HEALTH DEPARTMENT

Sheet-IV

MUSTER ROLL NO. 743 From 1/8/09 To 16/8/09

Circle No. IV Voucher No. 79/H Dated .....

In continuation of Muster Roll No. 694 14/9/09

PART-NOMINAL-ROLL

Accountant (HG), CHIEF MEDICAL OFFICER

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
21	Sh. Sanjeev S/o Sh. Ramparsad — do — Add- A-183 Tigri Khampur J.J. Colony New Delhi-		A S A A A A S A A A A A S A A A A S	5 days	— do —	—	760-00 Rupees Sixty only
22	Sh. Vinod Kr S/o Sh. Sukhbir Singh — do — Add- 16 Balmiki Basti Mandir Marg New Delhi —		A S A A A A A S A A A A S	2 days	— do —	—	307-00 Rupees Sixty only
23	Sh. Manesh S/o Sh. Balbir Singh — do — Add- 26 Balmiki Basti Mandir Marg New Delhi —		S A A S	11 days	— do —	—	1689-00 Rupees
24	Smt Veena W/o Sh. Chandu Kr — do — Add- 93 - Balmiki Basti Mandir Marg. New Delhi —		S S	13 days	— do —	—	1996-00 Rupees
25	Smt Sarita W/o Sh. Vinod Kr — do — A-9 Radhi Colony New Delhi —		S S	13 days	— do —	—	1996-00 Rupees
26	Sh. Surinder Kr S/o Sh. — do — Raghubir Add = 41- Mansarover Park Shahdara Delhi-		S S	13 days	— do —	—	1996-00 Rupees
		Daily Total	21 21 20 18 20 22 20 21 22 21 21 19 19	266 days		—	40,841-00
		Initials of person marking the daily attendance					
		Initials of Inspecting Officer					

0719/09 received on 3-9-09 Entry has been made in page No. 56 of Sr. No. 1516. 3.9.09 (H-G) 3-9-09

Net payable Rs 40841-00

Pay Rs. 40,841-00 (Rupees Forty thousand eight hundred forty) only daily

Serial No 1 to 20 22 to 26 Fully Bill Serial No 1 to 20 22 to 26 all fig & Rs attested —

Serial No 21 Sh. Sanjeev S/o Ramparsad Amount Balance Rs 768-00

Grand Total of this Muster Roll ...

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

Rs.	P.

Accountant (HG)

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.

CANCELLED A.O (PH) M.O.H. Sr. A.O

Payment

Sheet-III

HEALTH DEPARTMENT

MUSTER ROLL NO. 743 (From 1/8/09 To 16/8/09)

Circle No. IV Voucher No. Dated

In continuation of Muster Roll No. 694

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
16	Sh- Amit Kr S/o Sh. Amar Singh -do- Add= 2245 II Kadhi Road New Delhi-	Jmr	13 days -do-	—		1996-00 Amit Sgd
17	Sh- Sanney S/o Sh- Ramesh -do- Add- F-45 Balmiki Chand Sadan Mandir Marg New Delhi-		13 days -do-	—		1996-00 Sanney Sgd
18	Sh- Rajesh S/o Sh Omparkash -do- Add- 33 Balmiki Sadan Mandir Marg N. Delhi-		13 days -do-	—		1996-00 Rajesh Sgd
19	Sh- Sumit S/o Sh- Jaiparkash -do- 15/D-5 Krithui Rajdane New Delhi-		10 days -do-	—		1535-00 Paid Sgd
20	Sh- Manak Chand S/o Sh- Hari Chand Add- Kalika Dham New Delhi-	—do-	13 days -do-	—		1996-00 Paid Sgd
	Daily Total		209 days			32089-00
	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-II

HEALTH DEPARTMENT

MUSTER ROLL NO. 743 (From 1/8/09 To 16/8/09)

