Section May pl...

over time Sunday/Holiday of the following RMR ...
of C-N XIII/Health Deptt. for the Month of MAR-...

नई दिल्ली नगरपालिका परिषद
न०दि०न०पा०प०
N. D. M. C.

S.No.	Name/Father/Husband	Desi.
1.	Sh. Pradeep s/o Sukey Ram	
2.	" Pawan s/o Bani Singh	
3.	" Adesh s/o Ram Kishan	
4.	" Prem s/o Azad	
5.	" Suresh s/o Mangey Ram	
6.	" Sonu s/o Ratan Lal	
7.	Smt Anita w/o Jai Kishan	
8.	" Shiela w/o Khazan	
9.	Sh. Krisham s/o Sardarey	
10.	" Ramesh s/o Devka Ram	
11.	" Vinod s/o Ram Chander	
12.	Smt Vidhya w/o Karam Chand	
13.	" Angrezi w/o Umed	
14.	Sh. Satish s/o Tokri Lal	
15.	" Vinod s/o Om Prakash	
16.	" Chand s/o Hira Lal	
17.	" Brij Lal s/o Neksa	
18.	Smt Shiela w/o Mohan	
19.	Sh. Jai Kishan s/o Ramji Lal	
20.	" Leelu s/o Shiv Lal	
21.	" Ranjeet s/o Bishnu	
22.	" Dharam Vir s/o Ami Chand	
23.	" Rajendra s/o Dalip	
24.	" Manoj s/o Risal	
25.	" Naresh s/o Palu Ram	
26.	" Sanjay s/o Dharam Chand	
27.	Smt Sudesh Kumari w/o Ashok	
28.	Sh. Jitendra s/o Inder Singh	
29.	" Ram Chander s/o Babu Lal	
30.	Smt Geela w/o Ranjeet	
31.	Smt Sumita w/o Pooran	
32.	" Santosh d/o Khushi Ram	

CMO (MSW)

S.O.

CSI 2/4/07

SI-XIII 2/4/07

ASI-XIII

Henum / C-No XIII

Recovery schedule of B/F of the following Sajaikaram Chari (RMR) C-XIII for the respect of Health Deptt. for the month of MAR-07

No.	Name/Fathers	Desi	Amount
	Sh. Pradeep s/o Sukey Ram	SIK(RMR)	Rs 45.00
	" Pawan s/o Bani Singh	—	Rs 45.00
	" Adesh s/o Ram Kishan	—	Rs 45.00
	" Prem s/o Azad	—	Rs 45.00
	" Suresh s/o Mangey Ram	—	Rs 45.00
	" Sonu s/o Rallan lal	—	Rs 45.00
7.	Smt Anili w/o Jai Kishan	—	Rs 45.00
8.	" Shiela w/o Khazan	—	Rs 45.00
9.	Sh. Krishan s/o Sardarey	—	Rs 45.00
10.	" Ramesh s/o Devka Ram	—	Rs 45.00
11.	" Vinod s/o Ram Chander	—	Rs 45.00
12.	Smt Vidhya w/o Karam Chand	—	Rs 45.00
13.	" Angrezo w/o Umed	—	Rs 45.00
14.	Sh. Salish s/o Sohri Lal	—	Rs 45.00
15.	" Vinod s/o Om Prakash	—	Rs 45.00
16.	" Chand s/o Hira Lal	—	Rs 45.00
17.	" Brij lal s/o Neksa	—	Rs 45.00
18.	Smt Shiela w/o Mohan	—	Rs 45.00
19.	Sh. Jai Kishan s/o Ramji lal	—	Rs 45.00
20.	" Loelu s/o Shiv Lal	—	Rs 45.00
21.	" Ranjeet s/o Bishnu	—	Rs 45.00
22.	" Dharam Vir s/o Ami Chand	—	Rs 45.00
23.	" Rajendra s/o Dalip	—	Rs 45.00
24.	" Manoj s/o Risal	—	Rs 45.00
25.	" Naresh s/o Palu Ram	—	Rs 45.00
26.	" Sanjay s/o Dharam Chand	—	Rs 45.00
27.	Smt Sudesh Kumari w/o Ashok	—	Rs 45.00
28.	Sh. Jitendra s/o Inda Singh	—	Rs 45.00
29.	" Ram Chander s/o Babu Lal	—	Rs 45.00
30.	Smt Geeta w/o Ranjeet	—	Rs 45.00
31.	" Sunita w/o Puran	—	—
32.	" Santosh w/o Khushi Ram		
		G.T.	Rs 1395.00

21/4/07

SI-XIII ASI-XIII

HEALTH DEPARTMENT

MUSTER ROLL NO. ..... (From ..... 1.07 ..... To ..... 31/3/07 .....)

