

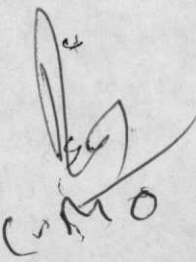
STNO	NAME / FATHER	DESI
0	Smt RANI w/o JAI NARYAN	R.M.R. S/R
1	" RAJBALA w/o SURESH	"
2	" SANTOSH w/o BIR SINGH	"
3	SH. SHANKAR s/o HARI SINGH	"
4	Smt. BIMLA w/o B. MUSDDILAL	"
5	SH. KULDEEP s/o GUR CHARAN	"
6	" Ganga Ram s/o GABDURAM	"
7	" NARESH s/o DORI RAM	"
8	Smt. PUSHPA w/o RAM NIWAS	"
9	SH. SANJAY s/o DEEP CHAND	"
10	" MUKESH s/o OMPARKASH	"
11	" ANIL s/o BIR SINGH	"
12	" SANTEY s/o MADAN LAL	"
13	" ROHTOSH s/o BANWARI	"
14	Smt MADHU w/o RAVINDER	"
15	SH. RAJAN s/o PURAN	"
16	Smt RAJBALA w/o AZAD SINGH	"
17	" SHARDA w/o RAJENDER	"
18	" MONA w/o ASHOK KR	"
19	SH. VIJAY s/o BABU LAL	"
20	" SATBIR s/o BHARAT SINGH	"
21	" RAKESH (RAKESH) s/o VIJAY	"
22	" SAJAY s/o ITWARI	"
23	" HARI RAM s/o PIYARELAL	"
24	" MANOJ s/o OMPARKASH	"

25

→ O.T. BILL

LIST of R.M.R. SIK. C.No. VI Health for the  
Month of March. 2007 List of O.T. Bill

SR NO	NAME / FATHER	DESI
1	Smt RANI w/o JAI NARYAN	R.M.R. SIK.
2	" RAJBALA w/o SURESH	"
3	" SANTOSH w/o BIR SINGH	"
4	SH SHANKAR s/o. HARI SINGH	"
5	SMT. BIMLA w/o B MUSDDILAL	"
6	SH. KULDEEP s/o. GUR CHARAN	"
7	" GANGA RAM s/o. GABDU RAM	"
8	" NARESH s/o. DORI RAM	"
9	SMT. PUSHPA w/o. RAM NIWAS	"
10	SH. SANJAY s/o. DEEP CHAND	"
11	" MUKESH s/o. OMPARKASH	"
12	" ANIL s/o. BIR SINGH	"
13	" SANTEY s/o. MADAN LAL	"
14	" ROHTOSH s/o. BANWARI	"
15	SMT MADHU w/o. RAVINDER	"
16	SH. RAJAN s/o. PURAN	"
17	SMT RAJBALA w/o. AZAD SINGH	"
18	" SHARDA w/o. RAJENDER	"
19	" MONA w/o. ASHOK KR	"
20	SH VIJAY s/o. BABU LAL	"
21	" SATBIR s/o. BHARAT SINGH	"
22	" RAKESH s/o. VIJAY (RAKESH)	"
23	" SAJAY s/o. ITWARI	"
24	" HARI RAM s/o. PIYARE LAL	"
25	" MANOJ s/o. OMPARKASH 5/2/4/07 S.S.	"

  
 C.M.O. A.A.O (H.S.)

# MUSTER ROLL NO.

# HEALTH DEPARTMENT

Circle No. VII Voucher No. 5914 Dated 12/4/07

PART-NOMINAL-ROLL

Accountant (HG), R.M.R. S.K. Choudhary

CHIEF MEDICAL OFFICER

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					
92	Sr. Rakesh. Sto Sr. Vijay Add - Village and Post B. UDHORA Bagh Rath (u)	S.A.	P	P	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	28	127-40	3633.00	Signature and date
93	Sr. Sanjay Sto Sr. Jitbari Add - P. Rane Khan Mukher Noel -	-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	31 days	455.00	455.00 = 3970.00	Signature and date
94	Sr. Hari Ram Sto Sr. Beary Lal. Add - E/56 Safon Sugh. Bagh N. Dele - 3	-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	21 days	455.00	2726.00 = 455.00 = 2681.00	Signature and date
95	Sr. Mangal Sto. Am Lal Singh Add - 21/112 Tital Sari Delhi 9, Staff R. 829412	-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	31 days	455.00	455.00 - 455.00 = 3970.00	Signature and date
	Pay Rs. 840217 (Rupees) Eighty four thousand two hundred and twenty one only	Initials of person marking the daily attendance S.M.S. S.H.O. 840	Grand Total of this Muster Roll ...																															Initials of Inspecting Officer			Signature and date	

Accountant (HG) (Signature)  
M.O.F.  
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.  
St. A.O. (P.H.)  
VERIFIED FOR CASH/CHQ/DEPOSIT PAYMENT

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

# HEALTH DEPARTMENT

**MUSTER ROLL NO.** .....

Circle No. VI - HEALTH Voucher No. ....

