ew Contingent Bill

Disbursement Type*	Cash	Bill Type*	Petty Cash
Reference Number for Cash Branch	30309 / 0500037		
Fund *	NDMC Municipal General Fund	Bill Date*	11/09/2007
Segment*	GENERAL FUND	Sub Segment*	CASH IN HA
Field*	PUBLIC HEALTH ACCOUNTS BRANCH	Sub Field*	PUBLICH H
Functionary*	NDMC		
Sanction By*	chairperson	Sanctioned On *	11/06/2007
Sanction Details	PAYMENT TO TMR WORKERS C.NO. VII		
Created By	dharampal	Verified By	
Confirmed By		Approved By	
Final Approved By		Bill Status	CREATED
Narration	PAYMENT TO TMR WORKERS C.NO. VII		

Remarks

Function Name	Account Code*	Account Head
Public Health	210 000	SALARIES, WAGES AND BONUS

Deductions

Account Code	Account Head	
		0

Deductions	
Net Payable	

Net Payable in words One Lakhs Seventy Five Thousand

*- Mandatory Fields

Back Modify

View Contingent Bill

Disbursement Type* Cash

Bill Type* Petty Cash

Reference Number for Cash Branch 30309070800037

Fund * NDMC Municipal General Fund

Bill Date* 11/09/2007

Segment* GENERAL FUND

Sub Segment* CASH IN H/

Field* PUBLIC HEALTH ACCOUNTS BRANCH

Sub Field* PUBLICH HI

Functionary* NDMC

Sanction By* chairperson

Sanctioned On * 11/06/2007

Sanction Details PAYMENT TO TMR WORKERS C.NO. VII

Created By dharam.pal

Verified By

Confirmed By

Approved By

Final Approved By

Bill Status CREATED

Narration PAYMENT TO TMR WORKERS C.NO. VII

Remarks

Function Name	Account Code*	Account Head
Public Health	2101000	SALARIES,WAGES AND BONUS

Deductions

Account Code	Account Head	
		0

Deductions	
Net Payable	

Net Payable in words One Lakhs Seventy Five Thousanc

*- Mandatory Fields

Back Modify

Approval No. 2980/PS/Chairman, dt. 11-6-07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3742 (From 1-8-07 To 31-8-07)

(5) Daily wager S.K.S/L.F.C Const. Shed No. 10.

Circle No. VII Voucher No. 31/H Dated 14.9.07

In continuation of Muster Roll No. 3699

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
49	Sh. Surender Singh S/o Sh. Rajpal R/o 91318 Dakshin Puri Noida	D/W	S S S S S S	—	137-47	NIL	—
49A	Sh. Vinod R/o S/o Sh. Sadhu Ram	SL		20	CF	2718-00	Paid (49)
50	Smt Chanderwati W/o Rakesh R.H.H. 1713/704 Indra Camp Kalyanpuri Pu	DO		26	DO	3535-00 Paid	(50) Rtd attested,
51	Smt Pooja W/o Mahavir Singh R/o	DO		27	DO	3669-00 Paid	(51)
	Pay to Staff Rs 175565 B/F Rs NIL SPR Rs 175565						
	Daily Total		S S S S S	1292	G. Total	175565-00	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer						

Pay Rs. 175565 (Rupees) Rs one lac seventy five thousand five hundred sixty five only

Received on 7/9/07 at 3.15 PM Entry No. Page No 7 Serial No 142

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

CANCELLED Released for Payment (P.K. GOEL) AO (PH)

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.

The officers disbursing the payment to the above staff must ensure to mention the address of officials/persons employed at sl no. 4, 29, 31, 32, 46, 47, 49-A & 51 above against their respective name before payment to them.

Grand Total of this Muster Roll ... ...

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

Total amount paid (in words) Rupees ..... Balance Paid

Rs.	P.

VERIFIED FOR CASH/CHEQUE PAYMENT

S.No. 1 + 51 R.T.I. and signature etc. Paid in fully.

Approval No. 2980/PS/Chairman, dt-11-8-07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3742 From 1-8-07 To 31-8-07

(51) Gaibyragar S.K.S/L.R.S
Cont. sheet No. 9.

