

HEALTH DEPARTMENT

MUSTER ROLL NO. 3810

Voucher No. **5211**

Dated **7/11/07**

From **1/10/07**

To **31/10/07**

Circle No. **C.M.F. (Med)** Voucher No. **3770**

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From To																															Rate	Amount	Sign, or thumb impression of payee and dated initials of paying officer made at the time of payment
			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			
13	श्री मन्दी कुटीर RZC-21150 फ़ौरम सामय फ़ौरम सामय रिपोर्टर फ़ौरम सामय रिपोर्टर फ़ौरम सामय रिपोर्टर फ़ौरम सामय रिपोर्टर	Daily wages Am.G.	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP
14	श्री मन्दी कुटीर E-400 MCD फ़ौरम सामय रिपोर्टर	दु.	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP
15	श्री मन्दी कुटीर श्री मन्दी कुटीर (UP)	दु.	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP
16	श्री मन्दी कुटीर B-81 फ़ौरम सामय रिपोर्टर	दु.	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP
	G. Total: Rs. 54627	Daily Total																																G. Total	54627	

Pay Rs. **54627** (Rupees) **Five thousand four hundred twenty seven only**

Initials of person marking the daily attendance
A.P.F. - K. N. P.

Initials of Inspecting Officer
G. Tolaw. K. S. Y. 6870

Accountant (HG)
N. K. GOEL

Accountant (HG) **[Signature]**

CHIEF MEDICAL OFFICER **[Signature]**

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.	

CANCELLED

Noted by **N. K. GOEL** AO

Received on **7/11/07** at **4:36 P.M.** Escorted by **[Signature]**

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Certified that the workers mentioned in the muster roll were actually employed by me on NDMC works(s) and they were actually paid on my identification in my presence.

HEALTH DEPARTMENT

3810

(From 1/10/02 To 31/10/02)

Cont. Sheet-II

MUSTER ROLL NO.

Circle No. C.M.F. (Med) Voucher No. 3770 Dated 3/10/02

In continuation of Muster Roll No. PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From..... To.....																															Rate	P	Rs.	P	Rs.	P	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
			Daily Total																																					
			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							
5	श्रीमती सुश्री इशिता देवी H/O 17/381 जिला क पुलिस दिवाली - 110091	Daily Amd.	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	27	133-45 CA.	3669-00	Paid	8/11/02	
6	अशोक कुमार सुशीला सुश्री H/O B-65 New अशोक नगर दिवाली - 110096	-do-	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	27	-do-	3669-00	Paid	8/11/02		
7	सुखदेव सुशी कुमारी सिद्ध जीवा- 42 नगर, पोस्ट विजयपुर औरंगाबाद दिवाली - 110091	-do-	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	27	-do-	3669-00	Paid	8/11/02		
8	श्री सुशी देवी-जीवा H/O 184 दिवाली-पुल दिवाली - 110091	-do-	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	26	-do-	3533-00	Paid	8/11/02		
			G. Total																																	215		29216-00		

Pay Rs. (Rupees) _____

Accountant (HG) _____ M.O.H. _____ Sr. A.O. _____

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

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.

Accountant (HG) _____
CHIEF MEDICAL OFFICER _____

HEALTH DEPARTMENT MUSTER ROLL NO. 3810

Circle No. C.M.I. (M.I.) Voucher No. 3770
Dated 31/10/07
(From 1/10/07 To 31/10/07)

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			
			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							
1	राजेश कुमार सुशीलमदारी 26/457 डिमोस युव दिवाली - 110091	Daily Wagon A.M.S.	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	27	133.44 + CA	3669-00	राजेश कुमार Sign Attendant
2	राजेश कुमार सुशीलमदारी P.O. No. 55 मीठा देवापुर अफ मीठा दिवाली - 110001	do	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	27	3669-00	3669-00	राजेश कुमार Sign Attendant
3	अशोक सुशीलमदारी A-246 डिमोस युव दिवाली - 110001	do	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	27	3669-00	3669-00	अशोक सुशीलमदारी Sign Attendant
4	अशोक सुशीलमदारी A/2187 डिमोस युव दिवाली - 110001	do	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	108	14676-00	14676-00	अशोक सुशीलमदारी Sign Attendant	

Pay Rs. (Rupees)

Initials of person marking the
daily attendance
Initials of Inspecting Officer

M.O.H. Sr. A.O

Grand Total of this Muster Roll ...

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.

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

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

Rs. P.