C.O. No. 5/9M/C.M.O. (HQ), dt. 8.1.07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3521 (From 1-4-07 To ~~30-4-07~~ 22-4-07)

Circle No. VII Voucher No. 24/M Dated 7/5/07

In continuation of Muster Roll No. 3478

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.	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
48	Smt Dimple W/o Satish Pl. R+T Quarter Eastern Court New Delhi	DPW SK		17	127.40 + CA	2211.00	15 Hindi (48) Sign Attest
49	Sh Amit Raj S/o Rajkumar Pl. E 45 Gali No 10 Pahargunj	do		18	do	2341.00	अमित (49) Sign Attest
50	Smt Mukeshwari W/o Vinod Pl. 57246/Kalyan Puri	do		18	do	2341.00	मुकेश (50) Sim Attest
51	Sh Neeraj S/o Sh Kahar Singh Pl. 79 Sadh Hansdas Flats N. Delhi. TES Hazri	do		18	do	2341.00	नीरज (51) Sim Attest
		Daily Total		866	G. Total	112627 ~~1,13,527-00~~	
		Initials of person marking the daily attendance					
		Initials of Inspecting Officer					

Pay Rs. 112627 (Rupees Rs. One lakh twelve thousand six hundred twenty seven only)

Pay to Staff P. 112627 B/F R. Hd

Sd/- Rs. 112627

Accountant (HG) (M. C. MISHRA) AAO (Public Health) N.D.M.C., Rajka Kendra

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

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.

Sr. No. 1 to 51 K.T. had signature attested and paid am. Fully

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

VERIFIED FOR CASHIER

Road Cashier

SEALED

AO (Public Health) N.D.M.C., Rajka Kendra

O.O. No. D/981/C.M.O.(HQ), dt. 5.1.07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3521 (From 1-4-07 To ~~30-4-07~~ 22-4-07)

Circle No. VII Voucher No. ..... Dated .....

In continuation of Muster Roll No. 3470

(51) Daily wager S.K.S/L-89 Cont. Ward No. 9.

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
44	Sh. Hans Raj S/Sh Chandan Singh Rl. 203 Block E Jahangirpuri	D/W Peon		18	127-40 + CA	2341-00	(44)
45	Sh. Manoj Kumar S/Sh Jagdish Pal Rl. W/146 Lodhi Garden	do		18	do	2341-00	(45)
46	Sh. Vikash S/Sh Vinod Rl. R2 146 East Sagarpur	do		18	do	2341-00	(46) विकास
47.	Smt. Beena W/o Sh. Suresh Rl. C.No. 78 Balmiki Basti Mandir Marg New Delhi	do		17	do	2211-00	(47) बीना
	Daily Total			795	G. Total	1,04,293-00	
	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		

O.O.No.D/931/C.M.O.(HQ), dt. 8.1.07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3591 (From 1-4-07 To ~~30-4-07~~ 22-4-07)

Circle No. VII Voucher No. ..... Dated .....

In continuation of Muster Roll No. 3478

(51) Daily wager S.No/L.No Contd. Sheet No. 8.

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
40	Sh Vinod S/o Sh Ram Pal R/o J-85/273 Lady Harding SK	DW SK		15	127.40 + CA	1951.00	Vinod (40)
41	Sh Vikas S/o Sh Mukesh Kumar R/o G Gandhi Sadan PKR	do		18	do	2341.00	Vikas (41)
42	Sh Arun Kumar S/o Om Prakash R/o 39/4 New Colony Ramdevar Road	do		09	do	1170.00	Arun (42)
43	Smt Meena W/o Sh Vinod Kumar R/o Gufu Dhan Nagar	do		18	do	2341.00	Meena (43)
	Daily Total			724	G. Total	94159 ~~95059.00~~	
	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		

O.O. No. D/981/C.M.O.(HQ), dt. 8-1-07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3521 (From 1-4-07 To ~~30-4-07~~ 28-4-07)

(51) Daily wager D.Ks/L.RS Contd. Sheet No. 7

Circle No. VII Voucher No. ..... Dated .....

In continuation of Muster Roll No. 3478

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
36	Sh Bareen S/o Veerchand R. D-115/152 Madan Gir	D/W SK		13	127-00 + OT	1691-00	प्रवीन 36
37	Smt Bhorkali W/o Harikishan R/o Balmiki Sadan Mehrauli Ny	do		18	do	2341-00	Padi 37
38	Sh Jitender S/o Hafe Singh R/o Nanak Pal Quart Lady Hardinge Hospital	do		06	do	780-00	38
39	~~Smt [illegible]~~ Sh Ravi Kumar S/o Sh Rakesh R/o Aliganj New Delhi	do		16	do	2084-00	Ravi 39
						86356	
	Daily Total			664	G. Total	87256-00	
	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.(HG), dt. 8-1-07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3521 (From 1-4-07 To ~~30-4-07~~ 22-4-07)

(51) Daily wager S.Rs/L.Rs Comd. sheet No. 6.