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

In continuation of Muster Roll No. 3699

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
45	Smt Anita W/o Sh Ram Parshad R/o H.No. 120 Babmiki Basti Mandir marg	D/W SK		22	135.45 + CA	2990-00	Anita 45
46	Sh Vinod Kumar S/o Sh Mata Chand R/o	Do		24	Do	3261-00	46
47	Vinod Kumar S/o Sh Sadhu Ram	Do		07		951-00	Vinod Kumar 47
48A	Sh Naveen Kumar S/o Sh Hari Lal R/o A-189 DDA Flats New Ranjeet Nagar N.Delhi	Do		20	Do	2718-00	Naveen Kumar 48A
	Sri Vinod Kumar S/o Sadhu Ram						
48	Smt. Mahendri W/o Prem Pal R/o H.No. 178/304 Indra Lok Kalyan Puri Delhi-91	Do		26	Do	3533-00	महेन्द्री 48
	Daily Total			129	G. Total	1,65,645-00	
	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.

Approval No. 2980/PS/Chairman, dt-11-6-07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3742 (From 1-8-07 To 31-8-07)

(51) Dailywager S.K.S/LTDS Contr. Sheet No. 8.

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

In continuation of Muster Roll No. 3699

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
40	Smt Sushila W/o Ram Das R/o 3770 PWD Quarter Aliganj Lodhi Rd New Delhi	D/W	S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S	27	135.45 + CA	3669.00	Paid (40) सुशीला Sim
41	Sh. Avinash S/o Sh Kamal Singh R/o P093 Madan Gir New Delhi.	do	S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S	27	do	3669.00	Paid (41) अविनाश
42	Sh. Jagdish Kumar S/o Sh Shircharan R/o 3/159 Dakshin Puri New Delhi	do	S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S	27	do	3669.00	(42) Sim
43	Sh. Raj Kumar S/o Sh Madan Gopal R/o Mata Wali Gali No 469 Teliwara Sadar Bazar Delhi	do	S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S	27	do	3669.00	Paid (43) Rkumar
44	Smt Usha W/o Sh Satish Kumar R/o C-36 Harijan Basti Mandir Marg New Delhi	do	S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S	27	do	3669.00	Paid (44) Usha
	Daily Total		S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S	1120	G. Total	1,52,192-00	
	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.

Approval No. 2930/PS/Chairman, dt. 11-6-07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3742 (From 1-8-07 To 31-8-07)

(51) Daily wager S.K.S/L.S
Cover sheet No. 7

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

In continuation of Muster Roll No. 3699

PART-NOMINAL-ROLL

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.	Accountant (HG) / CHIEF MEDICAL OFFICER: Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
34	Smt Satya wati W/o Sh Bijlan Singh R/o 236 A, Sanjay Camp Dakshin Puri N. Delhi-62	Sanitary Worker		27	133.45 + CA	3669.00	Paid (34)
35	Smt Gurmukhi W/o Sh. Net Ram R/o F-243 Katwaria Sarai Village N. Delhi	-do-		27	-do-	3669.00	Paid (35)
36	Smt Kusum W/o Sh Naresh R/o 5/240 Khichri Pur Delhi	-do-		27	-do-	3669.00	Paid (36)
37	Smt Balei W/o Sh Vijay Kumar R/o E-4 Harijan Basti Flat Mandir Marg N. Delhi	-do-		27	-do-	3669.00	Paid (37)
38	Smt Sushila Devi W/o Sh Naresh R/o 129 Block-20 Dakshin Puri 2nd N. Delhi	-do-		27	-do-	3669.00	Paid (38)
39	Sh Rakesh S/o Sh Dhan Pal R/o H.H. 401 Gali No 11 Ajit Nagar Gandhi Nagar Delhi-31	-do-		27	-do-	3669.00	Paid (39)
	Daily Total			985	G. Total	133847.00	
	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 ... ... Rs. P.

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

Total amount paid (in words) Rupees

Approval No. 2930/PS/Chairman, dt-11-6-07

SIC

HEALTH DEPARTMENT

MUSTER ROLL NO. 3742 (From 1-8-07 To 31-8-07)

(57) Daily wager S.K.S/L.B.S Cont. Sheet No. 6.

