O.O. No. D/542/PA/M.O.H/07, dt- 6-7-07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3709 (From 15-6-07 To 30-6-07)

(20) Dailywager A.M.G. Cont. sheet No. 4.

Circle No. 3 & 4 Voucher No. 38/H Dated 10/8/07.

In continuation of Muster Roll No. Fresh

Accountant (HG), CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

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
(16)	संजय कुमार S/o श्री बनारसी दास A 11 पालिका निकेतन R.K. आश्रम मार्ग दि।	TMR AMG	P P S P P P P P P S P P P P P P –	14		1819.00	Paid
(17)	राकेश S/o श्री सुरजीतसिंह 69 पालिका ग्राम लक्ष्मी बाई नगर न दि. 23	"	P P S P P P P P P S P P P P P P –	14		1819.00	Paid
(18)	विश्वास S/o श्री रामप्रकाश 22/C कल्पना अपार्टमेन्ट सै. 5 वैशाली	"	P P S P P P P P P S P P P P P P –	14		1819.00	Paid
(19)	पुष्पेन्दर कुमार S/o श्री बुद्ध सैन A 78/28 जोशी कलौनी मंडावली दि. 92	"	P P S P P P P P P S P P P P P P –	14		1819.00	Paid
(20)	सुनील कुमार S/o श्री सुरेश कुमार H-8 पालिका धाम गोल मार्केट	"	P P S P P P P P P S P P P P P P –	14		1819.00	Paid
	Pay to Staff Rs 36380- B/F Rs NIL						
	Daily Total		20 20 S 20 20 20 20 20 20 S 20 20 20 20 20 20 –	280 days	G. Total Rs	36380/-	
	Initials of person marking the daily attendance		S S S S S S S S S S S S S S				
	Initials of Inspecting Officer		S S S S S S S				

Pay Rs. 36380- (Rupees Rs Thirty six thousand three hundred sixty only)

Rs Thirty six thousand three hundred Eighty only

All Sign. Attest + Paid in full

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.

CANCELLED M.O.H. Sr. A.O. Released for Payment

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

Fuller Pay Ballisher SI III L.A. No H-42

16/8/07 S.I. (M)

CASH/CHEQUE PAYMENT

HEALTH DEPARTMENT

MUSTER ROLL NO. 3709 (From 15-6-07 To 30-6-07)

(2) Dailywager seasonal A.M.G. Cont. sheet No. 3.

Circle No. 3&4 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 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 (Full)	Rate Rs. P.	Amount Rs. P.	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
			10 10 5 10 10 10 10 10 10 5 10 10 10 10 10 10	140		18190.00	
11	कैलाश चन्द S/o श्री बृजभूषण B65 न्यू अशोक नगर दि. 96	T.M.R. AMG.	P P S P P P P P P S P P P P P P	14		1819.00	K Sharma Paid
12	राजीव कुमार S/o अशोक कुमार 57 न्यू लालपुर नजदीक सोम बाजार दि. 51	"	P P S P P P P P P S P P P P P P	14		1819.00	Rajeev Paid
13	ताराचन्द S/o श्री रामपाल 425 कड़ कड़ डूमा इन्द्रपुरी दि. 92	"	P P S P P P P P P S P P P P P P	14		1819.00	Tara-Chand Paid
14	सुनील कुमार S/o श्री वेदीराम शर्मा 58 न्यू लालपुर नजदीक सोम बाजार दि. 51	"	P P S P P P P P P S P P P P P P	14		1819.00	Sunil Sharma Paid
15	ओउम प्रकाश पाठक S/o श्री शिवचरन गली नं. 2/53 शिव विहार करावलनगर 140.	"	P P S P P P P P P S P P P P P P	14		1819.00	[illegible] Paid
	Daily Total		15 15 S 15 15 15 15 15 15 S 15 15 15 15 15 15	210	G. Total	27285.00	
	Initials of person marking the daily attendance		[illegible]				
	Initials of Inspecting Officer		[illegible]				

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

O.O. No. D/542/PA/M.O.H/07, dt- 6.7.07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3709 (From 15-6-07 To 30-6-07)

(20) Dailywages seasonal A.M.G. Cont. Sheet No. 2.

Circle No. 3 & 4 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 ... 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
			5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	70		9095-00	
(6)	रवी कुमार S/o श्री विशनदेव पता 9 D/S अली गंज NDMC बवा दिल्ली 3	TMR AMG	→ P P S P P P P P P S P P P P P P	14		1819.00	[signature] Paid
(7)	राहुल S/o श्री राम अवतार 86 D/S पृथ्वीराज लेन खान मार्केट	"	→ P P S P P P P P P S P P P P P P	14		1819.00	Rahul Paid
(8)	मनोज S/o श्री धर्मपाल A68 D/S ईस्ट आफ कैलाश (गढ़ी) ND.65	"	→ P P S P P P P P P S P P P P P P	14		1819.00	Manoj Paid
(9)	रमेश S/o श्री सुरेश B/23 पालिका धाम, गोल मार्केट ND.1	"	→ P P S P P P P P P S P P P P P P	14		1819.00	Ramesh Paid
(10)	मनीष कुमार S/o श्री मनोहर लाल B 185 पांडव नगर नेहर मदर डेरी ND92	"	→ P P S P P P P P P S P P P P P P	14		1819.00	मनीष कुमार Paid
	Daily Total		10 10 5 10 10 10 10 10 10 5 10 10 10 10 10 10	140	G. Total	18190.00	
	Initials of person marking the daily attendance		[illegible]				
	Initials of Inspecting Officer		[illegible]				

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/542/PA/M.O.H./07, dt. 6.7.07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3709 (From 15-6-07 To 30-6-07)

(20) Daily wager A.M.G. (Seasonal) Only Four sheets (1+3=4)

Circle No. 3 & 4 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 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 14	विकाश भ० श्री जयप्रकाश पता R.Z. 153/345 मली नं. 2 शिवपुरी वेस्ट सागर पुर N.D.46	T.M.R. AMG.	P P S P P P P P P S P P P P P P –	14		1819=00	Paid Vikas
2 13	विक्रम भ० श्री दलीप सिंह पता 1 D/S पृथ्वीराज लेन खान मार्केट NDME क्वार्टर ND.3	T.M.R. AMG	P P S P P P P P P S P P P P P P –	14		1819.00	Paid Vikram
3 35	मुकेश भ० श्री पाल चन्द पता G.16 P.R. लेन खान मार्केट NDME Q	T.M.R. AMG	P P S P P P P P P S P P P P P P –	14		1819.00	Paid
4 40	रंनजीत सिंह भ० श्री निहाल सिंह 9340 कटरा गंगा विशन गऊशाला मार्ग किशनगंज D.6	T.M.R. AMG.	P P S P P P P P P S P P P P P P –	14		1819.00	Paid
5	मनीष कुमार भ० श्री जयपाल 16/232 बापू धाम चाणक्यपुरी ND.21	T.M.R. AMG.	P P S P P P P P P S P P P P P P –	14		1819.00	मनीष कुमार Paid
	Daily Total		5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 –	70	G. Total	9095=00	
	Initials of person marking the daily attendance		[illegible]				
	Initials of Inspecting Officer		[illegible]				

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.