# HEALTH DEPARTMENT

Sheet-5

## MUSTER ROLL NO. 661 (From 1/6/09 To 30/6/09)

Circle No. VI Voucher No. ..... Dated .....

In continuation of Muster Roll No. 618

Accountant (HG) CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

| S.No. | Name, Father's/Husband's Name & Address grouped acccrding to classes | Designation | Dates From ... To ... (1–31) | Total days | 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 Smt | Seema W/o Sh. Sadhu Lal. R/o H/No 104 N-3 MC Flat Balmiki Basti M/Marg NT | Sweeper | | 24 days | | 84904-00 Rs 84903-00 3685-00 | |
| 27 Smt | Rajkumari W/o Sh. Rahul R/o H/No 10/A/10841 Karol Bagh N Delhi | do | | 25 days | | 3838-00 | |
| 28 Sh | Narender S/o Sh. Feru Ram R/o H/No 2/210/B.A/2 Residential Colony Balabwa N.D. | do | | 24 days | | 3685-00 | |
| | Net Payable Rs 96,111-00 | | | 626 days | | 96111-00 | |
| | | | Daily Total | G. Total | | 96112-00 | |
| | | | Initials of person marking the daily attendance | | | | |
| | | | Initials of Inspecting Officer | | | | |

VERIFIED FOR CASH/CHEQUE PAYMENT
Head Cashier

Pay Rs. 96,111-00 (Rupees Ninety six thousand one hundred & eleven only)

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 ... ... ... ... ... Rs. P.

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

All the Sig RTI, LTI Attendance & Bank Pass

Sheet-9

# HEALTH DEPARTMENT

## MUSTER ROLL NO. 661 (From 1/6/09 To 30/6/09)

Circle No. VI Voucher No. ..... Dated .....

In continuation of Muster Roll No. 618

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 |
|---|---|---|---|---|---|---|---|
| 21, Sh. P/o | Ghanshyam S/o Sh. Ajay Kr 16/485 Tirlok Pari D/S, | Dhaqui Sk. | P P P P P P S P P P P P S P P P P P P S P P P P P S P P P | 26 days | Rs 70931-00 | 3992-00 | |
| 22 Sh. P/o | Rahul S/o Sh. Tilak Raj H/No 3/13 Tirlok Pari D/S | do | P P P P P P S P P P P P S P P P P P P S P P P P P S P P P | 26 days | | 3992-00 | |
| 23, Sh. P/o | Pardeep S/o Sh. Dharam Pal H/No 240/15 Flats Mabarak Pur Basti Model Town Delhi | do | A A A A A A S A A A A A A S A A A A A A S A A A A A A S A A A | 06 days | | 0921-00 | |
| 24 Sh P/o | Selva Rajam S/o Sh Matias Swami 278 DDA Janta Flat T. Pur D/- | do | P P A A A A A A A A A A A A A A A A A A A A A A A A A A A A A | 07 days | | 1075-00 | |
| 25 Smt P/o | Kailash Wati W/o Sh Mangal Sen H No 207, Harijan Basti Mandir Marg N. D/- | do | 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 P P S P P P | 26 days | | 3992-00 | |
| | Daily Total | | S S S S | 553 days | G. Total | ~~84904-00~~ 84903 | |
| | Initials of person marking the daily attendance | | 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 P P S P P P | | | | |
| | 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

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

Sheet-3

# HEALTH DEPARTMENT

## MUSTER ROLL NO. 661 (From 1/6/09 To 30/6/09)

Circle No. VI Voucher No. ..... Dated .....

In continuation of Muster Roll No. 618

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 |
|---|---|---|---|---|---|---|---|
| 16 | Sh. Rajesh S/o Sh. Ramesh R/o F/28 NDMC Flat Balmiki Basti (Mandir Marg) N.Delhi | Sweeper Sk. I | | 23 days | | 3538-00 | |
| 17 | Smt. Vijay W/o Sh. Bikari R/o 3/33 NDMC Flat Baba Dham N.Delhi | do | | 25 days | | 3838-00 | |
| 18 | Smt Kusham W/o Sh. Anil R/o B/243 Sanjay Camp Dakshin Puri N.Delhi | do | | 21 days | | 3224-00 | |
| 19 | Smt Leena W/o Sh. Mahesh Kr R/o H/No 3299 Gali Sewaka Camp P/Ganj N.Delhi-55 | do | | 25 days | | 3838-00 | |
| 20 | Smt Rakhi W/o Sh. Amit R/o H/No 25 Mandir Marg N.Delhi-I | do | | 26 days | | 3992-00 | |
| | | Daily Total | | 462 days | G. Total | 70931-00 | |
| | | 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. |
|---|---|
| | |