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

In continuation of Muster Roll No. 3699

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 ... (1–31)	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
28	Sh. Ranjeet S/o Sh. Bhajantal R/o 2/27 Bapa Dham Mohalla Sanmartin marg Chanakyapuri N Delhi	SK		27	13345 7 CIA	3669-00	रणजीत (28)
29	Smt Madhu W/o Sh Rishi R/o	Do		24	Do	2854-00	(29)
30	Sh Ravi Kumar S/o Sh Vijay Pal R/o 1177 Gautam Puri Phase I Badar Pur N Delhi	Do		27	Do	3669-00	(30)
31	Smt. Rajni W/o Sh Sunil R/o	Do		25	Do	3397-00	रजनी (31)
32	Smt Sushila W/o Ranvir R/o	Do		25	Do	3397-00	सुशीला (32)
33	Smt Meena W/o Sh Sunil R/o 39 Br Point Qtrs and Temple Kali Bari mandir N Delhi	Do		24	Do	3261-00	मीना (33)
	Daily Total			823 days	Total	1,11,833-00	
	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.

Approval No. 2930/PS/Chairman, dt. 11-6-07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3742 (From 1-8-07 To 31-8-07)

(51) Daily wager S.K.S/L.B.S
Cont. sheet No. 5.

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

In continuation of Muster Roll No. 3699

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
22	Smt Sunita Devi W/o Sh Ramesh R/o B-21, B.Block Palika Dham Bangla Sahib Rd N.Delhi	D/Sk		24	137.45 7 CA	3261-00	(22) सुनीता
23	Sh. Sanjeet S/o Sh Mahinder R/o 1111 Tukmir Pur Extn Delhi	Do		26	Do-	3533-00	(23) संजीत
24	Smt Veena W/o Sh Mahesh R/o 1374 Gautam Puri Phase II	Do		27	Do-	3669-00	(24) वीना
25	Smt Manju W/o Sh Ashok Kumar R/o 177 Balmiki Bodhi Mandir Marg N-Delhi	Do		27	Do	3669-00	(25) मं० जी
26	Sh Rajkumar S/o Sh Satyewan R/o 3/491 Dakshin Puri Ext New Delhi	Do		27	Do	3669-00	(26) राजकुमार
27	Sh Vikash S/o Sh Dharam Singh R/o 44/1 Mochi Basti Village N.Delhi VICE Smt Pooja W/o Sh Deepak	Do		20	Do-	2718-00	(27) Vikas
	Daily Total			674	Grand Total	91,586-00	
	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		

Approval No. 2930/PS/Chairman, dt - 11-6-07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3742 (From 1-8-07 To 31-8-07), (51) Dailywager S.Ks/L.Bs Cont. sheet No. 4.

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

In continuation of Muster Roll No. 3699

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
17	Sh Sat Pal Singh S/Sh Parmal Singh R/o Village Kherli Hapas Pur Pankha Delhi	D/W		23	137.48	3125-00	Paid (17)
18	Sh Rameshwar S/Sh Jagdish R/o E-21 Palika Dham Gal Mkt N Delhi	Do		24	Do	3261-00	Paid (18)
19	Sh Anand S/Sh Chatter Singh R/o 334, G Block Seema Puri Delhi	Do		23	Do	3125-00	Paid (19)
20	Sh Nakul S/Sh Benwari Lal R/o D-I/C-6 Moti Bagh I New Delhi. Vice Sh Amit Kumar S/Sh Pahlad	Do		16	Do	2174-00	Paid (20)
21	Sh Surender Kumar S/Sh Karam Singh R/o E-45 J.J. Colony Wazir Pur Delhi. Vice Sh Chander Bhan	Do		18	Do	2446-00	Paid (21)
	Daily Total			523	G. Total	71,067-00	
	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		

Approval No. 2920/PS/Chairman, dt- 11-6-07

HEALTH DEPARTMENT

Sp.

MUSTER ROLL NO. 3742 (From 1-8-07 To 31-8-07) (5) Daily wager S.K.S/L.F.S Const. Street No. 3.

