Note-approved Estimate No-2430/D/PS dt 11/6/07.

HEALTH DEPARTMENT

MUSTER ROLL NO. 3823. (From 1/10/07. To 31/10/07.)

Contd. sheet-V

Circle No. IX Voucher No. 30/H Dated 7/11/07

In continuation of Muster Roll No. 3764

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..... 31. 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
26.	Smt Munni W/o Suresh Kumar Houseno 12/24 Lady Harding Servant Quater NDO Delhi	Dai eligible S.K.	P H P P P

HEALTH DEPARTMENT

Cont. Sheet-IV

MUSTER ROLL NO. 3823 (From 1/10/07 To 31/10/07.)

Circle No. IX Voucher No. Dated.

In continuation of Muster Roll No. 3764

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
21.	Sh. Vikram S/Sh. Surjmal House No DII-216 Dr Ambedkar Nagr New Delh.	Dailywager S.K	P H P P P

HEALTH DEPARTMENT

MUSTER ROLL NO. 3823. (From 1/10/07 To 31/10/07.)

Contd. sheet - III

Circle No. IX Voucher No. Dated.

In continuation of Muster Roll No. 3764

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 15 / 2 / 3 15 / 4 15 / 5 14 / 6 14 / 7 / 8 14 / 9 14 / 10 13 / 11 13 / 12 13 / 13 13 / 14 / 15 12 / 16 14 / 17 14 / 18 14 / 19 14 / 20 14 / 21 / 22 14 / 23 15 / 24 14 / 25 15 / 26 15 / 27 13 / 28 / 29 15 / 30 15 / 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. Manish Kumar S/o Sh. Naresh Head House No 4/1718 Gali No 5 Bhola nath Nagar Shahdara Delhi 32	Daily Wager Sfc	P H 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 days	@	3669 =	Paid 8/10/07 SDS Attest AE
17.	Sh. Rohit Kumar S/o Sh Ramkumar House No B-36 D.D.A Flat Mew Delhi.	-do- Duty on (lorry)	P H 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 days	@	3669 =	Paid 8/10/07 SDS Attest AE
18.	Sh. Deepak S/o Sh. Ramchand House No 4/1834 Rama Block Bhola Nath Nagar Shahdara Delhi 32	-do-	P H 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 days	@	3669 =	Paid 8/10/07 SDS Attest AE
19	Sh. Rakesh S/o Sh. Sant Ram House No M-13 Bhagat Singh Market Mew Delhi 1	-do-	P H P A A A / A A A A A A / A A A A A A / A A A A A A / A A A A A A A	04 days	@	0544 =	Unpaid Amount Rs 544/00
20	Sh. Somveer S/o Sh. Azad Singh House No 128 Harijan Basti Sultan Pur Mew Delhi	-do-	P H P P P P / P A P P P P / P P P P P P / P P P P P P / P P P P P P P	26 days	@	3533 =	Paid 8/10/07 SDS Attest AE
	Daily Total		20 20 19 18 18 / 18 18 17 17 17 17 / 16 18 18 18 18 18 / 18 18 18 19 19 17 / 19 19	490 days	G. Total	5000 =	
	Initials of person marking the daily attendance					66585-00	
	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

Contd sheet - II

MUSTER ROLL NO. 3823 (From 1/10/07 To 31/10/07)

Circle No. IX Voucher No. Dated

In continuation of Muster Roll No. 3764

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 (1/10 2/10 3/10 4/10 5/10 6/10 7/10 8/10 9/9 10/9 11/9 12/8 13/10 14/9 15/9 16/9 17/01 18/9 19/9 20/9 21/9 22/9 23/10 24/10 25/10 26/10 27/8 28/9 29/10 30/10 31/10)	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 Ashish S/o Mahesh Chand C. 33 Balmiki Basti New Delhi.	Daily Wage S.K	P H 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 days	d	3669 =	3912 Paid 818 Attest
12	Sh Deepak S/o Sh Mahabir House No 208/A/1 Sawan Vihar Najf New Delhi	-do-	P H 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 days	d	3669 = Paid	818 Attest
13	Sh. Ashok S/o Sh. Richpal House No 426 Karbala Colony Anand pur Dham New Delhi. 81	-do-	P P P P A P P P A A A P A P P P P P P P P P P P P P P P	22 days	d	2990 Paid 2990	3921 Sig Attested
14	Sh Deepak S/o Sh. Ram Ratan C. 4 Palika Dham New Delh 3	-do- Duty on (lorry)	P H P P P P P P P P P P A P A P P P P P P P P P P P P P	25 days	d	3397 Paid	Doe Pal 818 Attest
15	Sh. Sapan Singh S/o Sh. Raj Singh 92/c Ward II Mahavali New Delhi	-do- duty on (lorry)	P H P P P A A P P P P P A P P P P P P A P P P P P P P P	23 days	d	3125 = Paid	24/01 818 Attest
	Daily Total		15 15 15 14 14 14 14 13 13 13 13 12 14 14 14 14 14 15 14 15 15 13 15 15	379 days	Total	34923	
	Initials of person marking the daily attendance					51501	
	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

Contd. Sheet - I

MUSTER ROLL NO. 3823. (From 1/10/07 To 31/10/07)

Circle No. IX Voucher No. Dated

In continuation of Muster Roll No. 3764

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
6.	Sh. Sandeep S/o Sh. Jagdish House No F-15 Aligarh New Delhi 3	Daily wager S.K (Duty on Lorry)	P H 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 A P P P	26 days	d	3533 = Paid	24/11 S/D Attest SE A/C
7.	Smt Munni W/o Mangal Singh House No 7/443 Khichdi Pur New Delhi 91	-do-	P H 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 days	d	3669 = Paid	RTI Attest SE A/C
8.	Sh. Vijay Kumar S/o Sh. Mam Chand House No F-191 Ali No 7 Molad Band Bader Pur New Delhi 44	-do-	P H 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 days	d	3669 = Paid	24/11 S/D Attest SE A/C
9.	Smt Ramoli W/o Mahendra Kumar House No 10/70 Trilok Puri New Delhi 91	-do-	P H P P P P P P P P P P P P P P P P P P P P P P P P A P P P	26 days	d	3533 = Paid	रेत SD Attest SE A/C
10.	Smt Sarla Devi W/o Ramanand House No 129 Balmiki Basti New Delhi	-do-	P H 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 days	d	3669 = Paid	सरला देवी SD Attest SE A/C
	Daily Total		10 10 10 10 10 10 9 9 9 8 10 9 9 9 9 9 9 9 10 10 10 10 8 10 10 10	255 days	G. Total	18075 - 3465 = 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.

Vide approval Chairman Dtd. - 2130/13 Cr 11/8/07

(28) daily wager 8/13 4/13 C 733 13 ECA.

HEALTH DEPARTMENT

(175) Total Sheet = 6.

MUSTER ROLL NO. 3823 (From 1/10/07 To 31/10/07)

Circle No. IX Voucher No. Dated

In continuation of Muster Roll No. 3764

PART-NOMINAL-ROLL

Accountant (HG), CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped accordng 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 Pushpa Kumari W/o Rakesh House No C-58 New Seema Puri New Delhi 45	Daily wager SK	P P P H P P P