HEALTH DEPARTMENT

MUSTER ROLL No. R.M.R (S/K+4) (From 01/4/2007 To 30/4/2007.)

Circle No. X Voucher No. 87/H Dated 14/5/07

In continuation of Muster Roll No. 6 16/1/07

FINALLY CREDITED Vid Cr. No. 1019/35 Dated 31/5/07

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 ... 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
67.	Sh. Arun Kumar S/o Sh. Chander Bhan		Nill Nill	1288 Nill	197.40 + C.A	~~167265=2790=164475~~ 168692-2790=165902 Nil	164472 Nil
68.	Sh. Sanjeev S/o Sh. Phool Singh.		Nill	Nill	-do-	Nil	Nil
69.	Sh. Anil Kumar S/o Sh. Laxman		P P P

HEALTH DEPARTMENT

MUSTER ROLL NO. R.M.R.(S/K+4B) (From 02/04/2007 To 30/4/2007)

Circle No. X 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 accc rding to classes	Designation	Dates From To (1 S, 2, 3, 4, 5, 6, 7, 8 S, 9, 10, 11, 12, 13, 14, 15 S, 16, 17, 18, 19, 20, 21, 22 S, 23, 24, 25, 26, 27, 28, 29 S, 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
61.	Smt. Rani w/o late Sh. Rohtash		A A A A A A A A A A A A A A A A A A P P P P P P P P P P P A P P P P P P P P P P P P P	11 days	127.40 + C.A	1566~~03~~ - 2565 = 1540~~38~~ 1425 - 45 = 1384	
62.	Smt. Pushpa w/o Sh. Surender		P P A P P P P P P P P P P P P P

MUSTER ROLL NO. R.M.R (S/K + L/B) (From 01/04/2007 To 30/4/2007)

Circle No. X 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 S 2 3 4 5 6 7 8 S 9 10 11 12 13 14 15 S 16 17 18 19 20 21 22 S 23 24 25 26 27 28 29 S 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
55.	Sh. Vijay Pal S/oSh. Shambhu Lal		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 S.K Promoted	23 days	127.40 + C.A	2989 - 45 = 2944 / 2991 - 2946	140880 - 2340 = 138540 = 00
56.	Smt. Rajo Devi W/oSh. Chander Lal		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 S.K Promoted	22 days	-do-	2859 - 45 = 2814 / 2861 - 2816	
57.	Sh. Ram Singh S/oSh. Munna		NIL	NIL	-do-	Nil	Nil
58.	Sh. Suresh S/oSh. Late Chatra Ram		A A 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-	2989 - 45 = 2944 / 2991 - 2946	
59.	Sh. Rajesh S/oSh. Bainwari Lal		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 SK Permoted	24 days	-do-	3119 - 45 = 3074	
60.	Sh. Kamal S/oSh. Kanchi Lal		P P P P P P P P P P P P P P P P P P P P P P P P A P P P P P P P P	29 days	-do-	3761 - 45 = 3716	
	Daily Total			1206	G. Total	156603 = 2565 = 154038 =	
	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 ... ...

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

Asstt. Sanitation Inspector

HEALTH DEPARTMENT

MUSTER ROLL NO. ..... (From.....To.....)

Circle No. X .....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
49.	Sh. Desh Raj S/osh. Pyare lal		S A A A A H P P P

HEALTH DEPARTMENT

MUSTER ROLL NO. ..... (From.....To.....)

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 acccrding to classes	Designation	Dates From.....To..... 1 S 2 3 4 5 6 7 8 S 9 10 11 12 13 14 15 S 16 17 18 19 20 21 22 S 23 24 25 26 27 28 29 S 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
43.	Smt. Sashi w/o Sh. Rajinder		P P P P P P P P P P P P P P P Promoted Sk	11 days	127.40 c+A	1429-45=1384	104894=00
44.	Sh. Rameshwar S/o Sh. Roshan Lal		P P A P P P P P P P P P P P P P P P

HEALTH DEPARTMENT

MUSTER ROLL NO. ..... (From.....To.....)

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 acccrding to classes	Designation	Dates From.....To..... 1 S 2 3 4 5 6 7 8 S 9 10 11 12 13 14 15 S 16 17 18 19 20 21 22 S 23 24 25 26 27 28 29 S 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
37.	Sh. Bir Singh S/osh. Khazan Singh.		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 Days	127.40 + C.A	3888-45=3843	Paid
38.	Sh. Sanjay S/osh. Bal Kishan		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 Days	do	3888-45=3843	Paid
39.	Sh. Mukesh S/osh. Sukh Ram		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	29 Days	do	3761-45=3716	Paid
40.	Sh. Gopal S/osh. Laxman		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	30days	do	3888-45=3843	Paid
41.	Sh. Sanjay S/osh. Ram Pal		S A A A A A A A A A A A A A A A A A A A A A A A P P P P P	20days	do	2599-45=2554	Paid
42.	Smt. Rajni W/osh. Rameshwar		A A H A A P P P P P P P P P P P P P P P P P P P P P P P P	18days 18	do	2339-45=2294	Paid
		Daily Total		822	G. Total	106694=1800=104894=no	
		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

Sanitation Officer

Rs.	P.