Circle No. VII Voucher No. ..... Dated .....

In continuation of Muster Roll No. 3478

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
31	Sh. Ajay S/o Sh. Jagdish R/o Alisani Lahiri	DLW & C		18	127.40 CA	2341-00	Ajay (31)
32	Sh. Praveen Kumar S/o Sh. Jagender Singh R/o 1120 Sector 2 Partap Nagar	do		13	do	1691-00	Praveen (32)
33	Sh. Prem Singh S/o Sh. Mohar Singh R/o C.517 Abadkar Vihar	do		18	do	2341-00	Prem Singh (33)
34	Sh. Pradeep S/o Sh. Prem Singh R/o 530 Balmiki Inclave	do		18	do	2341-00	प्रदीप (34)
35	Sh. Vikram S/o Sh. Rohtash Kumar R/o Adi yuvi Lodhi Road	do		18	do	2341-00	विक्रम (35)
			Daily Total	611	G. Total	80,363-00	
			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. 8.1.07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3521 (From 1-4-07 To ~~30-4-07~~ 22.4.07)

(51) Railway Nagar S.K.D/L.B.S Const. Shed No. 5.

Circle No. VII Voucher No. ..... Dated .....

In continuation of Muster Roll No. 3478

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
25	Sh. Naveen Kumar S/o Sh. Vinod R/o 56 Balmiki Basti Mandir Marg			18	127.40 + CA	2341.00	Paid
26	Sh. Brijesh S/o Sh. Than Singh R/o Indira Gandhi Camp Lachhmi Nagar	do		18	do	2341.00	Paid
27	Sh. Ashok Kumar S/o Sh. Lokman Singh R/o 2012-320 Sahid Udam Singh Park Delhi	do		18	do	2341.00	Paid
28	Sh. Sanjay Kumar S/o Sh. Girwar R/o 1021 Tughlaq Road Delhi	do		18	do	2341.00	Paid
29	Sh. Mukesh S/o Sh. Asha Ram R/o C-38 Madhu Vihar New Delhi	do		18	do	2341.00	Paid
30	Sh. Dharmender Kumar S/o Sh. Kanhiya Lal R/o A21 Shakti Park Gulabi Bagh Delhi	do		18	do	2341.00	Paid
	Daily Total			526	G. Total	68,408.00	
	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. 8-1-07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3521 (From 1-4-07 To ~~30-4-07~~ 22-4-07)

(31) Daily wager S.Ks/L.Bs Cond. sheet No. 4.

Circle No. VII Voucher No. ..... Dated .....

In continuation of Muster Roll No. 3478

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
19	Sh. Satish Kumar S/Sh. Bhagwan Das R/o 2334 Gali Khazanchian Sita Ram Bazar	DLW Sh		12	127.40 + CA	1562.00	(19)
20	Sh. Rajeev Kumar S/Sh. Ravinder R/o G-96 Ward No. 2 Mahrauli	do		12	do	1560.00	(20)
21	Sh. Anil Kumar S/Sh. Om Prakash R/o R-2 Gali No. 19 Mani Rd	do		18	do	2341.00	(21)
22	Sh. Sachin Kumar S/Sh. Billu R/o 196 Gulabi Bagh	do		18	do	2341.00	(22)
23	Sh. Manoj Kumar S/Sh. Arjun Singh R/o 298/96 Murlal Road Mandir Lahsa Hospital	do		18	do	2341.00	(23)
24	Sh. Nitin S/Sh. Ashok Kumar R/o 55 East Rajouri Nagar	do		16	do	2081.00	(24)
	Daily Total			418	G. Total	54362.00	
	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		

O.O.No. D/981/C.M.O.(HQ), dt. 8-1-07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3521 (From 1-4-07 To ~~30-4-07~~ 22-4-07)

(51) Daily wager D.K/L.B
Cont. Sheet No. 3.

Circle No. VII Voucher No. ..... Dated .....

In continuation of Muster Roll No. 3478

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	Rate Rs. P.	Amount Rs. P.	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
14	Sh Rajiv S/o Sh Hafe Singh R/o Staff Quarter Lady Hardinge	D/W SK	S							S							S							S										18	127.40 + CA	2341.00	Paid (Rajiv) 14
15	Sh Vikash S/o Sh Hafe Singh R/o Staff Quarter Lady Hardinge	do	S							S							S							S										18	do	2341.00	Paid Vikash 15
16	Smt Poonam W/o Sh Gian Shyam R/o W2 41 Sahid Bhagat Singh Palam New Delhi	do	S							S							S							S										18	do	2341.00	Paid Poonam 16
17	Sh Rakesh S/o Sh Hargu Lal R/o 5-19 Prithviraj Lane	do	S							S							S							S										18	do	2341.00	Paid Rakesh 17
18	Sh Raghi Nandan S/o Sh Karam Singh R/o Mandawali Delhi	do	S							S							S							S										18	do	2341.00	Paid Raghi Nandan 18
	Daily Total		S							S							S							S										324	G. Total	42,138.00	
	Initials of person marking the daily attendance		S							S							S							S													
	Initials of Inspecting Officer		S							S							S							S													

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) Rs.		

