192/H 31/3/08

HEALTH DEPARTMENT

Contd. Sheet-II

MUSTER ROLL NO. 4043 (From 1/2/08 To 12/02/08)

Circle No. IV Voucher No. 192/H 31/3/08 Dated

In continuation of Muster Roll No. 3996 31/3/08

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
11	Sh. Nalleen S/o Ram Singh D-20, J.J. Colony Camp No II Nangloi Delhi	D/Ly Sk	P P S 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 P P	10	133.45 466-00	1361-00	
12	Sh. Amit S/o Kishori D-8, Palika Dham N.D.	"	P P S 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 P P	10	"	1361-00	
13	Sh. Pardeep S/o Shri Kishan F-12 Lodhi Rd. N.D.	"	P P S 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 P P	10	"	1361-00	
14	Sh. Deepak S/o Bokulal 120, Harijan Basti N.D	"	P P S 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 P P	10	"	1361-00	
15	Sh. Vikash S/o Ram Phal 85/273 Lady Harding N.D.	"	P P S 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 P P	9	"	1225-00	
16	Deny to Shift-II 19735 B1F Ahu				"		
	Daily Total		S S	145	G. Total	19735-00	
	Initials of person marking the daily attendance		S				
	Initials of Inspecting Officer		S				

Pay Rs. 19735/= (Rupees) Nineteen thousand seven hundred thirty five 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. (HEALTH)

CANCELLED Released for Payment

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. 4043 (From 1/2/08 To 12/02/08)

Cover Sheet-I

Circle No. IV Voucher No. ..... Dated .....

In continuation of Muster Roll No. 3996

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 ... (1–31)	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
06	Sh. Deepak s/o Rajinder K-332, Dakshin Puri Delhi	DW SK	P P S P P P P P S P P / P P P P P P P P P P P P	10	133.45 +66.00	1361-00	Deepak
07	Sh. Gouri s/o Kamal 40, Harijan Basti N.D.	11	P P S P P P P P S P P / P P P P P P P P P P P P	10	11	1361-00	Gouri
08	Sh. Vikram s/o Kamal 40, Harijan Basti N.D.	11	P P S P P P P P S P P / P P P P P P P P P P P P	10	11	1361-00	Vikram
09	Sh. Vikarl Chand s/o Narul C-7/1245, Gali Mkt. N.D.	11	P P S P P P P P S P P / P P P P P P P P P P P P	8	11	1089-00	[illegible]
10	Smt Bimla w/o Dayachand 29, Ali Gonj N.D.	11	P P S P P P P P S P P / P P P P P P P P P P P P	10	11	1361-00	बिमला
	Daily Total		S S	96	G. Total	13066-00	
	Initials of person marking the daily attendance		S				
	Initials of Inspecting Officer		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.

O.S. No – 1144 / D/PA / MOH Dt. 30/11/07.

(16) daily wager S/K, L/B @ 133.45 + CA

HEALTH DEPARTMENT

MUSTER ROLL NO. 4043 (From 1/2/08 To 12/2/08)

(16)

(142) Total sheet = 3

Circle No. IV Voucher No. ..... Dated .....

In continuation of Muster Roll No. 3996

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	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
01	Sh. Vijay Kumar S/o Sh. Mushroodi Lal 24, NDMC Flats P.R. Market New Delhi	Dly Wkr	P	P	S	P	P	P	P	P	P	S	P	P	A																			10	133.45 + 66.00	1361-00	Sign Attested
02.	Smt Urmila W/o Sh. Rajender 29, Multistory Aligang N. Delhi-03.	"	P	P	S	P	P	P	P	P	P	S	P	P																				10	11	1361-00	उर्मिला Sign Attested
03	Sh. Sant Ram S/o Sh. Shiv Ram 51-A, Aram Bagh New Delhi-110005.	"	P	P	S	P	P	P	P	P	P	S	A	A																				8	11	1089-00	सन्तराम Sign Attested
04	Sh. Sachin S/o Sh. Sher Singh 8A - Janpath Lane New Delhi-110001.	"	P	P	S	P	P	P	P	P	P	S	P	P																				10	11	1361-00	सचिन Sign Attested
05	Smt Dimple W/o Sh. Satish 46, NDMC Complex Mandir Marg. New Delhi-110001.	"	P	P	S	P	P	P	P	P	P	S	P	P																				10	11	1361-00	डिम्पल Sign Attested
	Daily Total				S							S																						48	G. Total	6533-00	
	Initials of person marking the daily attendance				S							S																									
	Initials of Inspecting Officer				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.