HEALTH DEPARTMENT

Sheet-4

MUSTER ROLL NO. 748 (From 1/8/09 To 16/8/09)

Circle No. 15 Voucher No. 47/H 11/9/09 Dated

In continuation of Muster Roll No. 699

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 ... (1–31)	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
22	Sh Mohinder S/o Uma Ram H.No 17/362 Kalyan puri Delhi	Sl/wagers S/k		264 Days 11 days	151 Rs + HA	40,533-00 Pace 1689-00	Mohender
23	Sh. Vivek S/o M. Mukesh H.No 2232 Gali Shankar Bali Kali masjid Sita Ram Bazar N.D.	do		13 days	do	Peer 1996-00	विवेक
24	Sh Pardeep S/o Rajender Singh H/166 N.D.M.C Staff Quater Bapu Dham N. Delhi	do		13 days	do	Peer 1996-00	प्रदीप
25	Smt Sunita W/o Ram Chandra	do		NIL	do		
26	Sh. Rahul S/o Rakesh	do		NIL	do		
	Net Payable Rs 46,214-00					Rs 46,214-00	
		Daily Total		301	G. Total	46,214-00	
		Initials of person marking the daily attendance					
		Initials of Inspecting Officer					

Received 04/9/09 on 3-9-09 Entry has been made on page 56 at Sr. No. 1519 Kumar S.O (H.Q.) 4-9-09

VERIFIED FOR CASH/CHEQUE PAYMENT Head Cashier

Pay Rs. 46,214-00 (Rupees Forty six thousand two hundred Fourteen only

2/3

Paid in full S.No 1 to 24 All Sig + LTI + RTI

CANCELLED A.O (H) 24/9/09

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

Total amount paid (in words) Rupees ..... Balance Paid

Sheet-3.

HEALTH DEPARTMENT

MUSTER ROLL NO. 748 (From 1/8/09. To 16/8/09.)

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

In continuation of Muster Roll No. 699.

PART-NOMINAL-ROLL

Accountant (HG), CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped according 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
17	Sh. Kapil S/o Kamal. H. No 6/285 Doongar Mohalla New Delhi	D/wages 8/2	P		P	P	P	P	P	P		P	P	P	P	P	h																	13 dys	2003 151+ C.A	30,707.00 paid 1996.00	कपिल 9.8
18	Sh. Ajay S/o Sh. Surbar Singh H. No 69 Harijan Basti mandir marg N. Delhi	do	P		P	P	P	P	P	P		P	P	P	P	P	h																	13 dys	do	Paid 1996.00	अजय 9.8
19	Sh Shambu S/o Bhamilar Lal Jhuggi No. C-I Nand Nagari Delhi-93.	do	P		P	P	P	P	P	P		P	P	P	P	P	P																	13 dys	do	Paid 1996.00	शंभू 9.8
20	Sh. Dinesh S/o Vijender Singh D 71/2 Mzad pur Harijan Basti Basant Kunj N.D	do	P		P	P	P	P	P	P		P	P	P	P	P	h																	13 dys	do	Paid 1996.00	दिनेश 9.8
21	Sh Ajay Kr S/o Soran Chand H. No. 19/278 Babu Dham N. Delhi-21	do	P		P	P	P	P	P	P		P	A	P	P	P	h																	12 dys	do	Paid 1842.00	Ajay 9.8
	Daily Total																																	264	G. Total	40,533.00	
	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.

	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 2.

HEALTH DEPARTMENT

MUSTER ROLL NO. 748 (From 1/8/09 To 16/8/09)

Circle No. IX Voucher No. ..... Dated .....

In continuation of Muster Roll No. 699

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
12	Sh. Raju S/o Rich Pal. H.No. 1973 Vill Pilanji Kotla Mubarakpur N. Delhi	D/wagess S/k		138 Days 13 dys	151+ C.A	21,188-00 Paid 1996-00	Pitam S/d Attest AE
13	Sh. Rakesh S/o Dharam Pal H.No 1985 Vill Pilanji Kotla Mubarakpur N. Delhi	S/k		13 dys	do	Paid 1996-00	Rakesh S/d Attest AE
14	Sh Chander Parkash S/o Rajendra H.No-f. 15 Pahila Dhan Gulemkt N. Delhi	S/k		13 dys	do	Paid 1996-	Chander Parkash S/d Attest AE
15	Smt Geeta W/o Suresh Block No 31/3 Tri Lok pur N. Delhi – 91	S/k		12 dys	do	Paid 1842-	[illegible] S/d Attest AE
16	Sh. Deepak S/o Naresh. H.No 124/1 Prem Gali Kotla Mubarakpur N. Delhi	S/k		11 dys	do	Paid 1689-00	Deepak S/d Attest AE
	Daily Total			200 Days	G. Total	30,707-00	
	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.

