Approval No. 1701/PS/Chairperson, dt. 16.4.07

# HEALTH DEPARTMENT

## MUSTER ROLL NO. 3568 (From 25-4-07 To 30-4-07) (26) Dailywager S.I.(?)/L.B.(?) Contd. sheet No. 5

Circle No. IV Voucher No. 178/H Dated 29/5/07

In continuation of Muster Roll No. Fresh 11/6/07

Accountant (HG). 4.1 — 11180-00 — CHIEF MEDICAL OFFICER

**PART-NOMINAL-ROLL**

Dates From.................. To..................

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 22. | Sh Vikesh S/o Dhan Singh. 101. Harijan Basti. | D/W | | | | | | | | | | | | | | | | | | | | | | | | | P P P | P P P | P P P | P P P | (3) | P P | – | 5 | 127.40 +66.00 | 650-00 | |
| 23. | Sh. Ashish S/o Laxman. 8/3 D.D.A. Phase Ganj. | 11 | | | | | | | | | | | | | | | | | | | | | | | | | P P P | P P P | P P P | P P P | (3) | P P | – | 5 | 11 | 650-00 | |
| 24. | Sh. Manajka S/o Raveher. B.12 Palika Dham. | 11 | | | | | | | | | | | | | | | | | | | | | | | | | P P P | P P P | P P P | P P P | (3) | P P | – | 5 | 11 | 650-00 | |
| 25. | Bimla w/o Sander Lal. B.2 Madan Gir. | 11 | | | | | | | | | | | | | | | | | | | | | | | | | P P P | P P P | P P P | P P P | P P P | P P | – | 5 / 6 | 11 | 650-00 / 780 | |
| 26 | Smt Laxmin w/o Ramesh. G.35 Harijan Basti. | 11 | | | | | | | | | | | | | | | | | | | | | | | | | P P P | P P P | P P P | P P P | (3) | P P | – | 5 | 11 | 650-00 | |
| | Daily Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 5 | | | 111 | G. Total | 14430-00 | |
| | Initials of person marking the daily attendance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 5 | | | 112 | | 14560 | |
| | Initials of Inspecting Officer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 5 | | | | | | |

C-IV 14430 Pay to Staff Rs. B/B Rs. Nil SA Rs. 14430

Pay to Staff Rs. 14560, B/B Rs. Nil, SA Rs. 14560

Pay Rs. ~~14430~~ (Rupees ~~Rs. Fourteen thousand four hundred thirty only~~)

14560 — Rs. Fourteen thousand five hundred sixty only

Entered page No. 99 S.No. 161 24/5/07

SO (HQ) 24/5/07 3/15 PM

C-I-C-IV Recd. 3.15 PM on 3.10 PM

Certified by ADPHO(?) 5.5.07(?)

ADPH

Accountant (HG) 25/5/07 M.O.H. Sr. A.O (P.H.) 28/5/07

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 ... S No 1 To 26 signs 1 P.T.I. / L.T.I. attested ...

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

Paid in full

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

| Rs. | P. |
|---|---|
| | |

CANCELLED

AAO (Public Health) N.D.M.C. Palika Kendra

CERTIFIED FOR CASH/CHEQUE PAYMENT

Released for Payment New Delhi

Approval No. 1701/PS/Chairperson, dt. 16.4.07

# HEALTH DEPARTMENT

## MUSTER ROLL NO. 3568 (From 25-4-07 To 30-4-07) (26) Daily wages S.K/L.B. Cont. sheet No. 4.

Circle No. IV Voucher No. ........ Dated ........

In continuation of Muster Roll No. Fresh

PART-NOMINAL-ROLL

Accountant (HG), 8190-00 CHIEF MEDICAL OFFICER

| S.No. | Name, Father's/Husband's Name & Address grouped according to classes | Designation | Dates From ... To ... 1–23 | 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 17. | Sh. Vinod S/o Sunder Lal 35/35 Jugge, Sultanpuri | D/W | → |  | P | P | P | [illegible] | [illegible] | P | – | 4 | 127.40 / 166-00 | 520-00 | Vinod [initials] |
| 18. | Smt. Deepmala w/o Ashok 202, Harijan Basti | " | → |  | P | P | P | P | S | P | – | 5 | " | 650-00 | Deep Mala [initials] |
| 19. | " Laxmi w/o Ram Babu 18/329 Kalyan Puri | " | → |  | P | P | P | P | S | P | – | 5 | " | 650-00 | [thumb impression] [initials] |
| 20. | " Amit S/o Om Parkash B.806 Inder Puri | " | → |  | P | P | P | P | S | P | – | 5 | " | 650-00 | Amit [initials] |
| 21. | Sh. Veer Singh S/o Jaggu 21/48 Tirlok Puri | " | → |  | P | P | [illegible] | P | S | P | – | 4 | " | 520-00 | [thumb impression] [initials] |
| | Daily Total | | → | | | | | | S | | – | 86 | G. Total | 11180 ([illegible] struck out) -00 | |
| | Initials of person marking the daily attendance | | → | | [initials] | [initials] | [initials] | [initials] | S | [initials] | – | | | | |
| | Initials of Inspecting Officer | | → | | | | | | 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 ... ... ... ... ...

| Rs. | P. |
|---|---|
| | |

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

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

Approval No. 1701/PO/Chairperson, dt. 16.4.07

# HEALTH DEPARTMENT

## MUSTER ROLL NO. 3568 (From 25-4-07 To 30-4-07)

(26) Dailywager S.Ks/L.Bs Cont. Sheet No. 3.

