HEALTH DEPARTMENT

Contd. Sheet IV

MUSTER ROLL NO. 4249. (From 1/6/08 To 14/6/08)

Circle No. IV Voucher No. 56/14 15/7/08 Dated

In continuation of Muster Roll No. 4207

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 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
21	Sh. Deepu S/o Sh. Rajender K-352, Dakshinpuri Delhi-62	D/W SK		12	135-25 +66.00	1655-00	Deepu
22	Sh. Ajay Kumar S/o Sh. Jagdish 1846, J. Block Jahangirpuri Delhi	"		12	"	1655-00	
23	Smt Mamta w/o Sh. Har Lal 17 D/S Ali Ganj Delhi.	"		12	"	1655-00	Mamta
24	Sh. Premdass S/o Sh. Ram Charan C-23 Pahla Dham Delhi.	"		12	"	1655-00	
25	Smt Ramo w/o Sh. Rajkumar Kaliwari Mang JJ. Camp N. Delhi	"		12	"	1655-00	
26	Smt Sheela w/o Sh. Harkishan B-12/30, Prithla Puri Delhi-91.			12	–	1655-00	
		Daily Total		300	G. Total	40547-00	
		Initials of person marking the daily attendance		306		42202-00	
		Initials of Inspecting Officer					

Pay to Staff Rs. 42202 B/F Bill GATE 42202

Pay Rs. 42202/- (Rupees Rs. Forty two thousand two hundred two 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.

CAIS. AO (HQ) (M.K. GOEL) AO (PH) Released for Payment

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

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

All the signature are attested Fully Paid

Rs.	P.

HEALTH DEPARTMENT

Contd. sheet - III

MUSTER ROLL NO. 4249. (From 1/6/08 To 14/6/08)

Circle No. IV Voucher No. Dated

In continuation of Muster Roll No. 4207.

PART-NOMINAL-ROLL

Accountant (HG), CHIEF MEDICAL OFFICER

Bill 24273-00 23947-00

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
16	Sh Yogender S/o Sh Shishpal Singh 29/269, Himalpuri Delhi-91	Sfwo Sq.	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	12	135-25 +66-00	1655-00 Paid	Sig Attest
17	Sh. Munim S/o Sh Med T-488 Baljeet Nagar Delhi-08.	"	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	12	"	1655-00 Paid	Sig Attest
18	Sh Kailash wati w/o Sh M angal 207, Balmiki Basti Mandir Marg ND.	"	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	12	"	1655-00 Paid	Sig Attest
19	Sh. Anil Kumar S/o Sh Banarsi dass B/A-100, DDA Flats Najafgarh Road 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 P	12	"	1655-00 Paid	Sig Attest
20	Sh. Arun Kumar S/o Sh. Ratan Lal D-82, DDA Flats Kailash Gandhi 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 P	12	"	1655-00 Paid	Sig Attest
	Daily Total		S S	228	G. Total	32548-00	
	Initials of person marking the daily attendance		S S		C/f	32272-00	
	Initials of Inspecting Officer		S S				

Pay Rs. (Rupees)

	Rs.	P.
Grand Total of this Muster Roll		
Deduct-Payment made, as per details transferred to Register of Unpaid Wages		

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.

HEALTH DEPARTMENT

Contdsheet- II

MUSTER ROLL NO. 4249. (From 1/6/08 To 14/6/08)

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

In continuation of Muster Roll No. 4207.

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	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 Avinash S/o Sh Budh Ram S-16, P.R. Lane Khan Market Delhi	D/No Sal.	S	P	P	P	P	P	P	S	P	P	P	P	P	P																		12	135-25 +66.00	1655-00	Paid Signature
12	Sh. Vipin Kumar S/o Sh Kishanpal 380, Chirag Delhi Delhi.	"	S	P	P	P	P	P	P	S	P	P	P	P	P	P																		12	11	1655-00	Paid Signature
13	Sh Deepak S/o Sh Mahender 17/309, Trilok Puri Delhi-91.	"	S	P	P	P	P	P	P	S	P	P	P	P	P	P																		12	11	1655-00	Paid Signature
14	Sh Vicky S/o Sh Ram Kishan 15-D/5 Ali Ganj Lodhi Road. N-Delhi	"	S	P	P	P	P	P	P	S	P	P	P	P	P	P																		10	11	1379-00	Paid Signature
15	Sh Amarjeet S/o Sh Ramesh Chand L-625, Sewa Nagar Delhi-03.	"	S	P	P	P	P	P	P	S	P	P	P	P	A	A																		10	11	1379-00	Paid Signature
	Daily Total		5							5																								174	G. Total	24273.00 / 23997=00	
	Initials of person marking the daily attendance		5							5																											
	Initials of Inspecting Officer		5							5																											

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.

HEALTH DEPARTMENT

Contract sheet-I

MUSTER ROLL NO. 4249. (From 1/6/08 To 14/6/08)

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

In continuation of Muster Roll No. 4207.

Accountant (HG). B/f 7999-00 8275-00 CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

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 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
06	Sh. Mukesh S/o Sh Chandi Lal 12, Yamuna Vihar N. Delhi	D/co S.G.	S	P	P	P	P	P	P	S	P	P	P	P	P	P																		12	135-25 +66-00	1655-00	[illegible] Paid Sig Attested
07	Sh. Sanjeev S/o Sh Puran P-101 Dhareda village Delhi	"	S	P	P	P	P	P	P	S	P	P	P	P	P	P																		12	11	1655-00	Sanjeev Kumar Paid Sig Attested
08	Sh. Sandeep S/o Sh Surender Kumar F-1 Palika Dham Delhi	"	S	P	P	P	P	P	P	S	P	P	P	P	P	P																		12	11	1655-00	Self Paid Sig Attested
09	Sh Bhoopender Sood S/o Sh Vijay Sood 4202, Bhola Nath Nagar Shahdara N. Delhi	"	S	P	P	P	P	P	P	S	P	P	P	P	P	P																		12	11	1655-00	[illegible] Paid Attested
10	Sh Rajender S/o Sh Hari Chand Y-1139 Mangol Puri Delhi-83.	"	S	P	P	P	P	P	P	S	P	P	P	P	P	P																		12	11	1655-00	राजेन्द्र Paid Sig Attested
	Daily Total		S							S																								118	G. Total	16550-00 16274-00	
	Initials of person marking the daily attendance		S							S																								118	C/f		
	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

O.O. No:- 69/D/CMO/HQ Dt 11/3/08
Vide-approved Chairman No 7426/D/PS Dt 20/11/07

(26) daily wager Sk/L/B @ 135.25 p.d.

(174) Total Sheet=5

HEALTH DEPARTMENT

MUSTER ROLL NO. 4249. (From 1/6/08 To 14/6/08)

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

In continuation of Muster Roll No. 4207.

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 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	Sh. Rakesh S/o Sh. Ratan Lal 22, Staff Qtr Mother Teresa Road N.D	D/W Sk.	S P P P P P P S P

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.