201/H.
31/3/08

# HEALTH DEPARTMENT

Contd. Sheet – III

## MUSTER ROLL NO. 4026 (From 1/2/08 To 19/02/08)

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

In continuation of Muster Roll No. 3979

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 13 | 2 14 | 3 X | 4 14 | 5 14 | 6 13 | 7 14 | 8 14 | 9 13 | 10 X | 11 13 | 12 13 | 13 14 | 14 14 | 15 14 | 16 14 | 17 X | 18 14 | 19 14 | 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. Umesh Kr. S/o Sh. Sadhu Sig<br>Hri Jan Bastee M.M. New Delhi | Sk | 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 | P P P | S | P P P | P P P | | | | | | | | | | | | | 16 days | 133-45 +CA | 2177 | |
| 18 | Ajay S/o Sh. Kishan<br>Hri Jan Bastee Mandir Marg New Delhi | " | 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 | P P P | S | P P P | P P P | | | | | | | | | | | | | 16 days | do | 2177 | |
| 19 | Smt. Kusum W/o Sh. Marge Ram C.No. 14<br>Simentry. New Delhi | " | 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 | P P P | S | P P P | P P P | | | | | | | | | | | | | 16 days | do | 2177 | |
| | Pay to Staff Rs 35921<br>B/F Rs Nil<br>SAM 35921 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Daily Total | | 16 | 17 | 5 | 17 | 17 | 16 | 17 | 17 | 16 | 5 | 16 | 16 | 17 | 17 | 17 | 17 | 5 | 17 | 17 | | | | | | | | | | | | | 267 days only | G. Total | 35845 only | |
| | Initials of person marking the daily attendance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 264 | | | |
| | Initials of Inspecting Officer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Pay Rs. 35921/- (Rupees Rs Thirty five thousand Nine hundred twenty one only)

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

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.

MR Bill passed subject to receiving of complete residential address.

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. |
|---|---|
| | |

VERIFIED FOR CASH/CHEQUE PAYMENT

Received on 10/3/08 at 10.40 AM. entry to page No 14 serial No 461

28/3/08

# HEALTH DEPARTMENT

## MUSTER ROLL NO. 4026 (From 1/2/08 To 19/2/08)

Contd. Sheet II

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

In continuation of Muster Roll No. 3979

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 |
|---|---|---|---|---|---|---|---|
| 12 | Smt. Soniya w/o Sh. Parvej Kumar Hri Jan Bastee m.m. New Delhi | " | S S S | 16 days | 133-45 +CA | 2177=00 | Paid सोनिया |
| 13 | Sh. Ajay Kumar S/o Sh. Babulal Hri Jan Bastee m.m. New Delhi | " | S S S | 16 days | do | 2177=00 | Paid Sig Attested |
| 14 | Sh. Hament Kr. S/o Sh. Kamal dass Hri Jan Bastee m.m. New Delhi | " | S A S S | 15 | do | 2041 | Paid |
| 15 | Smt. Rajbala w/o Hoshiyan Singh Hri Jan Bastee m.m. New Delhi | " | S S S | 16 days | do | 2177=00 | Paid 2151 Sig Attested |
| 16 | Smt. Saroj Davi w/o Hari Kishan Hri Jan Bastee m.m. New Delhi | " | S S S | 16 days | do | 2177=00 | Paid 2121 Sig Attested |
| | | | | | | 29798=00 | P.T.O |
| | Daily Total | | 13 14 X 14 14 13 14 14 13 X 13 13 14 14 14 14 X 14 14 | 219 days | G. Total | 29308 Rs | |
| | Initials of person marking the daily attendance | | L L X L L L L L X L L L L L X L L | 297 | | 29308 Rs | P.T.O. |
| | Initials of Inspecting Officer | | X X X | 216 | | | |

Pay Rs. ..... (Rupees ..... ) 29526=00

2430

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. 4026 (From 1/2/08 To 19/02/08)

Contd. Sheet-I

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

In continuation of Muster Roll No. 3979

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 |
|---|---|---|---|---|---|---|---|
| 7 | Smt. Kusum W/o Anil Harijan Basti Mandir Marg New Delhi | " | | 15 days | 133-45 + CA | 2041=00 | कुसुम sij Attested |
| 8 | Smt Premwati W/o Ram Kishan Harijan Basti Mandir Marg New Delhi | " | | 14 days | do | 1905=00 | प्रेमवती sij Attested |
| 9 | Smt. Shobha W/o Hari Chand Harijan Basti Mandir Marg New Delhi | " | | 14 days | do | 1905=00 | शोभा sij Attested |
| 10 | Smt. Sudha W/o Ram Pal Harijan Basti Mandir New Delhi | " | | NIL | do | NIL | |
| 11 | Sh. Manindar S/o Ram Sewak Harijan Basti Mandir Marg New Delhi | " | | NIL | do | NIL | |
| | Daily Total | | | 139 days | G. Total | 18913=00 | P.T.O. |
| | Initials of person marking the daily attendance | | | 137 | | 18641=00 | |
| | 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. |
|---|---|
| | |

Sanitation Officer

1/19

(19) [illegible] 133-45 [illegible]

# HEALTH DEPARTMENT

## MUSTER ROLL NO. 4026 (From 1/2/08 To 19/02/08)

(1+3) Total Sheet = 3.

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

In continuation of Muster Roll No. 3979.

**PART-NOMINAL-ROLL**

Accountant (HG). CHIEF MEDICAL OFFICER

| S.No. | Name, Father's/Husband's Name & Address grouped according to classes | Designation | 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 Ravi S/o Ram Kishan, Hei Jan Bastee n.m. New Delhi | S.K | P | P | S | P | P | P | P | P | P | S | P | P | P | P | P | P | S | P | P | ← | | | | 10. | | | | | | | → | 16 days | 133-45 +CH | 2177=00 | |
| (2) | Birj Lal S/o Chamsing, Hei Jan Bastee n.m. New Delhi | " | P | P | S | A | P | P | P | P | P | S | P | P | P | P | P | P | S | P | P | | | | | 10 | | | | | | | | 16 days 15 | do | ~~2177=00~~ 2041 | |
| 3 | Auran S/o Om Singh, Hei Jan Bastee n.m. New Delhi | " | P | P | S | A | P | P | P | P | P | S | P | P | P | P | P | P | S | P | P | | | | | | | | | | | | | 15 days | do | ~~2177=00~~ 2041 | |
| 4 | Vinod S/o Ram Kumar, Hei Jan Bastee n.m. N.D. | " | P | P | S | P | P | P | P | P | P | S | P | P | P | P | P | P | S | P | P | | | | | | | | | | | | | 16 days | do | 2177=00 | |
| 5 | Birjesh S/o Thamsingh, Hei Jan Bastee n.m. New Delhi | " | P | P | S | P | P | P | P | P | P | S | P | P | P | P | P | P | S | P | P | | | | | | | | | | | | | 16 days | do | 2177=00 | |
| 6 | Radha Kirshan S/o, Hei Jan Bastee n.m. New Delhi | " | P | P | S | P | P | P | P | P | P | S | P | P | P | P | P | P | S | P | P | | | | | | | | | | | | | 16 days | do | 2177=00 | |
| | Daily Total | | 6 | 6 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 5 | 6 | 6 | | | | | | | | | | | | | ~~94 days~~ 94 | G. Total | ~~[illegible]~~=00 12790=00 | P.T.O. |
| | Initials of person marking the daily attendance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Initials of Inspecting Officer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Sig Attested

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

Accountant (HG)

M.O.H. Sr. A.O

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

| Rs. | P. |
|---|---|
| | |

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

Sanitation Officer