Vide approval Chairman No-2930/D/PS Dt 11/6/07.

HEALTH DEPARTMENT

Contd-sheet-II

MUSTER ROLL NO. 3825 (From 1/10/07 To 31/10/07)

Circle No. XI Voucher No. 34/H Dated 7/11/07

In continuation of Muster Roll No. 3766

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
9	Sh. Ajay S/o Sh. Lakhi Ram	Daily wagers Sweeper Attested	P H P P P A S P P P A P P S P P P P P P P P P S P P P P P S P P P H P S P P P	26 days	133.46 + CA	3533-00	
10	Sh. Ajay S/o Sh. Sumer Singh		H S S S S H S	27 days		3669-00	Attested
12	Sh. Anil S/o Sh. Vijender		A H S S S H S	23 days		3125-00	Attested
12	Sh. Sanjeev Kumar S/o Raj Pal H.N. 64 Sarai Kale Khan 14.0.13	संजीव Attested	P H P P P P S P P P P P S P P P P P P S P P P H P S P P P	27 days		3669-00	
13	Sh. Pram S/o Raj Singh	Prem Attested	P H P P P P S P P P P P S P P P P P P S P P P H P S P P P	27 days		3669-00	
		Daily Total			G. Total	47,017-00	
		Initials of person marking the daily attendance		346			
		Initials of Inspecting Officer					

Received 2/11/07 at 11.55 AM today No pages 242.11 Serial No 241/07 242. 9t 2/11/07 242. SO(HG)

Pay Rs. 47017=00 (Rupees Forty Seven Thousand Seventeen Only)

CANCELLED Released for Payment (K. GOEL) AO (P-II) 6/11/07

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.

VERIFIED FOR CASH/CHEQUE PAYMENT

Note:- The Disbursing official making Payment to above workers must ensure to record the complete addresses of workers at Sl no 9 & 11 & 13 before Payment to them.

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.

Recd payment of Sl No 1 to 13

Recd ₹1

HEALTH DEPARTMENT

(13)

Contd. Sheet-I

MUSTER ROLL NO. 3825 (From 1/10/07 To 31/10/07)

Circle No. XI Voucher No. Dated

In continuation of Muster Roll No. 3766

PART-NOMINAL-ROLL

Accountant (HG)

CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped accrding 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	Sunil Kr Gola Mai Lal H.No-6 Community Block Madras Building Hauzkhas	Dlwap	P P P H P P P P P P P P P S P P P P P P P P P P P P P P H P P S P P P	27 days	13345 +CA	3669	
7	Hari Chand S/o Shri Shiv Lal H.No-VII/514 Madangir N.D	Dl	P P P H P P P P P P P P P S P P P P P P P P P P P P P P H P P S P P P	27 days	11	3669	
8	Sh. Rajandar Kr S/o Shankar H.No-188/D-4 Rast Basant Lane New Delhi.	Dlw	P P P H P P P P P P P P P S P P P P P P P P P P P P P P H P P S P P P	27 days	11	3669	
			Daily Total	216	G. Total	29,352-00	
			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

MUSTER ROLL NO. 3825 (From 1/10/07 To 31/10/07)

Circle No. XI Voucher No. Dated.

In continuation of Muster Roll No. 3766

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
1	Deepak S/o Sh. Motilal A-15 Radhika Dham Gole Market	Wages SG	P P P H P P P P P P P P P H P P P P P P P P P H P P P P P P P P P