200/H.
31/3/08

HEALTH DEPARTMENT

Counter sheet = 2.

MUSTER ROLL NO. 4058 (from 15/2/08 To 29/02/08)

Circle No. IV ~~Fresh~~ Voucher No. .... Dated ....

In continuation of Muster Roll No. Fresh.

Accountant (HG), CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

Dates From .... To ....

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	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. NAVEEN S/o Sh. Ram Singh, D-20 J.J. Colony Comp No2, Nangloi Delhi	D/W S/K	13	133.45 / 136.00	1769-00	[illegible] Paid Signature
12	SH. AMIT S/o SH. Kishan, D-8 Palika Dham, New Delhi-110001	"	13	"	1769-00	Amit Kumar. Signature
13.	SH. PARDEEP S/o Sh. Shri Kishan, F-18 Lodhi Road, New Delhi	"	13	"	1769-00	[illegible] Signature
14.	SH. DEEPAK S/o Sh. Baboo Lal, 120, Harijan Basti, New Delhi-110001	"	13	"	1769-00	Paid R.S.
15	SH. VIKASH S/o Sh. Ram Phal, 85/273 Lady Harding, New Delhi	"	9	"	1225-00	[illegible] Paid Signature
	Daily Total		186	G. Total	25311-00	
	Initials of person marking the daily attendance					
	Initials of Inspecting Officer					

Pay Rs. 25311/= (Rupees Rs. Twenty five thousand three hundred Eleven only)

Pay to staff Rs. 25311

Accountant (HG) M.O.H.

CANCELLED

Released Sr. A.O. Payment

A.A.O. (HEALTH)

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.

VERIFIED FOR CASH/CHEQUE PAYMENT

Head Cashier

Received 10/3/08 at 10.40 AM. Entry No. 454.

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

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

Total amount paid (in words) Rupees All Sig Attested & Duly Paid .Balance Paid

Rs.	P.

HEALTH DEPARTMENT

MUSTER ROLL NO. 4058 (From 15/02/08 To 29/02/08)

Cover Sheet I

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

In continuation of Muster Roll No. Fresh

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
06.	SH. DEEPAK S/o Sh. Rajender K.332. Dakshin Puri New Delhi-110062	D/W S/K		12	133.45 +66.00	1633-00	Deepak
07	SH. GOURAV S/o SH. Kamal 40. Harijan Basti New Delhi-110001	"		15	11	1769-00	Gourav
08	SH. VIKRAM S/o Sh. Kamal 40. Harijan Basti New Delhi-110001	"		43	11	1769-00	Vikram
09	SH. VIKASH CHAND S/o Sh. Naresh C-77/245 Gole Market New Delhi-110001	"		9	11	1225-00	
10.	SMT. BIMLA W/o Sh. Daya Chand 29. Ali Ganj New Delhi	"		12	11	1769-00	Bimla
	Daily Total		S S	125	G. Total	17010-00	
	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.

O.O. No- D/136/PA/MOH Dt 14/2/08

(16) daily wages S/R, C/15 ...

(1+2) Total sheet = 3.

(16)

HEALTH DEPARTMENT

MUSTER ROLL NO. 4058 (From 15/02/08 To 29/02/08)

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

In continuation of Muster Roll No. Fresh.

PART-NOMINAL-ROLL

Accountant (HG). CHIEF MEDICAL OFFICER

Dates From .... To ....

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
01.	Sh. VIJAY Kr. S/o Sh. Mushaddi Lal, 24, N.D.M.C Flets. R.K. MKt. New Delhi	D/W S.K															P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	—	—	13	133-45 +66-00	1769-00	[signature]
02.	Smt. URMILA W/o Sh. Rajender, 29, Multi Steory Ali Ganj New Delhi	"															P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	—	—	13	11	1769-00	[signature]
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	P	P	P	P	P	—	—	13	11	1769-00	[signature]
04.	Sh. SACHIN S/o Sh. Sher Singh, 8-A, Janpath Lane New Delhi-110001	"															P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	—	—	13	11	1769-00	[signature]
05.	Smt. DIMPLE W/o Sh. Shatish, 46. N.D.M.C. Complex Mandir Marg New Delhi-110001	"															P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	—	—	13	11	1769-00	[signature]
	Daily Total																		S							S								65	G. Total	8845-00	
	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.