HEALTH DEPARTMENT

Sheet-I

MUSTER ROLL NO. 639 (From 1/6/09 To 5/6/09)

Circle No. XI Voucher No. 119/H Dated .....

In continuation of Muster Roll No. 600 13/7/09

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
6	SH. Surya Narayan S/o Purnchand 275 Dakshin Puri N. Delhi	Daily wages S/Sc	P P P P P	05 days	151-00	768-00	
7	SH. Manoj S/o Ram Chander S-332 J.J. Colony Bakarwala N. Delhi	"	P P P P P	05 days	"	768-00	
8	SH. Vijay S/o SH. Ishwar H-1/238 Sultan Puri N. Delhi	"	A A P P P	03 days	"	461-00	
	Smt Lali w/o SH. Raju B-1352 Holambi Kalan N. Delhi		P A P P P	06 days	"	614-00	
	Net payable Rs. 5837-00					5837-00	
	Daily Total		7 8 8 7 8	38 days	G. Total	5777-00	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer						

Received on 8/9/09 Entry in page no 52 Serial No 1428

VERIFIED FOR CASH/CHEQUE PAYMENT

Pay Rs. 5837-00 (Rupees Five thousand eight hundred thirty seven only.)

S.No. 1 to 9 All Thumb and signature Attested and fully Paid

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.

	Rs.	P.
Grand Total of this Muster Roll	5777	-
Deduct-Payment made, as per details transferred to Register of Unpaid Wages		
Total amount paid (in words) Rupees ..... Balance Paid		

O.O. No. D/118/CMO/49 dt 4/3/09.

(09) daily wages 8/11, 4/5 @ 151+CA.
(171) = 2 sheet.

HEALTH DEPARTMENT

MUSTER ROLL NO. 639. (From 1/6/09 To 5/6/09)

Circle No. XI Voucher No. ..... Dated .....

In continuation of Muster Roll No. 600

Accountant (HG). CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

Dates From ..... To .....

S.No.	Name, Father's/Husband's Name & Address grouped accorrding 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
1	Smt Sangeeta w/o Satish 39 Palika Dham N. Delhi	Daily wages s/k	P	P	P	A	A																											03	151 + CA	461	
2	Smt Seema w/o Dara Singh 80 Gaj Tikak Nagar N Delh	"	P	P	P	P	P																											03 days	"	461	Seema
3	SH. Jai Narayan s/o Somdutt 396 Dakshin Puri N. Delhi	"	P	P	P	P	P																											05 Days	"	768	(171+141+140)
4	Smt krishna w/o Prakash D-249 Sultan Puri Delhi	"	P	P	P	P	P																											05 Days	"	768	
5	Smt Savita D/o Ramkishan 157 Girdhar Colony Sahibabad	"	P	P	P	P																												05 Days	"	768	अवि ता
	Daily Total		4	5	5	3	4																											21 Days	G. Total	R3226-00 / 3166-00	
	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.