Contd. Sheet – II

HEALTH DEPARTMENT

MUSTER ROLL NO. 3779 (From 12/09/07 To 30/09/07)

Circle No. IV Voucher No. 70/H Dated 15/10/07

In continuation of Muster Roll No. Fresh.

Accountant (HG), 1632 / 11192-00 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	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
09.	Sh. SURESH S/o Sh. ~~MOHAR~~ Jauler SINGH, 177, Machi Village, N.D.	D/W Sk.														P L	P L	S	P L	P L	P L	P L	P L	P L	S	P L	P L	P L	P L	P L	P L	S		14	133.45 +66.00	1905-00	[signature]
10.	Sh. KULDEEP S/o Sh. GULAB SINGH, F.297 Shakurpur, J.J. Colony, New Delhi.	"														P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S		14	"	1905-00	Kuldeep
11	Sh. RAVI KUMAR S/o Sh. SURTEY SINGH, J-65, Madanpur, Dr. Ambedkar Nagar, Delhi.	"														P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S		14	"	1905-00	Ravi
12.	Sh. RAVINDER S/o Sh. Shyamlal, D-1144 Nangloi Delhi.	"																S	P	P	P	P	P	P	S	P	P	P	P	P	P	S		11	"	1497-00	[signature]

L= Leave duty

Pay to staff Rs 2354/- B I Rs Nil

CA Rs 2354/-

	Total	Amount
Daily Total	173 / 172	2354/-
G. Total		23404-00

Initials of person marking the daily attendance

Initials of Inspecting Officer

Pay Rs. 2354/- (Rupees Rs. Twenty three thousand not five hundred forty only)

Recd on 9/X/07 at 2.15 p.m. entry the page no 9 serial no 206
09/X/07
SO(MO)

Accountant (HG)
11-X-07
(M.C. Public Health)
N.D.M.C. Palika Kendra

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.

M.O.H. Sr. A.O.

CANCELLED
Released for payment
(N.K. GOEL)
AO (PH)

VERIFIED FOR CASH/CHEQUE PAYMENT

S No 1 to 12 signed ...

Head Cashier Paid in full

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.

Contd. sheet - I

HEALTH DEPARTMENT

MUSTER ROLL NO. 3779 (From 02/09/07 To 30/09/07)

Circle No. IV Voucher No. ..... Dated .....

In continuation of Muster Roll No. Fresh.

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 Rs. P.	Amount Rs. P.	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
05	Sh. MANOJ S/o Sh. RAMESHWAR G-2 Pelika Dham N.D.	D/W Sk.		~~14~~ 15	133-45 +66-00	~~1905-00~~ 2041	
06	Sh. BRAHAM PRAKASH S/o Sh. KANAHIYA LAL E/1148 Madan Gir New Delhi-110062	"		15	"	2041-00	
07	Smt. SHAKUNTALA W/o Sh. AMAR SINGH Add. 103 Valmiki Sadan Mandir Marg New Delhi-110001	"		15	"	2041-00	शकुन्तला
08	Sh. OMI S/o Sh. NANAK CHAND H.No.-29 M/S Lodhi Road Ali Ganj. N. Delhi-3	"		15	"	2041-00	
				120		16328	
	Daily Total			~~119~~	G. Total	16192-00	
	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.

Sanitation Officer Chief Sanitation Inspector Sanitation Inspector

NO - 854/D/FH/FWA ...

(12) daily wager S/Rs LIB. @ 133.45 ECA.

(1+2) = 03 Sheet Total.

HEALTH DEPARTMENT

MUSTER ROLL NO. 3779 (From 12/09/07 To 30/09/07)

Circle No. IV Voucher No. ..... Dated .....

In continuation of Muster Roll No. Fresh.

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
01	Sh. SONU S/o Sh. RAJESH Add- 16/439 Tilak Puri Delhi - 110091	D/wkg	P P P S P P P P P P S P P P P P P S	15	133.45 +66.00	2041-00	
02	Sh. NARENDER Kr. S/o Sh. RAMPHAL 3223 G/2 Gali No 5 Dharampura Gandhi Nagar Delhi 31	"	P P P S P P P P P P S P P P P P P S	15	"	2041-00	Narender
03.	Sh. PRAVEEN S/o Sh. UADAY SINGH Valmiki Sadan, Mandir Marg N/Delhi	"	P P P S P P P P P P S P P P P P P S	15	"	2041-00	प्रवीन
04.	Sh. RETESH S/o Sh. RAM KISHAN 39, Hanjan Basti N-D	"	P P P S P P P P P P S P P P P P P S	15	"	2041-00	रिटेश
	Daily Total		S S S	60	G. Total	8164-00	
	Initials of person marking the daily attendance		H H H S H H H H H H S H H H H H H S				
	Initials of Inspecting Officer		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

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

Rs.	P.