

HEALTH DEPARTMENT

MUSTER ROLL NO. 609

609

(From

1/5/09

To

31/5/09

Sheet IV

Circle No. VI Voucher No. 587 Dated 10/6/09

In continuation of Muster Roll No. 569

PART-NOMINAL-ROLL

| S.No. | Name, Father's/Husband's Name & Address grouped according to classes | Designation | Dates From <u>1/5/09</u> To <u>31/5/09</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 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 | | | | | |
| 21 | Sr. Jag Pal 80 Sr. Kalati Romi F/11/296 Mandanpur NEB ad | Inspector | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 26 days | 2984-00 | (Signature) |
| 22 | Sr. Deebak 90 Sr. Sunder Lal F/5/134/209 Meherchand market d/Read | do | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 25 days | 3992-00 | (Signature) |
| 23 | Sr. Jagam 80 Sr. Raj Kishor F/18/267 Babu Dham Chame N. Delhi | do | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 26 days | 3992-00 | (Signature) |
| 24 | Sr. Sachar 40 Sr. Lakham F/8/16/365 T/Par | do | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 26 days | 3992-00 | (Signature) |
| Net Payable Rs 88895-00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 578 days | 88895-00 | | | |

General No. 131111
Pay Rs. 88,895-00
Rupees Eighty Eight Thousand Eight Hundred Ninety Five only
Initials of person marking the daily attendance: (Signature)
Initials of Inspecting Officer: (Signature)
M.O.H. (Signature)
S.A.O. (Signature)
Accountant (HG) (Signature)
CHIEF MEDICAL OFFICER (Signature)
Deduct: Payment made, as per details transferred to Register of Unpaid Wages
Total amount paid (in words) Rupees Eighty Eight Thousand Eight Hundred Ninety Five only Balance Paid

| | |
|-----|----|
| Rs. | P. |
|-----|----|

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. 609

(From 1/5/09 To 31/5/09)

Circle No. VI Voucher No. 569 Dated

In continuation of Muster Roll No.

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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 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 | | | |
| 18 | St. J. Hendergo St. Rattan Lal 129 Village Garoli Kansang Nagar Dohad | also | [Attendance marks: P, O, A, S, etc.] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 26 days | 3989-00 | [Signature] |
| 17 | St. Asoit go. St. Kishan Lal 16/11/18 Tiklak Pani N-07 | also | [Attendance marks: P, O, A, S, etc.] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 26 days | 3989-00 | [Signature] |
| 19 | St. Gure Dev go. St. Dharam Singh Vice-Su. Sunil go. Chatterjee Dohad | also | [Attendance marks: P, O, A, S, etc.] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 26 days | 3989-00 | [Signature] |
| 20 | St. Arun go. St. Vijay Singh No. 23 Dable Story Aki Gang N-07 | also | [Attendance marks: P, O, A, S, etc.] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 25 days | 3836-00 | [Signature] |
| Daily Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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-III

HEALTH DEPARTMENT

MUSTER ROLL NO.

609 (From 1/5/09 To 31/5/09)

Circle No. VI Voucher No. 569 Dated

In continuation of Muster Roll No. 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Rate P. | Amount 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 | | | |
| 11 | Sr. Mani 84 8/08 Sr. Mukesh Smt S. Sanku Sadan | DN/Supvr | [Attendance marks: P, H, S] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 26 days 151.00 | 3989.00 | [Signature] |
| 12 | Sr. Deepak 8/0 Sr. Melander Path H/No 6/76, Ba. B. Sham. A. sec | do- | [Attendance marks: P, H, S] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 25 days | 3838.00 | [Signature] |
| 13 | Smt Pooja H/0 Sr. Sareeth H/No 84 Jadhav mas | do | [Attendance marks: P, H, S] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 25 days | 3838.00 | [Signature] |
| 14 | Sr. Sareeth 8/0 Sr. Nareeth Kavar H/No 84 Sakhur mas. | do | [Attendance marks: P, H, S] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 26 days | 3989.00 | [Signature] |
| 15 | Sr. Puneethkr 8/0 Sr. Shyam Lal H/0 328/13 Bhandar Nagar Sadhakar Debit N.O. | do | [Attendance marks: P, H, S] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 23 days | 3511.00 | [Signature] |
| 15-A | Smt Monika Yomelar Smt H/0 90/Belumbhi Katti 109/1 | do | [Attendance marks: P, H, S] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 25 days | 3531.00 | [Signature] |
| | | Daily Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | G. Total | |

Pay Rs. (Rupees)

Rs.

P.

Grand Total of this Muster Roll

M.O.H.

Sr. A.O.

Accountant (HG)

Grand Total of this Muster Roll ...

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

MUSTER ROLL NO.

Voucher No. VI 569
Dated 09/1/59
To 31/5/59

Sheet-I

Circle No. Voucher No. 569
In continuation of Muster Roll No.

Accountant (HG)

CHIEF MEDICAL OFFICER

| S.No. | Name, Father's/Husband's Name & Address grouped according to classes | Designation | Dates From To | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Daily Total | Initials of person marking the daily attendance | Initials of Inspecting Officer | Pay Rs. (Rupees) | 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 | Mr. Milkesh w/o. St. Hirya Lal. H.N. 10785 No. Bikaner Thakur. Madan Rao | Inspector | 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 days | 3999- | 3999- | 3999- |
| 7 | Mr. Sampay S. S. Raudhir Flat No. - 60 Palki Gauri Sampay Nagar N. 9/1 | Inspector | 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 days | 3529- | 3529- | 3529- |
| 8 | Mr. Ankuht S. St. Shyam Lal 123 Praga Barrow Camp. Arvind Park N. 9/1 | Inspector | 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 days | 3529- | 3529- | 3529- |
| 9 | Mr. Rakesh S. St. Lekhmi 123 Praga Barrow Camp. Jaunty Park N. 9/1 | Inspector | 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 days | 3838- | 3838- | 3838- | |
| 10 | Mr. Sunder S. St. Chandi 123 Praga Barrow Camp. Jaunty Park N. 9/1 | Inspector | 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 days | 3838- | 3838- | 3838- | |
| | | | | | | | | | | | | 5 | | | | 926 | | 34698- | | 34675- | | | | | | | | | | | | | | | | | | | | |

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. |
| | |

Total amount paid (in words) Rupees

Co. No 1 - 21/1521 cmo | Hq P. 21/1/59.

HEALTH DEPARTMENT

(28) 26th April 812, 1/13 @ 1/10+4
(14) 2nd sheet-5

MUSTER ROLL NO.

609 (From 1/5/59 To 31/5/59)

Circle No. VI Voucher No. 569 Dated

In continuation of Muster Roll No.

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 | 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 | | | | | | | | | | | | |
| 1 | St. Shyamkhat 1/9, Bal Kam. | B/Ingenr | 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 days | 151+13 | 3992.00 | (Signature) | | | | | | | |
| 2 | Shri. Hari Kiskam 9/4, Stokanlal | 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 | 26 days | 3989.00 | 3992.00 | (Signature) | | | | | | | |
| 3 | Mr. Sat. Krandrup, Sr. Sarekh | 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 | nil | nil | nil | (Signature) | | | | | | | |
| 4 | Sati Sh. Sr. Baransi Lal | 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 | 26 days | 3989.00 | 3992.00 | (Signature) | | | | | | | |
| 5 | Mr. Mukesh P. Sr. Chikrey Lal | 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 | 26 days | 3989.00 | 3992.00 | (Signature) | | | | | | | |
| | | | Initials of person marking the daily attendance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Total | | | | | | Total | | |
| | | | 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
Rs. P.