

**HEALTH DEPARTMENT**

**MUSTER ROLL NO. 584.**

(From 15/09 To 17/5/09)

Circle No. IX Voucher No. 549 Dated 27/10/09

In continuation of Muster Roll No. 549

**PART-NOMINAL-ROLL**

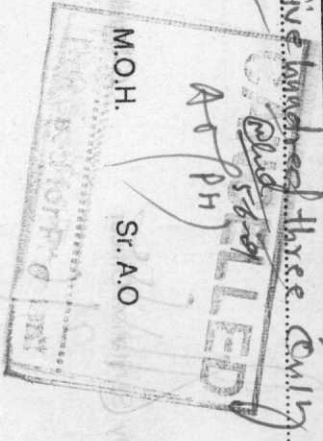
Accountant (HG),

CHIEF MEDICAL OFFICER

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						
29	Sh. Mohenderbhai Usha Ram H.No. 171362 Kalyanpuri Delhi	Mildewyer	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	P	P	P	P
23	Sh. Nilesh Gosh Mukesh H.No 2232 Gali Shankar Bali Sita Ram Bazar.		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	P	P	P	P
24	Sh. Radheep Singh Ramesh H.No 1116 N.D. m Smt Quaker, Rajapur Bazar.		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	P	P	P	
25	Sh. Rahul Singh Rakesh H.No. 165 Balmicit Baski Sita Mandar Mangin Smt Sumita 10 Ram Bazar		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	P	P	P	
26			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	P	P		
		Daily Total																																					

Received on 16/10/09  
 Recd. on 16/10/09  
 Entry No. 1339  
 Serial No. 1339  
 Number Rs. 50503=00  
 Rupees Fifty thousand Five hundred and three only  
 Initials of person marking the daily attendance  
 Initials of Inspecting Officer  
 M.O.H.  
 Sr. A.O.  
 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. ...  
 Rs. ...

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.



# HEALTH DEPARTMENT

**MUSTER ROLL NO.** 584

(From 15/09 To 17/05/09)

Circle No. X Voucher No. 544 Dated .....

In continuation of Muster Roll No. ....

Accountant (HG), S  
CHIEF MEDICAL OFFICER

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
			To .....																																Rs.	P.	Rs.	P.	
17	Sh. Kapil & Kamal. H. No. 612 & 5 Durgas, Mokhalla Farsh Bara Delhi	Shiksha	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	223	1514	34	2310	<i>[Signature]</i>	
18	Sh. Asay Singh Sumarsingh. H. No. 69 Haris Tan Bara Mandisemogly N. Delhi	Shiksha	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	144p	do	2149	3572	<i>[Signature]</i>	
19	Sh. Shambu Singh Bhamwasal Juggi No. C-15 Mand. Kegari Delhi - 93.	Shiksha	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	144p	do	2149	3572	<i>[Signature]</i>	
20	Sh. Dinesh Singh Nizerder. D-7112 Mughalpur Harijan. Bara Bara Delhi.	Shiksha	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	134p	do	1996	3572	<i>[Signature]</i>	
21	Sh. Asay Singh Sorencham. H. No 19278 Bara Dham N. Delhi	Shiksha	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	292	G. Total	44823	3572	<i>[Signature]</i>	

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

# HEALTH DEPARTMENT

Sheet-II

**MUSTER ROLL NO.** 584

(From 15/09 To 17/5/09)

Circle No. 18 Voucher No. 544 Dated .....

**PART-NOMINAL-ROLL**

Accountant (HG)

CHIEF MEDICAL OFFICER

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		
			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						
12	Sh. Raju S/o Rich Pal. H. No 1973 Vill Pilsangi Kotlamubarkapur N. Delhi	SI	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	P	P	P	P
13	Sh. Rakesh S/o Dharam Pal, H. No. 1985 Vill Pilsangi Kotlamubarkapur N. Delhi	SI	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	P	P	P	
14	Sh. Chander S/o Parash Ram H. No 15 Palokea Shw N. Delhi	SI	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	P	P	P	
15	Smt Geeta S/o Shree Bloke No 313 Triole pur N. Delhi-91	SI	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	P	P	P	
16	Sh. Deepak S/o Navesh. H. No 12/11 Krenegali Kotlamubarkapur. N. Delhi	SI	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	P	P	P	
		Daily Total																																223	G. Total	34231			

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.



