HEALTH DEPARTMENT

Contd sheet – IV

MUSTER ROLL NO. 3818 (From 1/10/07 To 31/10/07)

Circle No. IV Voucher No. 21/H Dated 6/11/07

In continuation of Muster Roll No. 3759 dt 7/11/07

Accountant (HG) 73379-00 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
22. Paid	Smt Geeta W/o Surinder Kr S/160/19 Jan Vihar Delhi	D/W	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 S P P P	27	133-45 +66-00	3669-00	Paid Attested Paid
23. Paid	" Rani W/o Dalip Kr 140, Mangla Puri Delhi	"	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 S P P P	27	"	3669-00	Attested Paid
24. Paid	Sh. Mithoo S/o Ram del Ali Ganj N.D.	"	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 S P P P	27	"	3669-00	Attested Paid
25 Paid	" Amit S/o Ram Kishan 98, Harijan Basti N.D.	"	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 P	27	"	3669-00	Attested Paid
Contdy A/c Paid	Smt Nirmala W/o Sanjay A-160, Janata Puri Delhi.	"	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 P	27	"	3669-00	Attested
		Daily Total	S S S S	675	G. Total	91724-00	
		Initials of person marking the daily attendance					
		Initials of Inspecting Officer					

Pay to Staff 91724 — Rs 91724

Pay Rs. 91724/- (Rupees Ninety One Thousand Seven Hundred Twenty Four 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.

CANCELLED (V.K. GOEL) AO (PH) Released for Payment

Grand Total of this Muster Roll ... 21/H 6/11/07 ... ...

Sl No 1 To 26 Sigd in LT-I/LT-1

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

Paid in full

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

Rs.	P.

Sanitation Officer — Chief Sanitation Inspector — Sanitation Inspector

Received Rs. 91724/- (Rupees Ninety One Thousand Seven Hundred Twenty Four only) in full and final payment of my wages for the period mentioned above.

Signature of Thumb Impression of Payee

Witness to Signature or Thumb Impression

Paid Rs. 91724/- (Rupees Ninety One Thousand Seven Hundred Twenty Four only)

Paying Officer

Received Rs. 91724/- (Rupees Ninety One Thousand Seven Hundred Twenty Four only) in full and final payment of my wages for the period mentioned above.

Signature of Thumb Impression of Payee

Witness to Signature or Thumb Impression

Paid Rs. 91724/- (Rupees Ninety One Thousand Seven Hundred Twenty Four only)

Paying Officer

Received Rs. 91724/- (Rupees Ninety One Thousand Seven Hundred Twenty Four only) in full and final payment of my wages for the period mentioned above.

Signature of Thumb Impression of Payee

Witness to Signature or Thumb Impression

Paid Rs. 91724/- (Rupees Ninety One Thousand Seven Hundred Twenty Four only)

Paying Officer

Received Rs. 91724/- (Rupees Ninety One Thousand Seven Hundred Twenty Four only) in full and final payment of my wages for the period mentioned above.

Signature of Thumb Impression of Payee

Witness to Signature or Thumb Impression

Paid Rs. 91724/- (Rupees Ninety One Thousand Seven Hundred Twenty Four only)

Paying Officer

Received Rs. 91724/- (Rupees Ninety One Thousand Seven Hundred Twenty Four only) in full and final payment of my wages for the period mentioned above.

Signature of Thumb Impression of Payee

Witness to Signature or Thumb Impression

Paid Rs. 91724/- (Rupees Ninety One Thousand Seven Hundred Twenty Four only)

Paying Officer

HEALTH DEPARTMENT

Contd-sheet -III

MUSTER ROLL NO. 3818 (From 1/10/07 To 31/10/07)

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

In continuation of Muster Roll No. 3759

Accountant (HG), CHIEF MEDICAL OFFICER

56393-00

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
Paid 17.	Sh. Sachine S/o Jagdish E-117, New Ranjit Nagar Delhi	D/W	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	27	133-45 +66-00	3669-00	Attested SUMAR Accept
Paid 18.	Smt Meenu W/o Parveen G-131, V+P.O.-Ram Hala Delhi	"	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	27	"	3669-00	[thumb impression] Attested Accept
Paid 19.	Sh. Arjun S/o Har Lal 514, Ali Ganj N-D.	"	A	A	A	A	A	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	22	"	2990-00	Arjun Singh
Paid 20.	" Anoop S/o Ramesh F-11, Ali Ganj N-D.	"	P	P	P	P	A	P	S	P	P	P	P	P	P	S	P	P	P	P	A	A	S	P	P	P	P	P	P	S	P	P	P	24	"	3261-00	Attested Accept
Paid 21.	" Karan S/o Ram Niwas S/212/191 Neetaji Nagar N-D.	"	P	P	P	P	A	P	S	P	P	P	P	P	P	S	P	P	P	P	P	A	S	P	P	P	P	P	P	S	P	P	P	25	"	3397-00	Attested KARAN Accept
	Daily Total								S							S							S							S				540	G. Total	73379-00	
	Initials of person marking the daily attendance								S							S							S							S							
	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

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

Rs.	P.