Circle No. IV Voucher No. Dated

In continuation of Muster Roll No. 694

PART-NOMINAL-ROLL

Accountant (HG),

CHIEF MEDICAL OFFICER

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
11	Sh- Manoj Kr S/o Sh. Khmesh Addr- 107, Balmiki Sedan mandir marg New Delhi-	-do-	$ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $	13 days-do-		—	1996-00 Rec'd Sig after SDS
12	Sh- Sunil Kr S/o Sh- Madanlal Addr- 848 Bapa Nagar New Delhi-	-do-	$ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $	13 days-do-		—	1996-00 Rec'd Sig after SDS
13	Sh- Sandeep S/o Sh. Sumer Singh Addr- 315 Shahabad Jat New Delhi-	-do-	$ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $	13 days-do-		—	1996-00 Rec'd Sig after SDS
14	Sh- ~~Manak~~ Akash S/o Jai Kishan Addr- 5- Manak Bhawan I.T.O New Delhi-	-do-	P P P $ P A A A P A $ P P A A A $	05 days-do-		—	760-00 Rec'd 1B/W 1/2 Sig after SDS
15	Sh- Amit Kr S/o Sh. Vinod Kr Addr- 2/603 Block A2 Resdalment Colony Bhalaswa Delhi-	-do-	A $ A A A A A $ A A A A A $	Nil-do-			
	Daily Total		12 $ 12 12 10 11 12 10 $ 11 13 12 11 11 $	147 total			22,570-00
	Initials of person marking the daily attendance		$ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $				
	Initials of Inspecting Officer		Y Y Y Y				

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.

	Rs.	P.
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

Sheet-I

HEALTH DEPARTMENT

MUSTER ROLL NO. 743 (From 1/8/09 To 16/8/09)

Circle No. IV Voucher No. Dated

In continuation of Muster Roll No. 694.

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 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
6	Smt Saraj W/o Sh. Prem Add- D-15 Lalika Dham New Delhi-09	do-	S S S A S S S S S S S S S	12 days do	—		1842-00 Rcvd Rs attested
7	Smt Asha W/o Sh. Deepak Add- 35/856 Kirlok Puri Delhi-09	do-	S S S S S S S H S	13 days do	—		1996-00 Rcvd 31/9/11 Sig attested
8	Smt Vimla W/o Sh. Ramesh Add- 213. Dhashrath Puri Nasirpur New Delhi-	do-	S S S S S S S S S S S S S	13 days do	—		1996-00 Rcvd 8/9/11 Sig attested
9	Smt Madhu W/o Sh. Jaipal Add- F-585 Raghubir Nagar Rajari Gardan New Delhi-	do-	A S P P P P P P S P P P P P P

OO-No:- D/203/CMO/49 Dt. 18/5/09.

(26) daily wages Sk, 4 BC 15 Tea per day. (174) = 5 sheet

HEALTH DEPARTMENT

MUSTER ROLL NO. 743 (From 1/8/09. To 16/8/09.)

Circle No. TV Voucher No. Dated.

In continuation of Muster Roll No. 694.

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
1	Smt Nirmla W/o Sh. Jagdish Add- 1959. Village. Lilony Katla, Mubarak Pur M. Delhi-	D/wages Sk	13 days	-do-	—	1996-00 Rec'd Sig attested
2	Smt Urmila D/o Sh. Shiri Chand -do- Add- 184 J.J Colony Wazirpur Delhi	-do-	13 days -do-			1996-00 Rec'd Sig attested
3	Sh- Kushalam S/o Shankar Add- F-43 Balmiki Sadan Mandir Marg M. Delhi-1	-do-	13 days -do-	—		1996-00 Rec'd Sig attested
4	Smt Santosh W/o Sh Mukesh -do- Add- 1570 Indra Basti Katla Mubarak Pur M. Delhi-		13 days -do-	—		1996-00 Rec'd Sig attested
5	Sh- Akash S/o Sh- Baipal -do- Add- 38 Mandawali Fazalpur Delhi-92		11 days -do-	—		1689-00 Rec'd Sig attested
	Daily Total		63 days Total			9,673-00
	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.