O.O. No. D/901/CMO.(HQ), dt. 2-1-07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3517 (From 1-4-07 To ~~30-4-07~~ 22-4-07) (40) Dailywagers [illegible] / L.B.S Cond. sheet No. 8

Circle No. III Voucher No. 2/5 92/H Dated 14/5/07

In continuation of Muster Roll No. 3474 [illegible] 17/5/07

Accountant (HG). CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

Dates From 26 ... To ...

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates 1–22	23–31	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
					508 days	127-40 +CA	65808=00	
36	Sh. Rajesh S/o Sh. Narayan	D/w SU.	A A A A A A A A A A A A A A A A A A A A A A	Break	NIL		NIL	
37	Sh. Vinod S/o Sh. Kalu Ram	[illegible]	P P P P/R P P P P P P P/R P P P P P P/R P P P	Break	19 days	127-40 +CA	2471=00	Paid [illegible]
38	Sh. Sunny S/o Sh. Chalen Singh	[illegible]	P P/R P P P P P P/R P P P P P P/R P P P P P P	Break	17 days	do	2211=00	Paid
39	Sh. Sanjeev S/o Sh. Rajpal	[illegible]	S P P P P P S P P P P P S P P P P P P S	Break	18 days	do	2341=00	Paid
40	Sh. Hari Kishan S/o Sh. Munshi Ram	[illegible]	P P P P/R P P P P P P/R P P P P P P/R P P P	Break	18 days	do	2341=00	Paid
	Pay to Sheff Rs 75172 [illegible]							
	Daily Total		29		578 days	G. Total	75172=00 only.	
	Initials of person marking the daily attendance							
	Initials of Inspecting Officer							

SAIL 75172

Received on 8/5/07 at 11-15 A.M. Entry No. page no 98 - Serial No 140 dt 8/5/07

80 CHO 8/5/07 11/20 pm

Pay Rs. 75172 (Rupees Rs. Seventy five thousand one hundred seventy two only)

Accountant (HG) [signature] 11/5/07 R... SINGH A.O. (Compost Plant) N.D.M.C. New Delhi

M.O.H.

CANCELLED Sr. A.O (PH) Released for Payment A.O. (Public Health) N.D.M.C. Palika Kendra New Delhi

Grand Total of this 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.

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

All the Sig, RTI, LTI & Fully attested

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

VERIFIED FOR CASH/CHEQUE PAYMENT

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

HEALTH DEPARTMENT

MUSTER ROLL NO. 3517 (From 1-4-07 To ~~30-4-07~~ 22-4-07)

(40) Daily wages Sts/L.Bs Cond- sheet No. 7.

Circle No. III Voucher No. ..... Dated .....

In continuation of Muster Roll No. 3474

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
31	Sh. Surender S/o Lishal Singh R/o Sk 32-4	D/wo	P P P P P A A P P P A A P P A P P A Break	13 days	127-60 +9%	5891 5-00 1691-70	Paid
32	Sh. Hari Singh S/o Sh. Balbir	D/wo	P P P P P A A P P P A A P P A P P A Break	14 days	do	1824-00 Thirty	Paid
33	Sh. Rajender S/o Sh. Kamal Chand	D/wo Sk	P P P A P P A A P P A A A A A A P A Break	8 days	do	1040-00	Paid
34	Sh. Amit S/o Sh. Jai Narayan	D/wo	A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A Break	NIL	NIL		NIL
35	Sh. Ram Kishan S/o Sh. Mata Din ~~Ram Dhan~~	D/wo Sk.	A A P P P P P P P P P P P P A P

Accountant (HG),

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.

M.O.H. Sr. A.O

Daily Total

Initials of person marking the daily attendance

Initials of Inspecting 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

Rs.	P.

O.O. No. D/921/C.M.O.(HQ), dt - 01-1-07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3517 (From 1-4-07 To ~~30-4-07~~ 22-4-07)

(40) Dailywager D.ts/L.BS Contd. sheet No. 6.

Circle No. III Voucher No. ..... Dated .....

In continuation of Muster Roll No. 3474

PART-NOMINAL-ROLL

Accountant (HG) CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped accc rding 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 374 days	Rate Rs. P.	Amount Rs. P.	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
026	Sh. Hemwant S/o Sh. Kamal Dass.	D/water	Breaks	13 days	127-40 +CA	1840=00 1691=00	Paid
27	Sh. Harish S/o Sh. Mahay Pal.	D/water Harish	Breaks	16 days	do	2081=00	Paid
28	Smt. Geeta w/o Sh. Ramcharan	D/o Sh. गीता	Breaks	18 days	do	2341=00	Paid
29	Sh. Rampal S/o Sh. Shri Charan	"	Breaks	13 days	do	1691=00	Paid
30	Sh. Amit S/o Sh. Mahender	" Amit.	Breaks	19 days	do	2471=00	Paid
	Daily Total	23		453 days	G. Total	58915=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/981/C.M.O.(HQ), dt. [illegible]

HEALTH DEPARTMENT

MUSTER ROLL NO. 3517 (From 1-4-07 To ~~30-4-07~~ 22-4-07)

(40) Dailywager S.K.S/L.B.
Cont. Sheet No. 5.

Circle No. III Voucher No. .... Dated ....