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

In continuation of Muster Roll No. 399

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
12	Sh. Diwakar S/o Sh Lal R/o HN-91 Harijan Basti Mandir Marg New Delhi	D/W SK					S							S							S							S						25	137.45 + CA	3397-00	Paid (12)
13	Sh Vinod Kumar S/o Sh Shish Pal R/o F-82, A 14 Sharda Puri-2 Rd No 6 New Seemapuri Delhi-95	Do					S							S							S							S						25	Do	3397-00	Paid (13)
14	Sh Satyan Prakash S/o Sh Mahi Pal S/o Sh R/o A-102, G.T.B. Hospital Delhi	Do					S							S							S							S						23	Do	3125-00	Paid (14)
15	Sh Mukesh S/o Sh Motilal R/o A-15 Palika Kram Cod Market New Delhi	Do					S							S							S							S						25	Do	3397-00	Paid (15)
16	Sh. Vikas Kumar S/o Sh Jaichand R/o 113999 Ram Nagar Shahdra Delhi	Do					S							S							S							S						24	Do	3261-00	Paid (16)
	Daily Total						S							S							S							S						119	G. Total	56,938-00	
	Initials of person marking the daily attendance																																				
	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 ... ... Rs. P.

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

Total amount paid (in words) Rupees ..... Balance Paid

Approval No. 2980/PS/Chairperson, dt. 11-6-07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3742 (From 1-8-07 To 31-8-07) (57) Dailywager S.K.S/L.R.S Cont. Sheet No. 2.

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

In continuation of Muster Roll No. 3699

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
7	Sh. Deepak S/o Sh. Rajender R/o H.No. 20 Village Meethapur Tar Cal Packers Badar Pur New Delhi	D/Sk					S							S							S							S						27	137.45 CR	3669-00	Deepak (7)
8	Smt Dayawati W/o Sh. Nepal Singh R/o 126 Mandir Marg Dalmiki Basti New Delhi	-Do-					S							S							S							S						27	-Do-	3669-00	Dayawati (8)
9	Smt Roshani W/o Sh. Ranjeet R/o D-3 Pallika Dham Gol Market	-Do-					S							S							S							S						27	-Do-	3669-00	Roshani (9)
10	Smt Suman W/o Sh. Somchand R/o W2-191B Harijan Colony Tilak Nagar New Delhi	-Do-					S							S							S							S						27	-Do-	3669-00	Suman (10)
11	Smt Usha W/o Sh. Raj Kumar R/o T-313/2 Hill Marg Near Me School Bajeet Nagar N Delhi	-Do-					S							S							S							S						27	-Do-	3669-00	Usha (11)
	Daily Total						S							S							S							S						297	G. Total	40359-00	
	Initials of person marking the daily attendance						S							S							S							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.

	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		

Approval No. 2930/PS/Chairman, dt-11/6/07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3742 (From 1-8-07 To 31-8-07)

(51) Anilyunggar S.Ks/1.58 Only Ten sheets (1+9=10)

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

In continuation of Muster Roll No. 3699

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	Sh. Satish Kumar S/o Sh. Matoo Lal R/o Block 09/104 Mandir Marg New Delhi	DW SK	S				S							S				S				S						S						27	137.45 7 CR	3669-00	Paid (1)
2	Smt Munni Devi W/o Sh. Shyam Vir R/o A-2/1916 Block A. Madan Pur Khadar J.J. Colony PH-E New Delhi	-Do-	S				S							S				S				S						S						27	-Do-	3669-00	Paid (2)
3	Smt Bimla Devi W/o Sh. Chamder Pal R/o 4072 Dharam Pura Ajit Ngr Gandhi Ngr Delhi	-Do-	S				S							S				S				S						S						27	-Do-	3669-00	Paid (3)
4	Sh. Sunil Kumar S/o Sh. Kanhiya Lal R/o	-Do-	S				S							S				S				S						S						27	-Do-	3669-00	Paid (4)
5	Sh. Mukesh Kumar S/o Sh. Pearey Lal R/o J-11/150 Madan Gir New Delhi	-Do-	S				S							S				S				S						S						27	-Do-	3669-00	Paid (5)
6	Smt Anita W/o Sh. Mahesh R/o Village Chora Raghu Nath Pur Sector Babrala Basti Noida Distt Gaziabad UP.	-Do-	S				S							S				S				S						S						27	-Do-	3669-00	Paid (6)
	Daily Total						S							S								S						S						162	Gr. Total	22,014-00	
	Initials of person marking the daily attendance						S							S								S						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.