Dated .....

(From 1.3.07 To .....

31.3.07 )

In continuation of Muster Roll No. ....

**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.....		Daily Total	Initials of person marking the daily attendance	Initials of Inspecting Officer	Rate	Amount	Sign or thumb impression of payee and dated initials of paying officer made at the Government Hospital
			1	2						
19	2 Smt. Manna w/o Ashok H. 250, Dabhoi, Bar. X-0	R.M.L. Sik	1	2						
20	2 Vijay S. & Babalal H. 38, Mandai, Dhng. X-0		1	2						
21	3 Sobir S. & Bhavatsingh H. 4, 73, Palka, Anandnagar, Nagpur X-0.		1	2						
			Total							
			Rs. P.							
			G. Total							

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

Rs. P.

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.

# HEALTH DEPARTMENT

## MUSTER ROLL NO. R.M.R.S.C. Rmk. No. 18

Circle No. R.M.R.S.C. Voucher No. 18

Dated 1/31/27

(From 1/31/27)

To 31/3/27

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 .....																															Total Wrs.	Rate P.	Amount Rs.	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							
5	Smt. Matha of Ravinder K. 29 K. in Shri Nagar, Akabad, Chowk N.S.	R.M. S.A.	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	30 days	127.40	3888.00	<i>[Signature]</i>	
6	Sh. Rajan & Sh. Anam 219 33. Camp Humayun Road N.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	22 days	45.00	2856.00	<i>[Signature]</i>	
7	Smt. Raj Bahal of Azad Singh 219 33. Camp Humayun Road N.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	25 days	45.00	3246.00	<i>[Signature]</i>	
8	Smt. Sharda of Rajinder 161248 Trika Ravi N.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	21 days	45.00	2726.00	<i>[Signature]</i>	
		Daily Total																																			G. Total		42544.00	<i>[Signature]</i>

Accountant (HG),

CHIEF MEDICAL OFFICER

Pay Rs. .... (Rupees) .....

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

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.

Rs.	P.

# HEALTH DEPARTMENT

**MUSTER ROLL NO.**

(From 1-3-007 To 31/3/07)

Circle No. VI R.M.R.S.K. Voucher No. .... Dated .....

In continuation of Muster Roll No. ....

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 .....																															Daily Total	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					
1	S.S. Mankesh S/O S/O Parbath 11-NO 2 Bhogal Lawang Pura. Bhogal N.D.	R.M.R. Sik	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	23 days	2593.00	45.00 = 2552.00	[Signature]
2	Sh. Anil S/O Bin Singh C-281/Bhaki No 10 NEW Wahnam pur N.D.	PMI Sik	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	23 days	2986.00	45.00 = 2941.00	[Signature]	
3	Santoy w/o Madan Lal E-411 Namd Nayan N.D.	-	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	25 days	3246.00	45.00 = 3201.00	[Signature]	
4	Rahesh S/O Banwar B.I/288/42 Rais hri colony Kandhodi Village N.D.	-	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	29 days	3761.00	45.00 = 3716.00	[Signature]	

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.
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# HEALTH DEPARTMENT

**MUSTER ROLL NO.** VI (From 1/3/57 To 31/3/57)

Circle No. VI Voucher No.                      Dated                     

PART-NOMINAL-ROLL

R. M. A. SK. Chocky

Accountant (HG)

CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From																															Total	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					
①	1 <sup>st</sup> Kam' M. S. Sri Narayanan 14/935 Dakshinam N.D.	K.M.R	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	31 days	127.40 CD	4015.00	[Signature]
②	2 <sup>nd</sup> K. S. Balag M. S. Suresh Q No 68 D/S R. R. lane N.D.	- 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	31 days	4115.00	45.00	[Signature]
③	3 <sup>rd</sup> S. R. Sankesh M/S. Bir Smt 17/481 Tirukrupu N.D.	- 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	NIC	4	3888.00	[Signature]
④	4 <sup>th</sup> A. S. Sankes M/S. Hari Smt 14/115 B. Block Phase II H. N. T Line Halamhikolan	- 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	30 days	4	3888.00	[Signature]
⑤	5 <sup>th</sup> S. S. Sankes M/S. Mas Lakshmi 24 N. D. N. E. P. Lat. P. R. M. K. N. D.	- 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	31 days	4	4015.00	[Signature]
Daily Total																																						
Initials of person marking the daily attendance																																						
Initials of Inspecting Officer																																						
G. Total																																		12				

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

Rs.                      P.                     

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.

②