R.M.R

HEALTH DEPARTMENT

C. No-8

R.M.R

MUSTER ROLL NO. ..... (From 1/4/07 To 30/4/07)

Circle No. ..... Voucher No. 5/5 116/H Dated 15/5/07

In continuation of Muster Roll No. 16/1/07

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	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
27	Smt Raj Dulari W/o Dev Raj G/9 Prithvi Raj Lane N. Delhi		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	25 dy	1274 + 1.A	32506	
28	Sh. Suresh S/o Sirichand H.No 35/40 Pandara Park N. Delhi		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	30 dy	do	3843	
29	Sh. Rajan S/o Jailashan H.No-21 Double Story Ali Ganj N. Delhi		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	2 dy	do	215	
30	Sh. Mahesh S/o Kusan Lal Jugga No. 650 Kaliya Pur N. Delhi		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	23 dy	do	2946	
31	Sh. Suresh S/o Kanhiya Lal 5/11/13 Madan Gir N. Delhi		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	24 dy	do	3076	
		Daily Total	29	30	27	28	25	28	28	27	28	23	19	18	19	18	17	16	18	16	16	16	17	17	18	7	9	9	9	8	8	564	G. Total	71950 - 1350	70600
		Initials of person marking the daily attendance																																	
		Initials of Inspecting Officer																																	

Pay Rs. 73248 (Rupees Rs Seventy three thousand two hundred forty Eight only)

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

Accountant (HG)

RAM SINGH
A.O. (Compost Plant)
N.D.M.C. New Delhi

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 (PH)

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

Head Cashier

Attested

HEALTH DEPARTMENT

MUSTER ROLL NO. ..... (From 1/4/07 To 30/4/07)

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

In continuation of Muster Roll No. .....

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
22.	Sh. Arunda Mangat Ram, H/11 Palika Dham N. Delhi	Sweeper	Paymoved vide office order No. No. Dy Dir (H) 399/GC/II dt. 9/4/07	9 days	127.40 + T.A	49,567.00 - 48,567.00 / 1170.00 - 45 = 1125.00	1125
23.	Sh. Sulch Singh Manphool H.No - 52 Bhani Compound Tekh Murti N. Delhi	Sweeper सुरवीर	Paymoved vide office order No. Dy Dir (H) 399/GC/II dt. 9/4/07	10 days	do	1300.00 - 45 = 1245.00	1255
24.	Sh. Jeevanda Gappu H.No - 24 Shivpark Khampur Vill - 62	Sweeper	Paymoved vide office order No. Dy Dir (H) 399/GC/II dt. 9/4/07	9 days	do	1170.00 - 45 = 1125.00	Paid
25.	Sh. Anil S/o Tota Ram C-117. Motia Khan N. Delhi	Sweeper	Paymoved vide office order No. Dy Dir (H) 419/G.C.I dt. 20/4/07	22 days	do	2861.00 - 45 = 2816.00	Paid
26.	Smt. Kanita W/o Surender O/108 Seva Nagar N. Delhi.	Sweeper Kanita	Paymoved vide office order No. Dy Dir (H) 419/G.C.I dt. 20/4/07	19 days	do	2471.00 - 45 = 2426	
			Daily Total	460	G. Total	59737.00 - 1125 = 58612 / 58,439.00 - 1125 = 57,314	

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.

Sanitation Officer Chief Sanitation Inspector Sanitation Inspector

R.M.R

HEALTH DEPARTMENT

C.No-8

MUSTER ROLL NO. ..... (From 1/4/07 To 30/4/07)

Circle No. 8 Voucher No. ..... Dated .....

In continuation of Muster Roll No. .....

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
17	Sh. Anil S/o Tarachand, H.No. 431 Neco Basti Dirali village.	L/B	Payment made vide office order No. DY.DE(H)/373/GC-III dt. 29/3/07	2 days	127.40 + C.A	39207-00 - 675 = 38532-00; 960-00 - 45 = 915-00	
18.	Sh. Dharmi S/o Ratan Lal, H.No-78 Hari Jan Basti Mandir Marg. N. Delhi	L/B		19 days do	2471-00 - 45 =	2426-00	Paid
19.	Sh. Mannu S/o Suman, 18/17 Trilok Puri N.D.	L/B		30 days do	3888-00 - 45 =	3843-00	Paid
20	Smt Bindla W/o Mayachand, 2/425 Seva Nagar N.D.	L/C	Payment made vide office order No. DY.DE(H)/398/GC-III dt 3/4/07	19 days do	2471-00 - 45 =	2426-00	Paid
21	Smt Anita W/o Rajkumar, G/4. Ali Gans Lodhi Road N. Delhi	L/C Anita	Payment made vide office order No. DY.DE(H)/399/GC-III dt 9/4/07	9 days do	1170-00 - 45 =	1125-00	Paid
	Daily Total		20 20 18 19 19 19 19 19 19 16 13 12 13 13 12 11 12 12 10 10 10 11 11 9 7 6 8 8 8 7	391 G. Total		50765-00 - 900 = 49865 / 49,467-00 - 900 = 48,567-00	
	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		

HEALTH DEPARTMENT

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

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

In continuation of Muster Roll No. .....

