HEALTH DEPARTMENT

Contd. Sheet – III

MUSTER ROLL NO. 4011 (From 01/02/08 To 29/02/08)

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

In continuation of Muster Roll No. 3964

214/H 31/3/08

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
13.	Smt. Bimla W/o Sh. Suresh			25 days	133.45 + C.A.	3402-00	
14.	Sh. Rajiv S/o Sh. Nate Singh. 16/365 H Bapa Nagar. Karol Bag New Delhi -			22 days	do -	2994-00	Rajiv
15	Sh. Manoj Kumar S/o Sh. Kumesh. 107 Balmiki Sadan mandir marg New Delhi - 1			25 days	do -	3402-00	मनोज कुमार
16.	Sh. Jai Kishan S/o Sh. Bhagwan Dass H. no. 34, Balmiki Sadan mandir marg. New Delhi-1			25 days	do -	3402-00	
17	Sh. Suresh S/o Sh. Om Ram.			25 days	do -	3402-00	
		Daily Total		423 days	G. Total	54842-00	
		Initials of person marking the daily attendance					
		Initials of Inspecting Officer					

Pay Rs. 54842/- (Rupees Rs. Fifty four thousand Eight hundred forty two only)

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.

CANCELLED Released for Payment

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

S.No 1 to 17 All thumbs and signature attested and fully paid.

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

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

Rs.	P.

Recd on 17/3/08 at 10.10 AM entry in page No 20 serial No 491

Pay to Shri Rs 54842 B I Rohilla GPK 59842

A.O. (HEALTH)

HEALTH DEPARTMENT

Contd Sheet-II

MUSTER ROLL NO. 4011 (From 01/02/08 To 29/02/08)

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

In continuation of Muster Roll No. 3964

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
9.	SH. Amit Kumar S/o SH. Om Parkash B-806 Budh Nagar Inder Puri Delhi-12	SK		25 days	133.45 + C.A	3402-00	Amit Kumar
10.	Smt. Asha Kumari W/o SH. Anil D-252 Dashan Puri	SK		25 days	do-	3402-00	Asha
11.	Smt. Kavita W/o SH. Sanjay C-1085 Nata Ji Nagar	SK		24 days	do-	3266-00	Kavita
12.	SH. Amit S/o SH. Premsingh. H.No. 16. Bal Miki Basti Mandir Marg New Delhi-1	SK		24 days	do-	3266-00	Amit
	Daily Total		4 4 3 4 4 4 4 4 4 4 4 3 4 4 4 4 4 4 4 4 4 4 4 4	281 days	G. Total	38240-00	
	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.

HEALTH DEPARTMENT

Cover sheet - I

MUSTER ROLL NO. 4011 (From 1/2/08 To 29/02/08)

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

In continuation of Muster Roll No. 3964

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
5.	SH. Vikash S/o SH. Nafe Singh. 16/365 H. Bapa Nagar Karol Bagh.	S.K	P P P	P P P	S	P P P	P P P	P P P	P P P	P P P	S	P P P	P P P	P P P	P P P	P P P	A	A	S	A	P P P	P P P	P P P	P P P	P P P	S	P P P	P P P	P P P	P P P	P P P	← →	22 days	133.45 + C.A	2994-00	
6.	SH. Deepak S/o SH. Kala Ram. C-II/387 Sultan Puri	S.K	A P P	P P P	S	P P P	P P P	P P P	P P P	P P P	S	A	P P P	P P P	P P P	P P P	A	A	S	P P P	P P P	P P P	P P P	A	A	S	P P P	P P P	P P P	P P P	P P P	← →	19 days	-do-	2586-00	
7.	Smt. Pooja W/o SH. Rakesh. 7/50 Gadhard Kamalwari.	S.K	P P P	P P P	S	P P P	P P P	P P P	P P P	P P P	S	P P P	P P P	P P P	P P P	P P P	P P P	P P	S	P P P	P P P	P P P	P P P	P P P	P P P	S	P P P	P P P	P P P	P P P	P P P	← →	25 days	-do-	3402-00	
8.	Smt. Sunita W/o SH. Ajay Anand. B-6 L.N.J.P. Hospital. New Delhi	S.K	P P P	P P P	S	P P P	P P P	P P P	P P P	P P P	S	P P P	P P P	P P P	P P P	P P P	S	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	P P P	P P P	P P P	P P P	P P P	← →	25 days	-do-	3402-00	
	Daily Total		3	4		4	4	4	4	4	4		3	4	4	4	2	2		3	4	4	4	3	3		4	4	4	4	4	← →	183 days	G. Total	24904-00	
	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.

O.S. No- 1220 / D/PA/MOH Dt. 20/12/07
approval Checking No- 7426/D/PS. Dt 20/11/07

214/H. 31/3/08

(17) daily wages S/K, L/B @

(143) total Sheet = 4

HEALTH DEPARTMENT

MUSTER ROLL NO. 4011 (From 01/02/08 To 29/02/08)

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

In continuation of Muster Roll No. 3964

214/H. 31/3/08.

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 ... (1–31)	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. Balvinder s/o Sh. Omparkash 2028 Kotla mubarak pur.	SK	P P P S P P P P P A P P P S P P P P P A P P P P P P P S P P P P P P P S P P P P P P P S P P P P P P P	23 days	133.45 + C.A.	3130-00 Paid	बलविन्दर
2.	Sh. Jagpal s/o Sh. Kaluti F-2/296 madan Gir. New Delhi 110062.	SK	P P P S P P P P P S P P P P P P P P P S P P P P P P P S P P P P P P P S P P P P P P P	25 days	-do-	3402-00 Paid	Jagpal
3.	Smt. Sunita w/o Sh. Rajkumar.	SK	P P P S P P P P P S P P P P P P P P P S P P P P P P P S P P P P P P P S P P P P P P P	25 days	-do-	3402-00 Paid	सुनीता
4.	Sh. Jitender s/o Sh. Nafe Singh. 16/365 H Bapa Nagar Karol Bagh New Delhi	SK	P P P S A P P P P P S P P P P P A A P S A P P P P P P S A P P P P P P P	19 days	-do-	2586-00 Paid	जितेन्द्र
	Daily Total		4 4 3 4 4 3 4 4 4 3 4 4 3 3 3 4 3 4 4 4 3 4 4 4 4	92 days	G. Total	12520-00	
	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.