O.O. No. D/921/C.M.O. (HQ), dt. 8.1.07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3516 (From 1-4-07 To ~~30-4-07~~ 22-4-07)

(17) Sailywagar D/O L.R. Cont. sheet No. 4.

Circle No. II Voucher No. 2/5 90/H Dated 14/5/07

In continuation of Muster Roll No. 3473

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
(16)	Ajay S/o Sh. Kishan Maidan Garhi Delhi	D/W	6 11 9 11 12 10 11 6 7 9 10 12 12 10 5 8 11 11 8 9 9 6	203 days	127.40 +CA	26399=00	
				18 days	"	2341=00	Paid 21/5/07 Sd/ Attested
(17)	Mathu S/o Sh. Rajinder Balmiki Sadan Mandir Marg Delhi	"	6 11 9 11 12 10 11 6 7 9 10 12 12 10 5 8 11 11 8 9 9 6	17 days	"	2211=00	Paid. DTI Attested
	Pay to Staff Rs 30951/- B/F Rs Nil SO Rs 30951/-						Daily Wages Salary, Bill. No. 90/H, fully Paid All LTI & RTI & Sd Attested 22/5/07
	Daily Total			=238 days	G. Total	30951=00	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer						

Pay Rs. 30951/- (Rupees Rs Thirty thousand Nine hundred fifty one only)

Accountant (HG) | M.O.H. | Sr. A.O. | Inspector | Grand Total ... Muster Roll ... | 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.

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

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

RAJ SINGH (Compost Plant) N.D.M.C. New Delhi

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

O.O. No. D/981/C.M.O.(HQ), dt- 8.1.07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3516 (From 1-4-07 To ~~30-4-07~~ 22.4.07)

(17) Dailywages S.K/L.B3 Cont- sheet No. 3.

Circle No. II Voucher No. ..... Dated .....

In continuation of Muster Roll No. 3473

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 6, 2 6, 3 6, 4 5, 5 6, 6 6, 7 5, 8 6, 9 4, 10 4, 11 5, 12 6, 13 6, 14 5, 15 5, 16 5, 17 5, 18 6, 19 5, 20 6, 21 5, 22 3)	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	Seema w/o Sh Sunil	Daily wages S/K		16 days	127.40 + C.A	15085 = 00 2081 = 00	Paid 21/5/07 Sij Attested
11	Ajay Prasad S/o Jagdish	" "		13 days	"	1691 = 00	Paid Sij Attested
12	Sonu c/o Sh. Ram Kishan Balmiki Sadan, Mandir Marg, New Delhi	" "		17 days	"	2211 = 00	Paid 21/5 Sij Attested
13	Sajan w/o Sh. Rajesh Balmiki Sadan, Mandir Marg, New Delhi	" "		12 days	"	1560 = 00	Paid 21/5/07 Sij Attested
14	Kusum w/o Hari Kishan Ki	" "		18 days	"	2341 = 00	Paid RTI Attested
15	Babita w/o Sh Ajay Balmiki Sadan, Mandir Marg, New Delhi I	" "		11 days	"	1430 = 00	Paid RTI Sij Attested
	Daily Total		6 11 9 11 12 10 11 6 7 9 10 12 12 10 5 8 11 11 8 9 9 6	203 days G. Total		26399 = 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.

O.O.No. D/921/C.M.O.(HQ), dt. 8.1.07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3516 (From 1-4-07 To ~~30-4-07~~ 22.4.07)

(17) Dailywager S.Ks/L.BS Cond. Sheed No. 2.

Circle No. II Voucher No. ..... Dated .....

In continuation of Muster Roll No. 3473

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
			4	3	3	3	3	4	3	4	1	2	2	3	4	3	3	3	3	3	3	4	4	3										67 days			
(6)	Devinder N.A –	Daily Weger	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A										Nil		8713=00	Nil
(7)	Rakesh S/o Deen Dayal	do	P P P	P P P	P P P	A	P P P	W/R	P P P	P P P	A	P P P	P P P	W/R	P P P	P P		A	A	P P P	A	W/R	A	A										12 day	127 to + OA	1560=00 Paid	Sig Attested
(8)	Parveen S/o Udai Singh 186, Balmiki Sadan. Mandir Marg. New Delhi.	do	P P P	P P P	P P P	P P P	P P P	W/R	P P P	P P P	P P P	P P P	P P P	P P P	W/R	P P P	P P P	P P P	P P P	P P P	P P P	P P P	W/R	P P P										19 day	"	2471=00 Paid	Sig Attested
Weekly Rest-Sunday (9)	Renu c/o Munna Balmiki Sadan Mandir Marg.. New Delhi-	do	P P P	P P P	P P P	P P P	P P P	S	P P P	P P P	P P P	P P P	P P P	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												18 day	"	2341=00 Paid	Sig Attested
	Daily Total		6	6	6	5	6	6	5	6	4	4	5	6	6	5	5	5	5	6	5	6	5	3										116 days	G. Total	15085=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

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

O.O. No. 27/281/C.M.O. (HG), dt. 8.1.07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3516 (From 1-4-07 To ~~30-4-07~~ 22-4-07)

(17) Daily wager S.K./C.III
Only four sheet (1+3=4)

Circle No. II Voucher No. ..... Dated .....

In continuation of Muster Roll No. 3473

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 (Weekly Rest - Monday)	Sunita w/o Such Dev 1, Balmiki Sadan, Mandir Marg, N/Delhi	Daily-wager	P P P