Approval No. 354/PS/Chairpa, dt. 23-1-07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3493 (From 26-2-07 To 28-2-07)

(20) Daily wager S.K.P/L.B.S Cont. Sheet No. 4.

Circle No. VII Voucher No. 32/H Dated 11/4/07

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
16	Sh. Ram Kishor S/o Sh. Kishanlal R/o 16/9 Trilok Puri Delhi-91	D/W SK	P P P P P	2	127.40 + CA	260.00	Paid रामकिशोर (16)
17	Sh. Rajiv S/o Sh. Iqbal R/o 9/4148 Gali No 12A Ajit Nagar Gandhi Nagar Delhi	do	P P P P P	2	do	260.00	Paid 21/5/07 (17)
18	Sh. Amit Kumar Tanwar S/o Sh. Surender Kumar Tanwar R/o H No 3 Jang Pura Rd Bhagal New Delhi	do		NIL	do	NIL	(18)
19	Sh. Rakesh Kumar S/o Sh. Ramesh R/o B1 Hanjan Basti Elats Mandir Marg. N. Delhi	do	P P P P P	2	do	260.00	Paid (19)
20	Sh. Aman Kumar S/o Sh. Naresh Kumar R/o B-274 Sangam Park Rana Pratap Bagh Delhi	do	P P P P P	2	do	260.00	Paid Aman (20)
	Payment to staff Rs 4290 B/F Rs Nil						
	Daily Total			33 days	G. Total	4290.00	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer						

VERIFIED FOR CASH/CHEQUE PAYMENT Head Cashier

Pay Rs. 4290 (Rupees Four thousand two hundred Ninety only)

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

(M.C. MISHRA) A.O. (Public Health) N.D.M.C., Palika Kendra

CANCELLED Released for Payment

S. P. TANEJA AO (Public Health) N.D.M.C. Palika Kendra New Delhi

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.

S.No. 1 to 20 R.T. and signature attested

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.

Approval No. 554/PS/Ch..., dt-23-1-07

CP / C.M.

HEALTH DEPARTMENT

MUSTER ROLL NO. 3493

Circle No. VIII .... Voucher No. .... (From 26-2-07 .... To 28-2-07 ....) (20) Twenty: Dailywager D.K.s/L.D.s Cont. sheet No. 3.

Dated ....

In continuation of Muster Roll No. Fresh ....

PART-NOMINAL-ROLL

Accountant (HG) CHIEF MEDICAL OFFICER

Dates From .... To ....

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	1	2	3	4 S	5	6	7	8	9	10	11 S	12	13	14	15	16	17	18 S	19	20	21	22	23	24	25 S	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
10	Smt Savita D/o S/o Gandhi Ram R/o 5, Jangpura Rd Bhogal N. Delhi	D/W S/K																									P	P					2	127.40 + CR	260.00	Paid (10)
11	Sh. Arun S/o Sh. Omvir R/o H.No. 3991 Gali No. 18 Ajit Nagar Gandhinagar Delhi	-do-																									P	P					2	-do-	260.00	Paid (11)
12	Sh. Deepak S/o Sh. Ram Kishan R/o H.No. 9/4149 Gali No. 11A Ajit Nagar Delhi	-do-																									P	P					2	-do-	260.00	Paid दीपक (12)
13	Sh. Mukesh S/o Sh. Ram Bharosey R/o 14/181 NPOL Quarter Raja Dham -do- New Delhi	-do-																									P	P					2	-do-	260.00	मुकेश (13)
14	Sh. Deepak Kumar S/o Sh. Kul Bhushan R/o A-515 IInd Floor Nehru Vihar Delhi	-do-																									P	P					2	-do-	260.00	Paid दीपक (14)
15	Sh. Ram Kumar S/o Sh. Kishan Lal R/o 16/9 Trilok Puri Delhi-91	-do-																									P	P					2	-do-	260.00	Paid रामकुमार (15)

Daily Total .... 25 days G. Total 3250.00

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 ... ...

Rs.	P.

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

Sanitation Officer Chief Sanitation Inspector

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

Approval No. 354/DS/Ch[illegible], dt. 23-1-07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3493 (From 26-2-2007 To 28-2-2007)

(20) Daily wager D.K.S/L.B.S Cont. sheet No. 2.

Circle No. VII 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
6	Smt Radha W/o Sh. Daulat Ram R/o 12/181 NDMC Quater Bapadham	D/W SL		1	127.40 + CA	130-00	[illegible] (6)
7	Smt Asha W/o Sh. Om Prakash R/o C-54/100 Balmiki Basti Indran Express Building N. Delhi	do		1	do	130-00	[illegible] (7)
8	Smt Padma W/o Sh Deepak R/o 93 Harijan Basti Elute Mandir Marg. N. Delhi	do		2	do	260-00	[illegible] (8)
9	Smt Laxmi W/o Sh. Sanjay R/o S-12/143 Indra Gandhi Camp New Delhi	do		1	do	130-00	[illegible] (9)
	Daily Total			13 days	G. Total	1690.00	
	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.

Approval No. 354/PS/Chairperson, dt-23-1-07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3493 (From 26-2-07 To 28-2-07)

(20) Dailywager S.K.S/L.B.
Only Four sheet (1+3=4)

Circle No. VII 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
1	Smt Manni Devi w/o Sh. Ram Kishan R/o 40 ST. Huts Devi Nagar Minto Rd	D/W S/L		2	127.90 + CA	260-00	Recd. (1)
2	Smt Siya w/o Sh. Sat Pal R/o 117A Ganesh Nagar Pandav Nagar E Block Delhi 92	do		2	do	260-00	Recd. (2)
3	Smt Nirmla w/o Sh. ~~Mahender~~ Shiv Dayal R/o 33 Bharon Marg New Delhi	do		2	do	260-00	Recd. (3)
4	Smt Veena w/o Sh. Chand Kumar R/o 93 Balmiki Basti Mandir Marg	do		2	do	260-00	Recd. (4)
5	Smt Bimla w/o Sh. ~~Om Prakash~~ Suresh Kr. R/o 106 Harijan Basti Mandir Marg	do		NIL	do	NIL	(5)
	Daily Total			8 days	G. Total	1040-00	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer						

Recd. today at 3 pm

04/4/07

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4/4/07 3/30 PM

SO(HG)

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.