HEALTH DEPARTMENT

MUSTER ROLL NO. 3818 (From 1/10/07 To 31/10/07)

Contd-sheet-II

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

In continuation of Muster Roll No. 3759

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
12.	Sh. Rajinder S/o Rirbhu Dayal 74, New Ganesh Nagar Delhi	D/W	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	27	133-45 +66-00	3669-00	Paid Attested Accounts
13.	" Veekarh S/o Rambir T-5441, Baljeet Nagar Delhi	"	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	A	A	S	P	P	P	P	P	P	S	P	P	P	25	"	3397-00	Paid Attested Accounts
14.	Smt Mitlesh W/o Dhir Singh 6177 Bapu Dham N.D.	"	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	27	"	3669-00	Paid Attested Accounts
15.	" Raj Wati W/o Balbir E 4/25 Sultan Puri Delhi	"	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	27	"	3669-00	Paid Attested Accounts
16.	Sh. Sandeep S/o Vinod 11, Hanjan Burts N.D.	"	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	27	"	3669-00	Paid Attested Accounts
	Daily Total								S							S							S							S				415	G. Total	56393-00	
	Initials of person marking the daily attendance								S							S							S							S							
	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

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

Rs.	P.

HEALTH DEPARTMENT

MUSTER ROLL NO. 3818 (From 1/10/07 To 31/10/07)

Contd. Sheet - I

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

In continuation of Muster Roll No. 3759

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
7. Paid	Smt Jyoti W/o Hari om N-615, Sewa Nagar Delhi	D/W	P P P P A P S P P P P P P S P P P A A P S P P P P P P S P P P P	24	133-45 +66-00	3261-00	Jyoti Paid Attested Accounts
8. Paid	Sh Deepak S/o Chamman Lal 7/194 Bopu Dham N.D.	" Deepak	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	27	"	3669-00	Paid Attested Accounts
9. Paid	Smt Seema W/o Rirbhu Dayal 7/254, Popan Kalan Delhi	"	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	27	"	3669-00	Seema Paid Attested Accounts
10. Paid	" Urmila W/o Rajinder H-511, Kali Bari Marg. N.D.	"	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	27	"	3669-00	उर्मिला Paid Attested Accounts
11. Paid	" Seema W/o Subash A-101, Ranjit Nagar Delhi	"	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	24	"	3261-00	सीमा Paid Attested Accounts
	Daily Total		S S S S		G. Total	38320-00	
	Initials of person marking the daily attendance		S S S S	282			
	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

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

Rs.	P.

Sanitation Officer

HEALTH DEPARTMENT

MUSTER ROLL NO. 3818 (From 1/10/07 To 31/10/07)

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

In continuation of Muster Roll No. 3759

Total sheet
Contd. sheet (1+4)
= (5)

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
Paid 1.	Smt Geeta W/o Chamman Lal E-250, Ranjeet Nagar Delhi	D/W	P P P	P P P	P P P	P P P	P P P	P P P	S	P P P	P P P	P P P	P P P	P P P	P P P	S	P P P	P P P	P P P	P P P	P P P	P P P	S	P P P	P P P	P P P	P P P	P P P	S	P P P	P P P	P P P	27	133-45 +66-00	3669-00	गीता Attested Accd
Paid 2.	" Anju W/o Shyam Lal 4072, Ajit Nagar Delhi	"	P P P	P P P	P P P	P P P	P P P	P P P	S	P P P	P P P	P P P	P P P	P P P	P P P	S	P P P	P P P	P P P	P P P	P P P	P P P	S	P P P	P P P	P P P	P P P	P P P	S	P P P	P P P	P P P	27	"	3669-00	अंजु Attested Accd
Paid 3.	Sh. Anil S/o Bhawar Singh 63, V.+P.O - Chowla Delhi	"	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	P/L	P/L	P/L	P/L	A	A	S	A	A	A	A	A	A	S	P/L	P/L	A	18	"	2446-00	आनन्द Attested Accd
Paid 4.	" Banwari S/o Bahu Lal H-141, Tigri Delhi	"	P P P	P P P	P P P	P P P	P P P	P P P	S	P P P	P P P	P P P	P P P	P P P	P P P	S	P P P	P P P	P P P	P P P	P P P	P P P	S	P P P	P P P	P P P	P P P	P P P	S	P P P	P P P	P P P	27	"	3669-00	Banwari Attested Accd
Paid 5.	" Shyam Vir S/o Om Parkash 429, Ali Ganj N Delhi	"	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	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	P/L	P/L	P/L	27	"	3669-00	Chamman Attested Accd
Paid 6.	" Jai Veer S/o Om Parkash 429, Ali Ganj N.D.	"	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	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	P/L	P/L	P/L	27	"	3669-00	~~Banwari~~ Attested Accd
	Daily Total								S							S							S							S				153	G. Total	20791-00	Sutra Accd
	Initials of person marking the daily attendance		L	L	L	L	L	L	S	L	L	L	L	L	L	S	L	L	L	L	L	L	S	L	L	L	L	L	L	S	L	L	L				
	Initials of Inspecting Officer								S							S							S							S							

L = Loom Duty

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.