Circle No. IV Voucher No. ..... Dated .....

In continuation of Muster Roll No. Fresh

PART-NOMINAL-ROLL

Accountant (HG) 5460-00 CHIEF MEDICAL OFFICER

| S.No. | Name, Father's/Husband's Name & Address grouped according to classes | Designation | Dates From ... To ... | 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 |
|---|---|---|---|---|---|---|---|
| 12. | Sh. Sunder S/o Lal Singh G.9 Palika Dham | D/W | P P P P P | 3 | 127-40 +66-00 | 390-00 | |
| 13. | Sh. Inderjet S/o Parkash G.11 Palika Dham | 11 | P P P P P | 5 | 11 | 650-00 | |
| 14. | Sh. Babblu S/o Vir Sh. Sunil S/o Ompaikali | 11 | P P P P P | 5 | 11 | 650-00 | |
| 15. | Raj Kumar S/o Puran F.11 Palika Dham | 11 | P P P P P | 5 | 11 | 650-00 | |
| 16. | " Anil S/o Gulab Singh A-89 Naughri | 11 | P P P P P | 3 | 11 | 390-00 | |
| | Daily Total | | | 63 | G. Total | 8190-00 | |
| | 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. |
|---|---|
| | |

Approval No. 1701/PS/Chairperson, dt - 16-4-07

# HEALTH DEPARTMENT

## MUSTER ROLL NO. 3568 (From 25-4-07 To 30-4-07)

(26) Dailywager S.No/L.BS Contd-sheet No. 2.

Circle No. IV Voucher No. ..... Dated .....

In continuation of Muster Roll No. Fresh

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 ... | 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. | Rukimani w/o Budh Ram 2556/EE Jhangir Puri | D/W | | 5 | 127.40 +66-00 | 650-00 | |
| 7. | Sonjay S/o Ram Kirhan | " | | 2 | " | 260-00 | |
| 8. | Sh Vijay S/o Daya Ram. 306 Jyonti Village. | " | | 4 | " | 520-00 | |
| 9. | Sh Rajesh S/o Suk Lal F 268 Modan Gir. | " | | 5 | " | 650-00 | |
| 10 | Sh Yogesh S/o Jaggie. 341 Harijan Basti. | " | | 2 | " | 260-00 | |
| 11. | Sh. Shyam Sunder S/o Babu Lal. C.37/93 Kali Bari | " | | 3 | " | 390-00 | |
| | Daily Total | | | 42 | G. Total | 5460-00 | |
| | 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. |
|---|---|
| | |

Approval No. 1701/PS/Chairperson, dt:- 18.4.07

# HEALTH DEPARTMENT

## MUSTER ROLL NO. 3568 (From 25-4-07 To 30-4-07) 26 Dailywager S.K.J/L.83 Only five sheets (1+4=5)

Circle No. IV Voucher No. ........ Dated ........

In continuation of Muster Roll No. Fresh

**PART-NOMINAL-ROLL**

Accountant (HG). CHIEF MEDICAL OFFICER

| 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. | Rate P. | Amount Rs. | Amount P. | Sign. of thumb impression of payee and dated initials of paying officer made at the time of payment |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. | Smt Sheela w/o Yag Raj G.203 Dukshir Puri. | D/W | | | | | | | | | | | | | | | | | | | | | | | | | P P P | P P P | P P P | P P P | B | P P P | – | 5 | 127.40 +66-00 | | 650-00 | | [thumb impression] [initials] |
| 2. | Smt Rajjo w/o Kanwal Singh 137 Lady Hardrig. | 11 | | | | | | | | | | | | | | | | | | | | | | | | | P P P | P P | [illegible] | [illegible] | [illegible] | [illegible] | | 2 | 11 | | 260-00 | | [thumb impression] [initials] |
| 3. | Sh Gulrhan S/o Banwari, J 263 Magal Puri. | 11 | | | | | | | | | | | | | | | | | | | | | | | | | P L | P L | P L | P L | B | P L | – | 5 | 11 | | 650-00 | | [thumb impression] [initials] |
| 4. | Sh. Jatenter S/o Lekhmichand 503 Paudera Rd Shadhar | 11 | | | | | | | | | | | | | | | | | | | | | | | | | P L | P L | P L | P L | B | [illegible] | – | 4 | 11 | | 520-00 | | [thumb impression] [initials] |
| 5. | Smt Kartar w/o Madan Lal 17/26 Tirlok Puri | 11 | | | | | | | | | | | | | | | | | | | | | | | | | P P P | P P P | P P P | P P P | B | P P P | – | 5 | 11 | | 650-00 | | [thumb impression] [initials] |
| | Daily Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | S | – | | 21 | G. Total | | 2730-00 | | |
| | Initials of person marking the daily attendance | | | | | | | | | | | | | | | | | | | | | | | | | | [initials] | [initials] | [initials] | [initials] | S | [initials] | – | | | | | | |
| | Initials of Inspecting Officer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 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. |
|---|---|
| | |