Sheet-2

# HEALTH DEPARTMENT

## MUSTER ROLL NO. 661 (From 1/6/09 To 30/6/09)

Circle No. VI Voucher No. ..... Dated .....

In continuation of Muster Roll No. 618

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. of thumb impression of payee and dated initials of paying officer made at the time of payment |
|---|---|---|---|---|---|---|---|
| 11. | Rajesh S/o Sh. Nan Ch<br>R/o 72 Mandir marg (H/Basti<br>N. Delhi | D/Nagar<br>Sk | | 238 Days<br>24 days | | 3685-00 | |
| 12. | Vijay S/o Sh. Dharampal<br>R/o B-35, Indra Nagar<br>Bhati Mines N-31 | do | | 12 days | | 1842-00 | |
| 13 | Rakesh S/o Sh. Hargulal<br>R/o 5/19 Duble Story. P.R. Lane.<br>N.-31.3 | do | | 26 days | | 3992-00 | |
| 14 | Meena W/o Sh. Deepak.<br>R/o 7/9 3rd floor flat<br>Baba Dham N. Delhi | do | | 25 days | | 3838-00 | |
| 15 | Manju W/o Sh. Sureshkar<br>R/o E/104 Baba Dham<br>N. Delhi | do | | 17 days | | 2610-00 | |
| | Daily Total | | | 342 days | G. Total | 52508-00 | |
| | 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. |
|---|---|
| | |

Sheet-I

# HEALTH DEPARTMENT

## MUSTER ROLL NO. 661 (From 1/6/09 To 30/6/09)

Circle No. VI Voucher No. ..... Dated .....

In continuation of Muster Roll No. 618

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 |
|---|---|---|---|---|---|---|---|
| 6. Sh | Deepak S/o Sh. Moti Lal R/o A-15, Palika Kham N.Dl- | D/Nagar Sk | | 24 days | | 13685-00 | |
| 7. Sh | Raju S/o Sh. Ram Parshad R/o 129/Balmiki Basti Mandir marg N.Dl- | do | | 26 days | | 3992-00 | |
| 8. Sh. | Parveen S/o Sh. Beer Singh R/o E/738/Gali No.5, Pappu Colony Sahid Nagar G/Bad (UP) | do | | 21 days | | 3224-00 | |
| 9. Sh. | Rajesh S/o Sh. Radhey Shyam R/o 49/M.S Flat Ali Ganj N.Delhi | do | | 26 days | | 3992-00 | |
| 10. Sh. | Rajesh S/o Sh. Lallan R/o I/81 Block RH-II Seelam Pur Dl- | do | | 18 days | | 2764-00 | |
| | Daily Total | | | 238 days | G. Total | 36541-00 | |
| | 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

O-O No:- D/203/CMO/HQ Dt 18/5/09.

(28) daily wages Sk, L/B @ 151+CA per day.

(145) total sheets = 6

# HEALTH DEPARTMENT

## MUSTER ROLL NO. 661 (From 1/6/09 To 30/6/09)

Circle No. VI Voucher No. ..... Dated .....

In continuation of Muster Roll No. 618

Accountant (HG), CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

| S.No. | Name, Father's/Husband's Name & Address grouped acccrding 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 | Smt Sonu W/o Sh. Ramdan Lal R/o H.No 10785 Jandy Walan Road Ram Nagar N-55 | Sweeper Sk. | 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 P P S P P P P P P S P P P P P P | 26 days | 151-00 + CA | 3992-00 | |
| 2. | Smt Poonam W/o Sh. Amit R/o H.No 148 N DMC Flat Balmiki Basti Mandir Marg N-1 | do | 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 P P S A 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 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 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 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 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 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 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 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 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 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 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 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 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Daily Total

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

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