927	
	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/C mo/HQ Dt 18/2/09.

(44) daily wager Sikl LB @ 142+CA.
(17+18) Total Sheet = 9.

HEALTH DEPARTMENT

MUSTER ROLL NO. 545 (From 1/4/09 To 30/4/09)

Circle No. X Voucher No. ..... Dated .....

In continuation of Muster Roll No. ~~476~~ 489

PART-NOMINAL-ROLL

Accountant (HG) CHIEF MEDICAL OFFICER

S.No. S.cat	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. 1A	Ajay Kr S/o Sh. Bhagat Ram (Vice) Rajkumar S/o Sh. Khamchand C-22, Patiala Bhawan Gate No. 1, N.D. 110001	D/W S/K	A A A A S A A A A A A S A A A A A S A A A S P

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.