HEALTH DEPARTMENT

Sheet-I

MUSTER ROLL NO. 748 (From 1/8/09 To 16/8/09 .)

Circle No. IX Voucher No. .... Dated ....

In continuation of Muster Roll No. 699.

Accountant (HG), CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped according 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
		D/wages																																65 Days	151	9980	
6	Sh. Vijender S/o Bhagwan H. No. A 223 Jwala puri Samp. Delhi - 86.	S/K	P		P	P	P	P	P	P		P	P	P	P	P	H																	13 days	T.C.A	1996	Vijender Signature Vijender
7	Sh. Vijay S/o Bhamblar Lal. Juggi No C.I Nand Nagari Delhi - 93.	S/K	P		P	P	P	P	P	P		P	P	P	P	P	H																	13 days	do	1996.00	Vijay Signature Vijay
8	Sh. Deepak S/o Sh. Vinod. H. No. 21 Ashoka Road N. Delhi	S/K	P		A	P	P	P	P	P		P	P	P	P	P	H																	12 days	do	1842.00	Deepak Signature Deepak
9	Sh. Parveen S/o Madanlal. H. No. 83 Double Story Rithyi Pur Lane N. Delhi	S/K	P		P	P	P	P	P	P		P	P	P	P	P	H																	13 days	do	1996.00	Parveen Signature Parveen
10	Sh. Shyamlal S/o Ram Singh. H. No. 64 Balmiki Basti Mandir Marg N.D.	S/K	A		P	A	P	P	P	P		P	P	P	P	P	H																	11 days	do	1689.00	Shyamlal Signature Shyamlal
11	Sh. Vickey S/o Amar Singh 10803 Balmiki Colony Sat Nagar Karol Bagh N Delhi	S/K	P		P	A	P	P	P	P		P	P	P	P	A	P/H																	11 days	do	1689.00	Vickey Signature Sh. Vickey
	Daily Total																																	138 Days	G. Total	21,188.00	
	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 .... Balance Paid

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

(26) daily wages S/K, 4/8 @ 151+CA per day

(1+4) = 5.

HEALTH DEPARTMENT

MUSTER ROLL NO. 748 (From 1/8/09 To 16/8/09)

Circle No. IX Voucher No. .... Dated ....

In continuation of Muster Roll No. 699.

Accountant (HG), CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

Dates From .... To ....

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	1	2 (S)	3	4	5	6	7	8	9 (S)	10	11	12	13	14	15	16 (S)	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	Sh Ajay S/o Sh Sukh Dayal. H.No T.181 Old Nangal Rai Vill Delhi Cantt.	D/wages S/K	P		P	P	P	P	P	P		P	P	P	P	P	P/h																	13 days	151+ C.A	Paid 1996/-	Sig. of Ajay
2	Sh. Mukesh S/o Madan Lal. H.No.31 Multi Story Ali Ganj New Delhi	do	P		P	P	P	P	P	P		P	P	P	P	P	P/h																	13 days	do	Paid 1996/-	मुकेश Sig. of Sh. Mukesh
3	Sh. Shammi S/o Premchand. H.No A-319 Minto Road New Delhi	do	P		P	P	P	P	P	P		P	P	P	P	P	P/h																	13 days	do	Paid 1996/-	शम्मी Sig. Shammi
4	Sh. Ravi S/o Om Rishal. H.No. E 15 Palika Dham New Delhi	do	P		P	P	P	P	P	P		P	P	P	P	P	P/h																	13 days	do	Paid 1996/-	Sig. of Sh Ravi
5	Sh. Deepak S/o Maheshker H.No. G.12 Palika Dham New Delhi.	do	P		P	P	P	P	P	P		P	P	P	P	P	P/h																	13 days	do	Paid 1996/-	Sig. of Sh Deepak
	Daily Total		5		5	5	5	5	5	5		5	5	5	5	5	5																	65	G. Total	9980/-	
	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 ... ...

Rs.	P.

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

Total amount paid (in words) Rupees .... Balance Paid