HEALTH DEPARTMENT

MUSTER ROLL NO. 4015 (From 01/02/08 To 29/02/08)

Cover Sheet – IV

Circle No. VI Voucher No. 232/H Dated

In continuation of Muster Roll No. 3968 31/3/08

PART-NOMINAL-ROLL

Accountant (HG) CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped accccrding 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
21	Sh Sanjay Kr S/o Sh Ashok Kr R/o 4/4525 S.S. Colony, Motor Pari Delhi	Sweeper Sk.		24 days	135.48 T 4	3266-00	
22.	Smt Sheela W/o Sh. Hari Kishan Devi 29/R 44 Sultanpuri at	do	Transfer in CMO IV zone	Nil		Nil	
23.	Sh Tinku S/o Sh. Satish Kr R/o 20/470 T/Pari at	do		24 days	4	3266-00 3402-00	
24	Smt Reena W/o Sh Rajkumar V/S Smt Shashi W/o Naresh Dilli Pur, 2	do		25	4	Recd 3402-00	
24A	Smt Bobby W/o Mukesh Dilli Pur 2	do		24 days	4	Recd 3266-00	
	Daily Total			549		74710-00	
	Initials of person marking the daily attendance			G. Total		74846-00	
	Initials of Inspecting Officer						

Pay Rs. 74710/- (Rupees Seventy four thousand seven hundred ten only)

Accountant (HG) A.A.O. (HEALTH) 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

VERIFIED FOR CASH/CHEQUE PAYMENT

Sanitation Officer

CANCELLED Released for payment

HEALTH DEPARTMENT

Cover Sheet - III

MUSTER ROLL NO. 4015 (From 01/02/08 To 29/02/08)

Circle No. VI Voucher No. ..... Dated .....

In continuation of Muster Roll No. 3968

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	Smt Archana W/o Sh. Jag Ram R/o 22/9 Story Ali Gaon Najafgarh	Sweeper SK		25 days	133.45 + LA	3402-00	
17	Smt Sunita W/o Sh. Ashok Kr R/o 78 P. Place N. Delhi	do		25 days	"	3402-00	
18	Smt Premlati W/o Sh. Subhash R/o 23/340 T. Puri Delhi	do		24 days	"	3266-00	
19	Sh. Sanjeev Kr S/o Sh. Kirandhaj R/o A/1/88 Sector 18 R.K. Puram New Delhi	do		17 days	"	2314-00	
20	Sh. Pardeep Kr S/o Sh. Raj Pal R/o 16/382 T/Puri Sec-9	do		20 days	"	2722-00	
	Daily Total			452	G.Total	61510-00	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer						

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

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

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.

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

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

Rs.	P.

HEALTH DEPARTMENT

MUSTER ROLL NO. 4015 (From 01/02/08 To 29/02/08)

Contd. Sheet - II

Circle No. VI Voucher No. ..... Dated .....

In continuation of Muster Roll No. 3968

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
11 Sh.	Ravi S/o Sh. Chiranji Lal R/o R.27 Y Dakshinpuri N-Delhi	Sweeper SK.		25 days	133.45	3402-00	Sd/-
12 Sh.	Ravikar S/o Sh. Kishan Lal 13/372 Old Seelampur Gali No. 7. Delhi	do		25 days	11	3402-00	Ravi Kumar
13 Sh.	Rajender Kr S/o Sh. Ram Parkash R/o 22/234 T. Puri Delhi	do		25 days	11	3402-00	
14. Sh.	Rajkamal S/o Sh. Ramesh R/o 197. Balmiki Basti N. Delhi.	do		25 days	11	3402-00	
15 Smt	Meena W/o Sh. Vinod Ko R/o 110 Mandir Marg New	do		25 days	11	3402-00	
			Daily Total	341	Grand Total	46404-00	
			Initials of person marking the daily attendance	341			
			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

MUSTER ROLL NO. 4015 (From 01/02/08 To 29/02/08)

Contd. Sheet-I

Circle No. VI Voucher No. ..... Dated .....

In continuation of Muster Roll No. 3968

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 Sh.	Sunil S/o Sh. Ramesh Kr R/o 21/272 T/Pari Delhi	D/Wagher S.K.		23 days	133.48	3130-00	Sig Alum RL
7 Sh.	Sumit S/o Sh. Jai Parkash R/o 8 No. 12 O/S. P R Lane N. Delhi 3	do		25 days	4	3402-00	Sig Alum RL
8 Sh.	Pramod S/o Sh. Hukumchand R/o 8 No. 8 Sarojini Nagar Allopathic Dispensari N. Delhi	do		25 days	4	3402-00	Sig Alum RL
9 Sh.	Neeraj S/o Sh. Balkishan R/o 173 Navada village Delhi	do		13 days	4	1769-00	Sig Alum RL
10 Sh.	Vinod S/o Sh. Palu Ram R/o 70 Gandhi Sadan M/Marg N. Delhi	do		25 days	4	3402-00	Sig Alum RL
	Daily Total			216	Total	29394-00	
	Initials of person marking the daily attendance			216			
	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

MUSTER ROLL NO. 4015 (From 01/02/08 To 29/02/08)

Circle No. VI Voucher No. ..... Dated .....

In continuation of Muster Roll No. 3968

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
1.	Sh. Sunil S/o Sh. Sultan R/o B-21 Palika Dham N. Delhi	Safai Karmi SK.		23 day	133.45 + CA	3130.00	
2.	Sh. Perveen Kr S/o Sh. Surinder R/o H.No-1080 Gali No 4; 100 Gats. Karol Bagh N.D.	do		24 days	4	3266.00	
3.	Sh. Ramesh S/o Sh. Chander Bhan R/o F-12 Sultanpuri N.D.	do		23 days	4	3130.00	
4.	Sh. Kamaljeet S/o Sh. Ramesh R/o D/213 Dasrath Puri N.D.	do		19 days	1	2586.00	
5.	Sh. Shekhar S/o Sh. Tarachand R/o 8/100 D.B.A Flat T/Puri N. Delhi	do		16 days	4	2177.00	
	Daily Total			105 days	G. Total	14289.00	
	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.