Sheet-II

HEALTH DEPARTMENT

MUSTER ROLL NO. 567 (From 1/4/09. To 30/4/09.)

Circle No. IV Voucher No. 55/11 Dated 12/5/09

In continuation of Muster Roll No. fresh

PART-NOMINAL-ROLL

Accountant (HG), 5

CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped accrding to classes	Designation	Dates From ... To ... (1 3, 2 4, 3 5, 4 5, 5, 6 6, 7 7, 8 7, 9 9, 10 9, 11 10, 12, 13 9, 14 10, 15 10, 16 10, 17 9, 18 9, 19, 20 9, 21 10, 22 10, 23 10, 24 9, 25 10, 26, 27 10, 28 10, 29 10, 30 10, 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. Shyam Kumar S/o Sh. Chhoteylal H.No. 18/259, Nome Gali Bapa Nagar Delhi	Safai Karmi		12	BIF 3333-16-00 BIF 3 YTD 9345-00 9152-00 + CA	1842=00	
12.	Sh. Vikas S/o Sh. Niranjan 8/130, A.V. Nagar-I New Delhi.	"		10		1535=00	
13.	Sh. Nitin S/o Sh. Harichand A-197 Block-25 Sec. Kohni - Delhi	"		8		1228=00	
14.	Sh. Rajender S/o Sh. Khem Chand C-22, Paliwal Dham Delhi -	"		6		0921=00	
15.	Smt Pooja W/o Sh. Rakesh Kr. 6/80 Laxmi Nagar Tole Wali Delhi-	"		5		0768=00	
16.	Vacant Post Dhobi	—		—		—	
			Daily Total 3 4 3 5 5 6 7 7 9 9 10 5 9 10 11 11 11 11 5 10 13 13 13 12 14 5 15 14 14 14	258 Days	G. Total	39610=00	
			Initials of person marking the daily attendance				
			Initials of Inspecting Officer				

Net Payable Rs. 39,610-00

Pay Rs. 39,610-00 (Rupees Thirty Nine Thousand Six hundred Ten only)

Accountant (HG) AAO (PH) 11-5-09 AO (PH) M.O.H. Sr. A.O

CANCELLED Payment

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 ... ... Rs. P.

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

All the Signatures & Fully

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

HEALTH DEPARTMENT

Sheet-I

MUSTER ROLL NO. 567 (From 1/4/09. To 30/4/09.)

Circle No. IV. Voucher No. Dated.

In continuation of Muster Roll No. fresh

PART-NOMINAL-ROLL

Accountant (HG), CHIEF MEDICAL OFFICER

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
06.	Sh. MANOJ KR S/o Sh. RAMESH C/o EE/2437 Jahangirpuri Delhi	Sly.	P P P P S P P P P P P S A S P P P P P S P P P P P S P P P P P S P P P P P	21 days		3224=00	
07.	Sh. ROHIT SINGH S/o Sh. SHER SINGH, 6/160 Sec-6 Thirdeia village Delhi	"	P P P P S A S P P P P P P P P P P P P S P P P P P S P P P P P S P P P P P	22		3378=00	
08.	Sh. RAJESH KR S/o SUKHRAM " B-379 Sangam park Ramesh Pratap Bagh Delhi	"	P P P P S P P P P P P P P P P P P P P S P P P P P S P P P P P S P P P P P	19		2917=00	
09.	Smt Guddi W/o Sh. Subhash " 9 Wazeerabad, Pumping Station E/1. Delhi	"	P P P P S P P P P P P P A A S A P P A S P P P P P S P P P P P S P P P P P	13		1996=00	
10.	Smt Asha W/o Sh. SURENDER "	"	P P P P S P P P P P P P P P P P P P P S P P P P P S P P P P P S P P P P P	19		2917=00	
	Daily Total		3 4 3 5 5 6 7 7 9 9 10 5 9 10 10 10 9 9 5 9 10 10 10 9 10 5 10 10 10 10		G. Total		
	Initials of person marking the daily attendance		h h h h s h h h h h h s h h h h h h s h h h h h h h h h s h h h h	Op 217 days		33316=00	
	Initials of Inspecting Officer		s s s s				

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/152/CMO/HQ dt. 2/4/09.

(16) Clarify wages SR, C/B @ 142+4A.

(142) Total sheet=3.

HEALTH DEPARTMENT

MUSTER ROLL NO. 567 (From 1/4/09. To 30/4/09.)

Circle No. IV Voucher No. Dated

In continuation of Muster Roll No. fresh.

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
01.	Sh. Prince S/o Sh. Ranbir B-674, New Seemapuri Delhi—95	Safai Kar.	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	26	131+66% CA	3992=00	Prince
02.	Sh. Mandeep S/o Sh. Suresh 11/154, Nome Plate Bapudham Delhi—	"	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	23.	"	3531=00	Mandeep
03.	Sh. Pawan S/o Sh. Jagdish K-13/203, Mohan Gardan Uttam Nagar Delhi—	"	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	26	"	3992=00	Pawan
04.	Sh. Pradeep S/o Sh. S.P. SHERIA 6/178, Khichripuri Delhi—	"	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	25	"	3838=00	Pradeep
05.	Smt. PUSHPA W/o Sh. Ved Prakash 9/124, Bapudham Nome Plate Chanakyapuri Delhi—	"	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	23	"	3531=00	Pushpa
	Daily Total		3 4 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 4 5 5 5 5 5 5 5 5 5	123 Days	G. Total		
	Initials of person marking the daily attendance				Rs	18884=00	
	Initials of Inspecting Officer		S M S				

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.