PART-NOMINAL-ROLL — Accountant (HG), — CHIEF MEDICAL OFFICER

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

S.No.	Name, Father's/Husband's Name & Address grouped accrding 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
12.	Sh. Ashok S/o Jeet Singh. 6/341 Dakshinpuri N. Delhi-62.	342 Sk	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	9 days	127.40	29,856.00	-450 = 29,406.00
																																			4.C.A	1170.00	-45 = 1125.00
13.	Smt Maya W/o Ramesh. H.No. 288 A Block. Dakshinpuri N.D-62	Sk 321	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	10 days	do	1300	-45 = 1255.00
14.	Sh. Ramesh S/o Sukhan. C/108 Jas Pura Lahari Jaitpur Road. Badarpur	Sk 322	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	30 dy.	do	3888	-45 = 3843.00
15	Smt Bimla W/o Gaj Raj 8/12/153. Indira Camp. New Ghanda Mohalla N.D.	Sk बेलदार	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	23 days	do	999.00	-45 = 954.00
16.	Sh. Suresh S/o Madanlal 5/11/147. Madangir N. Delhi.	Sk 323	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	10 days	do	1300.00	-45 = 1255.00
																																				40505	-675 = 39830.00
	Daily Total		15	15	15	15	15	15	15	15	10	9	10	10	9	9	10	10	8	9	9	10	10	7	6	5	6	6	6	5				312	G. Total	39,207.00	-675 = 38,532.00
	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.

Sanitation Officer Chief Sanitation Inspector Sanitation Inspector

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.

Asstt. Sanitation Inspector

R.M.R

CWo-8 – R.M.R

HEALTH DEPARTMENT

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

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

In continuation of Muster Roll No. .....

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
6	Sh. Sanjay S/o Gas Raj	1		Nil	Nil	Nil	
7	Sh. Harild S/o Sawalia. H.No. 55 Pandara Park No quarter, N.D.M.C. flats, N.D.	Jan Pet 4/13	114 30 dy +C.A	12240 3888.00	14798.00	225 = 14,573.00 -45 = 3843.00	
8	Sh. Sunil S/o Anant Ram. r/o Palika Dham N. Delhi	Sunil 4/13	10 dy	do	1300.00	-45 = 1255.00	
9	Sh. Rajendra S/o Lowand Kishan m/s 40 Ali Ganj N. Delhi	25.03.5 4/13	23 dy	do	991.00	-45 = 946.00	
10	Sh. Munnilal S/o Vishanlal H.No-2585 Gali Shankar Bali Sita Ram Bazar, Delhi	4/13	30 dy	do	3888.00	-45 = 3843.00	
11	Sh. Ravinder S/o Shyamlal 8/10 Ali Ganj N. Delhi	4/13	23 dy	do	991.00	-45 = 946.00	
	Daily Total	10 10 10 10 10 10 10 10 9 8 7 8 8 7 7 8 8 7 7 7 8 8 5 5 4 5 5 5 4	230	G. Total	29,856.00	-450. = 29,406.00	
	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.

R.M.R

HEALTH DEPARTMENT

C.No-8. R.M.R

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

Circle No. 8 Voucher No. ..... Dated .....

In continuation of Muster Roll No. .....

PART-NOMINAL-ROLL

Accountant (HG), CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped accccrding 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. Subhash S/o Harichand H.No. 145 Sec IV Rohini	2/B सुभाष	P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P	30 dy	127.40 + C.A	3888.00 - 45 = 3843.00	Paid
2.	Sh. Vijay Pal S/o Anoop Singh B 89 Modal Bunds Gotam Puri Sector II	Vijaypal 2/B	P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P — Permanent Wide Africa Order No. - Dy Director (H) 1421/GCIII dt 20/4/07	23 dy	do	2991.00 - 45 = 2946.00	Paid
3.	Sh. Sanjay S/o Bishan Suggi No. - 5.74 S.J Camp Tigri	Sanjay 2/C टंकी	P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P — Permanent Wide Africa Order No. - Dy Director (H) 399/GCIII dt. 9/4/07	9 dy	do	1170.00 - 45 = 1125.00	Paid
4.	Sh. Santish S/o Gangaderam B-233 Tigri S.J Camp	मनीश	P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P	30 dy	do	3888.00 - 45 = 3843.00	Paid
5.	Sh. Asit Singh S/o Suraj Bhan H.No 172 Divali village H.D. 62.	2/B	P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P	22 dy	do	2861.00 - 45 = 2816.00	Paid
	Daily Total		5 5 5 5 5 5 5 5 5 4 4 3 4 4 3 3 4 4 3 3 4 4 3 3 2 3 3 3 2	114	G. Total	14,798.00 - 225.00 - 14,573.00	
	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.