HEALTH DEPARTMENT

MUSTER ROLL NO. ..... (From.....To.....)

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 accc'rding to classes	Designation	Dates From.....To..... 1 S 2 3 4 5 6 7 8 S 9 10 11 12 13 14 15 S 16 17 18 19 20 21 22 S 23 24 25 26 27 28 29 S 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. Raj Kumar S/osh. Rashem Lal		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 P P	30 Days	127.40 + C.A	3888-45=3843	6587/=
32	Smt. Lokesh W/o Sh. Viney		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 P P	30 days	-do-	3888-45=~~3843~~ 3842	
33.	Sh. Mahesh S/osh. Hari Chand		E P A P P P E 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	27 days	-do-	3506-45=3461	
34.	Smt. Bimla w/osh. Soni Ram		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 P P Permoled Sk	9 days	-do-	1169-45=1124	24299
35.	Sh. Ajay S/osh. Ashok		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 P P	30 days	-do-	3888-45=3843	
36.	Smt. Ramwati w/osh. Prem Lal		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 P P Permoled Sk	~~22 days~~ 22	-do-	~~2859-45=2814~~ 2861=45=2816	
	Daily Total			665	G. Total	86331=1530=84801=	
	Initials of person marking the daily attendance		SI SI SI SI SI SI SI SI SI SI SI SI SI SI SI SI SI SI SI SI SI SI SI SI SI SI SI SI SI				
	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 ... ...

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

Total amount paid (in words) Rupees

Rs.	P.

HEALTH DEPARTMENT

MUSTER ROLL NO. .....

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

In continuation of Muster Roll No.....

(From.....To.....)

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped accc rding to classes	Designation	Dates From.....To..... 1 S 2 3 4 5 6 7 8 S 9 10 11 12 13 14 15 S 16 17 18 19 20 21 22 S 23 24 25 26 27 28 29 S 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.	Smt. Sharda w/o Sh. Chander Lal		NIL	437 NIL	127.40 C.A	5674= NIL	1035= 55708=
26.	Smt. Reena w/o Sh. Rubbish		A P P P P P P P A A P P P Promoted S.K	7 days	-do-	910-45 = 865	Paid
27.	Smt. Sakuntla w/o Sh. Ramesh		P P P P P P P

HEALTH DEPARTMENT

MUSTER ROLL NO. ..... (From.....To.....)

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 acccrding to classes	Designation	Dates From.....To..... 1S 2 3 4 5 6 7 8S 9 10 11 12 13 14 15S 16 17 18 19 20 21 22S 23 24 25 26 27 28 29S 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. Radhey Shyam S/osh. Asha Ram.		P P P A P P P

HEALTH DEPARTMENT

MUSTER ROLL NO. ..... (From.....To.....)

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 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
13.	Sh. Ashok S/o Sh. Jai Pal		S A A/L Promoted as SK.	242 Nil	127.40 + C.A	31415= Nil	540 = 30875= Nil
14.	Smt. Satwati W/o Sh. Fagir Chand.		P P P

HEALTH DEPARTMENT

MUSTER ROLL NO. R:M:R/S/K+4/B (From 02/04/2007 To 30/4/2007.)

Circle No. X 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
7.	Sh. Ram Pher S/oSh. Udat Narain		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 Permoled Sk	23 days	127.40 + C.A	2989 - 45 = 2944 (2991 - 2946)	Paid
8.	Sh. Shyam Lal S/oSh. Tarsham Lal		P P P P P P P P P P P P P P P P P P A P P P P P P P P P P P P Permoled Sk	22 days	-do-	2859 - 45 = 2814 (2861 - 2816)	Paid
9.	Sh. Mangey Ram S/oSh. Lal ji		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 days	-do-	3888 - 45 = 3843	Paid
10.	Sh. Rajesh S/oSh. Om Prakash.		P P P A 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	28 Days 28	-do-	3633 - 45 = 3588	Paid
11.	Smt. Nirmila w/oSh. Kishan Chand.		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 days	-do-	3888 - 45 = 3843	Paid
12.	Sh. Sher Singh S/oSh. Khazan Singh.		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 Days	-do-	3888 - 45 = 3843	Paid 3/12/16
	Daily Total			242	G. Total	31415 =	540 = 30875 = 00
	Initials of person marking the daily attendance		SI SI SI SI SI SI SI SI SI SI SI SI SI SI SI SI SI SI SI SI SI SI SI SI SI SI SI SI SI				
	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.

HEALTH DEPARTMENT

MUSTER ROLL NO. R.M.R (S/K+L/B) From 01/04/2007 To 30/4/2007.

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 acccrding to classes	Designation	Dates From.....To..... 1 S 2 3 4 5 6 7 8 S 9 10 11 12 13 14 15 S 16 17 18 19 20 21 22 S 23 24 25 26 27 28 29 S 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
2.	Sh. Mukesh S/osh. Partap Singh.		P P P