D-2-16-12(P)

HEALTH DEPARTMENT

MUSTER ROLL NO. 4194 (From 1/5/08 To 17/05/08)

Contd. sheet - II

Circle No. IV Voucher No. 100/H. 19/6/08 Dated

In continuation of Muster Roll No. 4153

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
11.	Sh. Nand Kishar S/o Sh. Roshan Lal. 1311, Sangam Vihar Delhi —	D/W Sk		15	135-25 +66-00	2065-00	[illegible] Sig Attd
12.	Sunil Kr. S/o Sh. Inder Jeet 10/01, Karampura Delhi —	D/W Sk		15	"	2065-00	[illegible] Sig Attd
13.	Sh. Raj Kumar S/o Sh. Tej pal. 34, Naglai Delhi 41	"		15	"	2065-00	[illegible] Sig Attd
14.	Sh. Laxmi S/o Sh. Subhash Chand. 131/2, Meer Dard Lane N. Delhi —	"		15	"	2065-00	[illegible] Sig Attd
	Daily Total			195	G. Total	26845-00	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer						

Pay to Shift Rs 26845 B/K Rs 26845

Rs 26845/= Rs Two only Six thousand Eight hundred forty five only

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

Accountant (HG) M.O.H. Sr. A.O. (V.K. GOEL) AO (PH)

CANCELLED 16/6/08 Released for 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.

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

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

Rs.	P.

All the RTI CTI & Signature Attested

Received 04/6/08 Received on 4/6/08 at 4.10 PM - entry the page no 26 Serial no 639.

Received for CASH/CHEQUE PAYMENT

HEALTH DEPARTMENT

MUSTER ROLL NO. 4194 (From 1/5/08 To 17/5/08)

Contd. sheet-I

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

In continuation of Muster Roll No. 4153

PART-NOMINAL-ROLL

Accountant (HG) Total 2260-00 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
06	Smt Veena w/o Sh Chand Kumar D/o Sr 9, NDMC Flats Mandir Marg N. Delhi-01.		P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P															45	135-25 +66-00 Pm	2065-00	Sig Attend Paid
07	Sh Manish K S/o Sh Sunil Dutt. 11 9, E- Ali Ganj Lodhi Road N. Delhi-03.		P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P															15	11	2065-00	Manish Sig Attend
08	Smt Suman w/o Sh Ramesh Chand 21 14/16, Dakshinpuri N. Delhi-62		P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P															15	11	2065-00	सुमन Sig Attend
09	Smt Seema w/o Sh ~~Mahesh~~ Manohar 2- Palika Dham N. Delhi-01		P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P															15	11	2065-00	सीमा Sig Attend
10	Sh Sunil S/o Sh Romy, 11 16/1, Tribk Puri Delhi-110091.		P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P															15	11	2065-00	Sunil Sig Attend
	Daily Total					S							S																					135	G. Total	18585-00	
	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

Rs.	P.

O.O.No- 162/D/PA/MOH Dt 22/02/08.

(14) daily wages S/K, L/B @ 135.25 Per day - CA 66/- pm

(1+2) = Total Sheet = 3.

~~18585~~ 3442

HEALTH DEPARTMENT

MUSTER ROLL NO. 4194. (From 1/5/08 To 17/05/08)

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

In continuation of Muster Roll No. 4153

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 per day Rs. P.	Amount Rs. P.	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
01	Smt Premwati w/o Sh Kazar 35-C, J.J. Colony Nagloi Delhi	D/W SK.	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P					14										15	135-25 +66-00	2065-00	RTI Alt
02	Sh Salek S/o Sh Kundan Lal F-11/200, Madan Giri N Delhi-62	"	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P					14										15	11 do	2065-00	Sig Alt
03	Smt Sunita w/o Sh Sachdev H.No-1 NDMC Complex Mandir marg N Delhi	"	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P					14										15	11 do	2065-00	RTI Alt
04	Sh Mohan Lal S/o Sh Hub Lal J.J. Colony Holambi Kalan Delhi	"	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P					14										15	11 do	2065-00	Sig Alt
05	Sh Kuldeep S/o Sh Ranjeet Singh 13, Bapu Dham N Delhi	"				S							S											14										—	11 do	—	
	Daily Total					S							S																					60	G. Total	8260-00	
	Initials of person marking the daily attendance					S							S																								
	Initials of Inspecting Officer					S							S																								

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

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

Rs.	P.

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