In continuation of Muster Roll No. 3474

Accountant (HG), CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped according 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
21	Sh. Suraj S/o Sh. Ramesh	D/wager 24251	P (days 1–22); Break (23–31)	13 days	127-46 +CA	38366=00 / 1691=00	Paid
22	Sh. Amit S/o Sh. Kishori Lal	" अशोक	P (days 1–22); Break (23–31)	9 days	do	1170=00	Paid
23	Smt. Geeta W/o Sh. Mohan	" गीता	P (days 1–22); Break (23–31)	19 days	do	2471=00	Paid
24	Sh. Mahesh S/o Sh. Shiv Charan	" [illegible]	P (days 1–22); Break (23–31)	19 days	do	2471=00	Paid
25	Sh. Jai Kumar S/o Sh. Chander Singh	" [illegible]	P (days 1–22); Break (23–31)	19 days	do	2471=00	Paid
	Daily Total		18	374 days	G. Total	48640=00	P.T.O.
	Initials of person marking the daily attendance		[initials]				
	Initials of Inspecting Officer		[initials]				

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.

Sanitation Officer

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

HEALTH DEPARTMENT

(40) Dailywager D.Ks/L.Bs
Cont. sheet No. 4.

MUSTER ROLL NO. J517 (From 1-4-07 To ~~30-4-07~~ 22-4-07)

Circle No. III Voucher No. Dated

In continuation of Muster Roll No. J474

Accountant (HG). CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	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
18	Sh. Sanjay S/o Sh. Ramesh	D/W cc	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	→									19 days	127-60 each	35895=60 / 2471=00	[signature]
19	Sh. Chirag S/o Sh. Jai prakash	"	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	→									NIL		NIL	
20	Sh. Rakesh S/o Sh. Jugal	"	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	→									NIL		NIL	

Total 276 days

Daily Total	16	295 days	G. Total	38366=00
Initials of person marking the daily attendance	[initials]			
Initials of Inspecting Officer	[initials]			

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

Grand Total of this Muster Roll ... ...

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.

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/981/C.M.O. (HQ), dt- 8.1.07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3517 (From 1-4-07 To ~~30-4-07~~ 22.4.07)

(40) Dailywages 5.Ks/1.50
Cont. sheet No. 3.

Circle No. III Voucher No. ..... Dated .....

In continuation of Muster Roll No. 3474

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
13 Sh.	Rani S/o Sh. Belaram	Sweeper		19 days	127-40	15101=00	
				18 days + CM		2341=00	
14 Sh.	Deepak S/o Sh. Uday Singh	"		18 days	do	2341=00	
15 Smt.	Parveen W/o Sh. Shushil	"		11 days	do	1430=00	
16 Smt.	Shakuntla W/o Deepak	"		18 days	do	2341=00	
17 Smt.	Santosh W/o Sunil	"		18 days	do	2341=00	
			Daily Total	276 days	G. Total	35895=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 .....

O.O. No. D/931/C.M.O. (HQ), dt- 8.1-07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3517 (From 1-4-07 To ~~30-4-07~~ 22-4-07)

Circle No. III Voucher No. ..... Dated .....

In continuation of Muster Roll No. 3474

(40) Vaidyanagar S.Ks/LBS Cond- Sheet No. 2.

Accountant (HG) CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

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	Rajmala W/o Ravinder	DLW Sc	S P P P P P S P P P P P S P P P P P S	18 days	127-40	2364=00	
7	Sumitra W/o Kanhiya	DLW Sc	S P P P P P S P P P P P S P P P P P S	18 days	do	2341=00	
8	Pooja W/o Deepak	DLW Sc	S P P P P P S P P P P P S P P P P P S	18 days	do	2341=00	
9	Sarita W/o Kuldeep	do	S P P P P P S P P P P P S P P P P P S	18 days	do	2341=00	
10	Sooraj W/o Hari kishan	do	S P P P P P S P P P P P S P P P P P S	18 days	do	2341=00	
11	Suman W/o Manoj	do	S P P P P P S P P P P P S P P P P P S	13 days	do	1691=00	
12	Sumit S/o Rajinder	DLW on Lamp	S P P P P P S P P P P P S P P P P P S	18 days	do	2341=00	
	Daily Total		S 11 10 11 11 11 11 S 11 11 11 11 10 11 S 10 10 10 11 11 11 S	193 days	G. Total	25101=00	P.T.O.
	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. D/931/C.M.O.(HQ), dt. 8.1.07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3517 (From 1-4-07 To ~~30-4-07~~ 22.4.07)

(40) Daily wages S.K.S/L.D.S
Only Eight Sheets (1+7=8)

Circle No. III Voucher No. ..... Dated .....

In continuation of Muster Roll No. 3474

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
1	Bhawana Gehlot W/o Sh Jagdish	D/LD	S P P P P P S P P P P P P S P P P P P P S	18 days	127-40 + CA	2341=00	भावना
2	Geeta W/o Chandershekhar	D/LD	S P P P P P S P P P P P P S P P P P P P S	18 days	do	2341=00	गीता
3	Charanjit Singh S/o Madan Lal	D/LD	S A A A A A A A A A A A A A A A A A A A S	NIL	do	NIL	
4	Asha W/o Roshan	D/LD	S P P P P P S P P P P P P S P P P P P P S	18 days	do	2341=00	Asha
5	Jagdish S/o Jai Bhagwan	D/LD	S P P P P P S P P P P P P S P P P P P P S	18 days	do	2341=00	Jagdish
	Daily Total		S 4 4 4 4 4 4 S 4 4 4 4 4 4 S 4 4 4 4 4 4 S	72 days	G. Total	9364=00	P.T.O.
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer						

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

Accountant (HG)

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.

M.O.H. Sr. A.O

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

Sanitation Offi...