Circle No. ....N.M.... Voucher No. ....3/3.... 63/H ....Dated 13/4/07

In continuation of Muster Roll No. ....R.M.+R. Sub.... 16/4/07

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 ..... (1–31)	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
29	Sh. Ram Chander S/o Sh. Babulal Add.-	R.M.R		29 days	127.40 + CA	3761 — 45.00 = 3716.00	Sig attested
30	Smt Geeta W/o Sh. Ramjeet Add.- 4/12 Dakshin Puri N. Delhi-62	do		28 days	do	3246 — 45.00 = 3201.00	Rti attested
31	Smt Sunita W/o Sh. Laxman Add.	do		31 days	do	4015 — 45.00 = 3970	
32	Smt Santosh D/o Sh. Khushiram Add.	do		Nil	Nil	Nil	
	Daily Total				G. Total	1,22,933.00 — 1395.00 = 1,21,538.00	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer						

Pay Rs. 122933 (Rupees Rs One lacs twenty two thousand nine hundred thirty three only)

Pay to Staff Rs 121538
B/F Rs 1395

Accountant (HG) M.C. MISHRA Sr. A.O (Public Health) N.D.M.C. Palika Kendra

M.O.H. Sr. A.O (PH) Rajesh Kumar Tyagi AO (Public Health) N.D.M.C. Palika Kendra New Delhi

Dy Dir (A)

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. 122933

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

Total amount paid (in words) Rs.

Serial No. 52 Bill all signatures attested

Level 6 Fully Rti

ECR Entry Page 69 to

HEALTH DEPARTMENT

(7)

MUSTER ROLL NO. ..... (From 1/8/07 To 31/8/07)

Circle No. XM Voucher No. ..... Dated .....

In continuation of Muster Roll No. R.M.R. S.K.

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
25	Sh. Naresh S/o Sh. Lalu Ram Delhi.	R.M.K		27 days	127.40 + HA	3506 — 45.00 = 3461.00	96360.00 − 1080.00 = 95280.00 Sig attested
26	Sh. Sanjay S/o Sh. Dharam Chand Delhi. HNo- 98/3 Yusuf Sarai N. Delhi-16	-do-		31 days	-do-	4015 — 45.00 = 3970.00	Sig attested
27	Smt Sudesh w/o Sh. Ashok Delhi HNo-188-B Katwaria Sarai N. Delhi-16	-do-		31 days	-do-	4015 — 45.00 = 3970.00	Sig attested
28	Sh. Jitender S/o Inder Singh Delhi.	-do-		31 days	-do-	4015 — 45.00 = 3970.00	Sig attested
	Daily Total			864	G. Total	1,11911.00 − 1260.00 = 1,10,651.00	
	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.

(6)

HEALTH DEPARTMENT

MUSTER ROLL NO. ..... (From 1/3/07 To 31/3/07)

Circle No. XM Voucher No. ..... Dated .....

In continuation of Muster Roll No. R.M.R. S.R.

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 20, 2 20, 3 20, 4 20, 5 20, 6 20, 7 20, 8 20, 9 20, 10 20, 11 20, 12 20, 13 20, 14 20, 15 20, 16 20, 17 20, 18 20, 19 20, 20 20, 21 20, 22 20, 23 20, 24 20, 25 20, 26 20, 27 20, 28 20, 29 20, 30 20, 31 20)	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. Ramjeet S/o Sh. Bishnu Addl.	R.M.R		31 days	127.40 + HA	4015 —	45.00 = 3970.00
22	Sh. Dharamveer S/o Sh. Amichand — do — Addl. G-332 Dakshin Puri N. Delhi-62 Sec-V Ambedkar Nagar	— do —		31 days	— do —	4015 —	45.00 = 3970.00
23	Sh. Rajender S/o Sh. Dalip — do — Addl. H.No = 971 J.J Colony Madan Pur Khadar Phase-III N. Delhi-76	— do —		31 days	— do —	4015 —	45.00 = 3970.00
24	Sh. Manoj S/o Sh. Rishal — do — Addl. H.No. J-II/64 Madanpuri N. Delhi-62	— do —		31 days	— do —	4015 —	45.00 = 3970.00
			Daily Total 24 24 24 24 24 24 24 24 24 24 24 24 24 24 24 24 24 24 24 24 24 24 24 24 24 24 24 24 24 24 24	744 days	G. Total	96360.00	— 1080.00 = 95280.00
			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. ..... (From 1/8/07 To 31/8/07)

Circle No. Xm Voucher No. ..... Dated .....

In continuation of Muster Roll No. R.M.R. S.K.

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 ..... (1/16 … 31/16)	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
17	Sh. Boylal S/o Sh. Nekka Add	R.M.R		31 days	127.40 HA	4015	64240-00 - 720.00 = 63520.00 45.00 = 3970.00 Recd Sig attested SAO
18	Smt Shilla w/o Moham Add HNo- S-24 Aligamj N. Delhi	-do-		31 days	-do-	4015	45.00 = 3970.00 Recd Sig attested SAO
19	Sh. Jai Kishan S/o Ramjilal Add 6/234 Dakshin Puri N. Delhi-62	-do-		31 days	-do-	4015	45.00 = 3970.00 Recd Sig attested SAO
20	Sh. Lalu S/o Shivlal Add - 17/383 Tilak Puri N. Delhi - 91	-do-		31 days	-do-	4015	45.00 = 3970.00 Recd Sig attested SAO
	Daily Total		20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20	620	G. Total	80300-00 - 900-00 = 79400-00	
	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

(4)

MUSTER ROLL NO. ..... (From 1/3/07 To 31/3/07)

Circle No. (X-777) Voucher No. ..... Dated .....

