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

HEALTH DEPARTMENT

MUSTER ROLL NO. 3712 (From 1-7-07 To 31-7-07)

(17) Daily wages A.M.G. Cond. sheet No. 4.

Circle No. C.M.I. Voucher No. 107/11 Dated 20/8/07

In continuation of Muster Roll No. 3707

Accountant (HG), CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

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.	Rate P.	Amount Rs.	Amount P.	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
16.	Sandeep S/o Sh. Vijay E-400 M.C.D. Colony Azadpur Delhi.	Daily wages Attn. G. (CT. M. R.)	S P P P P P P S P P P P P P S P P P P P P S P P P P P P S P P	26			3378	-00	
17.	Sh. Suresh S/o Sh. Jhilmil Add - H.No 98/ West Vinod Nagar mandawli Delhi - 92	"	S P P P P P P S P P P P P P S P P P P P P S P P P P P P S P P	26			3378	-00	
	Pay to staff Rs 56908 - BIFR NIL SDR 56908 -								
		Daily Total	S 17 16 17 17 17 17 S 17 16 17 16 17 17 S 17 17 17 17 17 S 17 17 17 17 17 S 17 16	438 days	G. Total	Rs.	56908	-00	
		Initials of person marking the daily attendance	S						
		Initials of Inspecting Officer	S 6 S 6 S 6 S 6 S						

Received on 14/8/07 at 11.20 AM
Entry/16 pages 7.
Scroll No. 139 dt 14/8/07

SO(HG) 14/8

Pay Rs. 56908 - (Rupees Fifty Six thousand Nine hundred Eight only)

Accountant (HG) 14.8.07

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.

M.O.H. (M. S. MISHRA) MO (Public Health) N.D.M.C., Palika Kendra

Sr. A.O (PH)

Released for Payment

VERIFIED BEFORE PAYMENT

Grand Total of this Muster Roll ... Fully Paid

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

HEALTH DEPARTMENT

MUSTER ROLL NO. 3708 (From 1-7-07 To 31-7-07) (17) Dailywager A.M.O. Cond. sheet No. 3.

Circle No. C.M.I. Voucher No. Dated

In continuation of Muster Roll No. 3707

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
11. Last Sr.No-99	Rajeev S/o Sh. Jaipal H.No. - 19/275 Bapa Dham Chanakya Puri New Delhi-21		S P P P P P P S P P P P P P S P P P P P S P P P P P P S P P	25		B/F 3339 3378=00	
12. Sr.No-16	Kishan Singh Rana S/o Sh. Bhole Singh H.No. B-1/89 Vikash Nagar Uttam Nagar New Delhi-59		S P P P P P P S P P P P P P S P P P P P S P P P P P P S P P	26		3378=00	
13. Sr.No-79	Harender Kumar S/o Sh. Prem Kumar H.No. 1/53 Gali No-16 Khajuri Khas Delhi — 94		S P P P P P P S P P P P P P S P P P P P S P P P P P P S P A	25		3249=00	
14. Sr.No-05	Surender S/o Sh. Panchy Lal F-769 Raghuvir Nagar Delhi — 27		S P P P P P P S P P P P P P S P P P P P S P P P P P P S P P	26		3378=00	
15 Sr.No.21	Yogender Bhadur Singh S/o Sh. Lehri Prashad RZC - 2/150 Vijay Enclave Vinod Puri Palam Road New Delhi — 45		S P P P P P P S P P P P P P S P P P P P S P P P P P P S P P	26		3378=00	
		Daily Total	S 15 14 15 15 15 15 S 15 14 15 14 15 15 S 15 15 15 15 15 S 15 15 15 15 15 S 15 14	386	G. Total	50152=00	
		Initials of person marking the daily attendance	S				
		Initials of Inspecting Officer	S S S 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.

O.O.No.7|542|PA|M.O.H.|07, dd. 6.7.07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3712 (From 1-7-07 To 31-7-07)

(17) Daily wager A.M.O. Cond. sheet No. 2.

Circle No. C.M.I. Voucher No. Dated

In continuation of Muster Roll No. 3707

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
6.	Sunil Kumar S/o Sh. Ramesh Chand 17/381 Trilok Puri Delhi — 110091		S P P P P P P S P P P P P P S P P P P P P S P P P P P P S P	26		3378=00	
7.	Vikash S/o Sh. Ram Prakash 22/C Kalpna Sector - V Vaishali (GZB) U.P.		S P P P P P P S P P P P P P S P P P P P P S P P P P P P S P	26		3378=00	
8.	Ashok Sharma S/o Sh. Brij Bhushan B-65 New Ashok Nagar Delhi — 96		S P P P P P P S P P P P P P S P P P P P P S P P P P P P S P	26		3378=00	
9.	Mool Chand S/o Sh. Durjan Village - Patwari - Post - Bishrikh Gotam Budh Nagar (Noida)		S P P P P P P S P P P P P P S P P P P P P S P P P P P P S P	28		3378=00	
10.	Pappu S/o Sh. Hiralal 7/84 Khichripur Delhi — 110091		S P P P P P P S P P P P P P S P P P P P P S P P P P P P S P	26		3378=00	
	Daily Total		S 10 9 10 10 10 10 S 10 9 10 9 10 10 S 10 10 10 10 10 S 10 10 10 10 10 S 10 10	257	G. Total	33391=00	
	Initials of person marking the daily attendance		S				
	Initials of Inspecting Officer		S S S S				

Pay Rs..... (Rupees.....)

Accountant (HG) M.O.H. Sr. A.O

Certified that the workers mentioned in the muster roll ...lly employed by me on NDMC work(s) and ...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. 3712 (From 1-7-07 To 31-7-07) (17) Daily wager seasonal A.M.G.

Only four sheets (1+3=4)

Circle No. C.M.I. Voucher No. Dated

In continuation of Muster Roll No. 3707

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 days	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.	Dinesh Kumar S/o Sh. Dalvir Singh 26/457 Trilok Puri Delhi — 110091		S P P P P P P S P P P P P S P P P P P S P P P P P S P P	26 days		3378=00	
2.	Kuldeep S/o Sh. Prem Singh H.No. 173 Balmiki Basti Mandir Marg Panchkuyan Road New Delhi		S P A P P P P S P A P P P P S P P P P P S P P P P P S P P	23		2989=00	
3.	Rakesh Kumar S/o Sh. Ram Chander H.No. 55 Lal Bhadur Sadan Gole Market New Delhi		S P P P P P P S P P P P P P S P P P P P S P P P P P S P P	26		3378=00	
4.	Kamlesh S/o Sh. Summer Singh A-246 Shiv Vihar Vishal Garden Naglai Nazafgarh Road Delhi		S P P P P P P S P P P P P P S P P P P P S P P P P P S P P	26		3378=00	
5.	Mahesh Kumar S/o Sh. Dharamvir Singh XY/2187 Raghuvarpura No-1 Gandhi Nagar Delhi – 31		S P P P P P P S P P P P P P S P P P P P S P P P P P S P P	26		3378=00	
	Daily Total		S 5 4 5 5 5 5 S 5 4 5 4 5 5 S 5 5 5 5 5 S 5 5 5 5 5 S 5 4	127	G. Total	16501=00	
	Initials of person marking the daily attendance		S				
	Initials of Inspecting Officer		S S(H) S S(H) S S(H) S S(H)				

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.