HEALTH DEPARTMENT

MUSTER ROLL NO. ~~3967~~ 3995 (From 01/01/08 To 31/01/08)

Contd. Sheet-II

Circle No. III Voucher No. 65/4 Dated

In continuation of Muster Roll No. 3909 19/3/08

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 ...	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	Sixa W/o Jagsarn Alli Ganj New Delhi		P P P P P S P P P P P P S P P P A P P S P P P P P P S P P P P	26 days	133-45 +CA	32070=00 3533=00 Paid	Paid 12/3/11
12	Usha W/o Shamir Alli Ganj New Delhi		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 P P	27 days	do	3669=00 Paid	Smt Usha
13	Geeta W/o Kundanlal Tilak Puri Delhi 91		P P P P P S P A P P A P S P P A P P P S P P A P P P S P A P P	21 days	do	2854=00 Paid	
	Pay to Shift Rs 42126 BIFR Nil						
	Daily Total			310 days	G. Total	42126=00 only	
	Initials of person marking the daily attendance		A A A A A S A A A A A A S A A A A A S A A A A A S A A A A				
	Initials of Inspecting Officer						

Pay Rs. 42126 (Rupees) Rs. Forty two thousand one hundred Twenty Six only

Accountant (HG) 18/3/08 M.O.H. Sr. A.O 19/3/08

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 ... All the signatures of RTI & LTI Attested - Fully Paid

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

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

Rs.	P.

Received on 5/2/08 at 3.30 PM entry the page no 12 serial No. 397

Received for cash/cheque payment

CANCELLED Released for Payment

HEALTH DEPARTMENT

MUSTER ROLL NO. ~~3967~~ 3995 (From 01/01/08 To 31/01/08)

Contd. Sheet - II

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

In continuation of Muster Roll No. 3909

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 –	Smt. Shri Satpal S/o Heijam Sukhbir Singh Bastee M.M. New Delhi		P	P	P	P	P	S	P	P	P	A	P	P	S	A	P	P	P	P	P	S	A	P	P	P	P	H	S	A	P	P	P	23 days	133-45 + CA	19976=00 3125=00	Satpal
8 –	Anil S/o Ramkumar Heijam Bastee M.M. New Delhi		P	P	P	P	P		P	P	P	P	P	P		P	P	P	P	P	P		A	A	A	A	A	A		A	A	A	A	17 days	do	2310=00	
9 –	Seena W/o Shrikishan Trilok Puri Delhi 91		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	P	P	27 days	do	3669=00	
10 –	Vimod S/o Sh. Ram Pal 85/273 Lady Harding Staff Estate N/ Delhi		A	A	A	A	P	S	P	P	P	P	P	P	S	P	P	P	A	P	P	S	P	P	P	P	P	H	S	P	P	P	P	22 days	do	2990=00	Vimod
	Daily Total																																	236 days	G. Total	32070=00	
	Initials of person marking the daily attendance		A	A	A	A	A	S	A	A	A	A	A	A	S	A	A	A	A	A	A	S	A	A	A	A	A	A	S	A	A	A	A				
	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.

O.O. No – 1144/B/PA/MOH Dt 30/11/07

(16) daily wages S/R, C/B @ 15

HEALTH DEPARTMENT

(1+2) Total Sheet = 3.

MUSTER ROLL NO. ~~3967~~ 3995 (From 01/01/08 To 31/01/08)

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

In continuation of Muster Roll No. 3909

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.	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
1	Smt. Ram Niwasi W/o Sh. Kishor Kr. Hri Jan Bastee Mandir Marg New Delhi		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	H	S	P	P	P	P	27 days	133-45 + CA	3669=00	RTI of Smt. Ram Niwasi Attested
2	Smt. Kamlesh W/o Sh. Prakash Hri Jan Bastee Mandir Marg New Delhi		P	P	P	P	P		P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	H	S	P	P	P	P	27 days	do	3669=00	कमलेश Signature Attested
3	Sh. Harbhajan S/o Sh. Mangal Hri Jan Bastee M.M.N. Delhi		P	P	P	P	P		P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	A	H	S	P	P	P	P	26 days	do	3533=00	Harbhajan Sign Attested
4	Sh. Amit S/o Sh. Mahander Hri Jan Bastee M.M. New Delhi		P	P	P	P	P		P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	H	S	P	P	P	P	27 days	do	3669=00	AMIT Signature Attested
5	Sh. Ajay S/o Sh. Jag Saran Hri Jan Bastee M.M. New Delhi		P	A	P	P	A		P	P	P	P	P	P	S	P	P	P	A	A	A	S	A	A	A	P	A	A	A	A	A	A	A	13 days	do	1767=00	Signature Attested
6	Sh. Surdnder Pal S/o Sh. Azed Pal Hri Jan Bastee M.M. New Delhi		P	P	P	P	P		P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	H	S	P	P	P	P	27 days	do	3669=00	Surendar Pal Signature Attested
	Daily Total							S							S							S						H	S					147 days	G. Total	19976=00	
	Initials of person marking the daily attendance		R	R	R	R	R	S	R	R	R	R	R	R	S	R	R	R	R	R	R	S	R	R	R	R	R	H	S	R	R	R	R				
	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.