

Approval No. 17-01/PS/Chairperson, dt. 16-4-07

# HEALTH DEPARTMENT

**MUSTER ROLL NO. 3524**

(From 25-4-07 To 30-4-07)

SKG/L.BB  
Cand. No. 51

Circle No. X Voucher No. 13514 Dated 22/5/07

**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	Amount	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment	
			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					
24.	Sh Sunny S. Sh Baddi Raw. Double Storey 2556 - Thangar Pari N.D.	S.K																																	127.40	Rs. 650	Rs. 11570.00	[Signature]
25	Sm. Manju Kumari, Kishkailaf D. 29 East Kidwar Nagar N.D.																																		5 days	Do.	Rs. 650.00	[Signature]
26	Sm. Manoj Sh. Badkshau D/29 East Kidwar Nagar N.D.																																		5 days	Do.	Rs. 650.00	[Signature]
	Sh Sunil (w. Sh. St. Rami																																	5 days	Do.	Rs. 650.00	[Signature]	
	Sh Suresh Sh. Sh. Narana Ram 5-66/19 Jai Vihar Colony Day Pal - Nagar KD-14																																	5 days	Do.	Rs. 650.00	[Signature]	
	Pay Fest Staffs 14820 P.P.N. N.D.																																	114 days	G. Total	Rs. 14820.00	[Signature]	

Accountant (HG) M. C. MISHRA  
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.

**CANCELLED**  
S.P. TAWEJA  
AO (Public Health)  
NDMC, Panna Kendra  
New Delhi

Grand Total of this Muster Roll ...  
Deduct-Payment made, as per details transferred to Register of Unpaid Wages ...  
Total amount paid (in words) Rupees ...

Rs. P.  
[Signature]

Balance Paid











Approval No. 17 of 1931 Chair person, dt-16.4.07

# HEALTH DEPARTMENT

## MUSTER ROLL NO. 2574

(From 25-4-07 To 30-4-07)

Circle No. **X** Voucher No. .... Dated .....

In continuation of Muster Roll No. **2574** For **6** days

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		
			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						
1.	Smt USK9 w/o Sh. Ramesh HNo 449 Targan Jais Thawan Camp. N.D.	Balyswary SK																																		30	12.40 + 2.4	390.00	(Signature & Thumbprint)
2.	Smt Krishna w/o Sh. Ram Chand HNo 5/231 Dalesham Pari N.D-62	Do																																		30	do	650.00	(Signature & Thumbprint)
3.	Smt USK9 w/o Rajesh HNo-C-263 Ashoka Hotel Chaukhya Pari N.D.	Do																																		30	do	650.00	(Signature & Thumbprint)
4.	Smt Vidya Devi w/o Sh. Ramesh Kr Shreegiri No-158/25 Sadevi Bapat Belli Cantt	Do																																		30	do	650.00	(Signature & Thumbprint)
5.	Smt Kasturi w/o Sh. Om Parkash HNo-2077 Daskyath Pari N.D	Do																																		30	do	650.00	(Signature & Thumbprint)
6.	Sh. Sharwan Kr w/o Sh. Kaushyhal V.P. Tharara	Do																																		30	do	650.00	(Signature & Thumbprint)
		Daily Total																																			G. Total	3640.00	

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.

(Signature) Belliywaryes SKS/L.B.S  
Only Five Sheets (1+4=5)

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