In continuation of Muster Roll No. R.M.R. 512

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 ..... (1/12 … 31/12)	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
13	Smt. Angrezo w/o Sh. Vmed Addl. 16/270 Dakshin Puri N. Delhi -	R.M.R.		31 days	127.40 + CA	4015	~~48180.00 5,670.00~~ = 47640.00 45.00 = 3970.00 5/7/07 Sig attested
14	Sh. Satish S/o Sh. Johrilal Addl. 17/2nd Tilak Puri N. Delhi - 91	do		31 days	do	4015	~~45.00 = 3970.00~~ 10/11/07 Sig attested
15	Sh. Vinod S/o Sh. Omparkash Addl.	do		31 days	do	4015	45.00 = 3970.00 Sig attested
16	Sh. Chand S/o Sh. Hiralal Addl. F-II/300 Madanpur N. Delhi-62	do		31 days	do	4015	45.00 = 3970.00 Sig attested
	Daily Total		16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16	496 days	G. Total	64240.00 − 720.00 = 63520.00	
	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.

	Rs.	P.
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

(3)

MUSTER ROLL NO. ..... (From 1/3/07 To 31/3/07)

Circle No. DM Voucher No. ..... Dated .....

In continuation of Muster Roll No. R.M.R

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
9	Sh. Krishan S/o Sh. Sardary Add - S-137/23 East Rajouri Nagar - N. Delhi	R.M.R		31 days	127.90 + CA	4015 —	45.00 = 3970.00 — 360.00 = 3120.00 — 31760.00 Rec'd 1174 3 2 Sig attested
10	Sh. Ramesh S/o Sh. Devkaram Add. H. 449 J.J. Camp Tigri N. Delhi-62	do		31 days	do	4015 —	45.00 = 3970.00 Rec'd Sig attested
11	Sh. Vinod S/o Sh. Ram Chander Add - H No - L-204 Dakshin Puri N. Delhi-62	do		31 days	do	4015 —	45.00 = 3970.00 Rec'd 1163 101 Sig attested
12	Smt Vidhya W/o Sh. Karamchand Add - Q-872 Rajdp Vihar N.D - Sector-3	do		31 days	do	4015 —	45.00 = 3970.00 Rec'd 1163 101 Sig attested
	Daily Total		12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12	372 days	G. Total	48180.00	— 540.00 = 47640.00
	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

(2)

MUSTER ROLL NO. ..... (From 1/3/07 To 31/3/07)

Circle No. XIII Voucher No. ..... Dated .....

In continuation of Muster Roll No. R.M.R. S.K.

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
5	Sh. Suresh S/o Sh. Mangayram Adl- WZ-J-86 Uttam Nagar N. Delhi-	R.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	31 days	127.40 + CA	16,060.00 - 180.00 = 15880.00 4015 - 45.00 = 3970.00	Recd Sig attested
6	Sh. Sonu S/o Sh. Ratlam lal Adl- 170, ward No 2. Mahrauli N. Delhi-	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	31 days	do	4015 - 45.00 = 3970.00	Recd Sig attested
7	Smt Anita W/o Sh. Jaikishan Adl- H No-17, Okhla Farm Compost Plant - N. Delhi	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	31 days	do	4015 - 45.00 = 3970.00	Recd Sig attested
8	Smt Sheela W/o Sh. Khazan Adl- K/293, Dakshinpuri N. Delhi-62	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	31 days	do	4015 - 45.00 = 3970.00	Recd Sig attested
	Daily Total		8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	248	G. Total	32120.00 - 360.00 = 31760.00	
	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.

C-XIII

(1)

HEALTH DEPARTMENT

MUSTER ROLL NO. ..... (From 1/3/07 To 31/3/07)

Circle No. XIII Voucher No. ..... Dated .....

In continuation of Muster Roll No. R.M.R. S.K.

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	Sh. Pardeep S/o Sukey Ram Add-	R.M.R S.K	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 day	127.40 +CA	4015-	45-00 = 3970.00 Sig attested SAO
2	Sh. Rawan S/o Ram Singh Add - 56/60 East Maharam Nagar Delhi cantt -	do	P	P	P	H O	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	do	4015-	45-00 = 3970.00 Sig attested SAO
3	Sh. Adesh S/o Ramkishan Add- H-9 MCD Hospital Rajpat Nagar II Block N. Delhi	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	31 days	do	4015-	45.00 = 3970.00 Sig attested SAO
4	Sh. Prem S/o Sh. Azad Add- G-393 Shakurpur J.J Colony - Delhi-34	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	31 days	do	4015-	45.00 = 3970.00 Sig attested SAO
	Daily Total		4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	124 days	G. Total	16,060-00 - 180.00 = 15,880.00	
	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

Rs.	P.