O.O.No. D/981/C.M.O.(HQ), dt- 8-1-07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3521 (From 1-4-07 To ~~30-4-07~~ 22.4.07)

(51) Rajlywagor S.K.S/L.B.S Govt. School No. 2.

Circle No. VII Voucher No. ..... Dated .....

In continuation of Muster Roll No. 3478

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
8	Sh. Anil Kumar S/o Sh. Hukemchand R/o 23/304 Trilok Puri Delhi	D/W SK	S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S	18	127.40	2341.00	Paid Anil (8)
9	Sh. Sushil Kumar S/o Sh. Hukemchand R/o 23/304 Trilok Puri Delhi	do	S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S	18	do	2341.00	Paid सुशील कुमार (9)
10	Sh. Laxman Prashad S/o Sh. Mohan Lal R/o M/80 Seelampur	do	S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S	18	do	2341.00	Paid लक्ष्मण प्रसाद (10)
11	Sh. Prem Kumar S/o Sh. Jagdish Prashad R/o ~~M-80 Seelampur~~ 40/180 Lady Hardinge	do	S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S	18	do	2341.00	Paid Prem Kumar (11)
12	Sh. Kuldeep S/o Sh. Khemchand R/o Palika Dham Gral market	do	S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S	18	do	2341.00	Paid Kuldeep (12)
13	Sh. Pawan Kumar S/o Sh. Bijender Pal Singh R/o T-415 Jhahangir Puri	do	S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S	18	do	2341.00	Paid पवन कुमार (13)
	Daily Total		S S S S S S	234	G. Total	30,433.00	
	Initials of person marking the daily attendance		S S S S S S				
	Initials of Inspecting Officer		S S S S S S				

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		

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

HEALTH DEPARTMENT

MUSTER ROLL NO. 3521 (From 1-4-07 To ~~28-4-07~~ 22-4-07)

(51) Shri Jyoraiyer S.Ks/L.Bd Only Ten Sheets (1+9=10)

Circle No. VII Voucher No. ..... Dated .....

In continuation of Muster Roll No. 3478

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 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. Narendra Kumar S/o Sh. Ram Phal R/o Balmiki Basti Shanti Nagar Shahdara	D/W SK	S ✓ ✓ ✓ ✓ ✓ ✓ S ✓ ✓ ✓ ✓ ✓ ✓ S ✓ ✓ ✓ ✓ ✓ ✓ S ← →	18	12740 + CA	2341-00	(1)
2	Sh. Sandesh Kumar S/o Sh. Jai Kishan R/o D-15/241 Madan Giri	do	S ✓ ✓ ✓ ✓ ✓ ✓ S ✓ ✓ ✓ ✓ ✓ ✓ S ✓ ✓ ✓ ✓ ✓ ✓ S ← →	18	do	2341-00	Sandesh (2)
3	Sh. Ajay Kumar S/o Sh. Ram Kishan R/o D-15/241 Madan Giri	do	S ✓ ✓ ✓ ✓ ✓ ✓ S ✓ ✓ ✓ ✓ ✓ ✓ S ✓ ✓ ✓ ✓ ✓ ✓ S ← →	18	do	2341-00	Ajay (3)
4	Sh. Layak Ram S/o Sh. Babulal R/o D-21 Sewanagar Sri Niwas Puri	do	S ✓ ✓ ✓ ✓ ✓ ✓ S ✓ ✓ ✓ ✓ ✓ ✓ S ✓ ✓ ✓ ✓ ✓ ✓ S ← →	18	do	2341-00	(4)
5	Sh. Vijay Pal S/o Sh. Suraj Bhan R/o 178/D-15 Madanagiri Delhi	do	S ✓ ✓ ✓ ✓ ✓ ✓ S ✓ ✓ ✓ ✓ ✓ ✓ S ✓ ✓ ✓ ✓ ✓ ✓ S ← →	18	do	2341-00	(5)
6	Smt. Poonam W/o Sh. Ravi Raj R/o D-15/241 Madan Giri	do	S ✓ ✓ ✓ ✓ ✓ ✓ S ✓ ✓ ✓ ✓ ✓ ✓ S ✓ ✓ ✓ ✓ ✓ ✓ S ← →	18	do	2341-00	Poonam (6)
7	Sh. Mahesh Kumar S/o Sh. Baljor Singh R/o 1540 Jamia Faluk near Magazine Shahdara Delhi	do	S ✓ ✓ ✓ ✓ ✓ ✓ S ✓ ✓ ✓ ✓ ✓ ✓ S ✓ ✓ ✓ ✓ ✓ ✓ S ← →	18	do	2341-00	Mahesh (7)
	Daily Total		S S S S ← →	126	G. Total	16387-00	
	Initials of person marking the daily attendance		S S S S ← →				
	Initials of Inspecting Officer		S S S S ← →				

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.