HEALTH DEPARTMENT

MUSTER ROLL NO. 4254.

Circle No. IX Voucher No. 70/H Dated.....

(From 1/6/08 To 14/6/08)

In continuation of Muster Roll No. 4212. 15/7/08

Contd. Sheet-II

PART-NOMINAL-ROLL

Accountant (HG)

CHIEF MEDICAL OFFICER (S)

CMO (HQ) On Leave

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
25	Sh. ANIL S/o Girdhari Lal. H.N.E. 189 Near Raghubir Nagar. N. Delhi 18.	LB	P P P P P P P P P A A A A	28½	135.25 + C.A 66 tPm	38,751.00	ANIL S/o Giridhari
26	Sh. DINesh S/o Mainu Ram. Juggi No. F.385. J.J. Colony Wazirpur Delhi 52	SK	P P P P P P P P P P P P P	12 days	do	1655.00	DINESH S/o Mainu Ram
27	Sh. Ashok S/o Om Prakash. H.No. 2. Multistory Aliganj N. Delhi	LB.	P P P P P P P P A P P	11½ days	do	1516.00	ASHOK S/o OmPrakash
28	Smt Pooham W/o Dharmender. H.No. B.3/1 Galaxy Block. B. Phase I Olchla el. Delhe.	S/Ic.	P P P P P P P P P P P P P	12 days	do.	1655.00	Smt Pooham W/o Dharmender
			Daily Total	324	G. Total	44,680.00	

Initials of person marking the daily attendance

Initials of Inspecting Officer

Pay Rs. 44680.00 (Rupees Forty four thousand six hundred Eighty only) Paid in full S.No 1 to 28 AH

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.R.O.

CANCELLED (V. R. GOEL) AO (PH)

Released for Payment

Grand Total of this Muster Roll ... ... Rs. P.

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

HEALTH DEPARTMENT

MUSTER ROLL NO. 4254. (From 1/6/08 To 14/6/08)

Contd. Sheet-IV

Circle No. IX Voucher No. ..... Dated .....

In continuation of Muster Roll No. 4212.

PART-NOMINAL-ROLL

Accountant (HG) CHIEF MEDICAL OFFICER (S)

CMO (HQ) On Leave

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
20	Sh. Rakesh S/o Ram Maher Juggi No. W 54/2 Double Storey Raja Gardan Raghubir Nagar N. Delhi	SK LB	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 P P P P P P P P P P	22 / 12 days	135.25 + C.A	30,476.00 / Paid 1655.00	रोकेश / Rakesh S/o Ram Maher
21	Smt Reetu W/o Raja Ram. H.No. 159/A Basant Nagar New Delhi	S/K	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 P P P P P P P P P P	12 days	do	Paid 1655.00	रीतू / Smt Reetu W/o Raja Ram
22	Smt Dayawati W/o Jaj Pal. H.No. R. 165.5 Camp. Tigri Delhi-62	S/K	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 P P P P P P P P P P	12 days	do	Paid 1655.00	दयावती / Smt Dayawati W/o Jaj Pal
23	Sh Vijay S/o Suresh Chander. H.No 4/17 Kali Basti Ring Road. New Delhi	L/B	P P P P P P P P P P P P	12 days	do	Paid 1655.00	विजय / Vijay S/o Suresh Chander
24.	Sh. Pawan S/o Kishan Pal. H.No 2590 Malad Band. Badarpur. Badar N.D.44	S/K	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 P P P P P P P P P P	12 days	do	Paid 1655.00	Pawan / Pawan S/o Kishan Pal
	Daily Total		23 23 23 24 24 24 24 24 24 24 24 20	281	C/f G. Total	38,751.00	
	Initials of person marking the daily attendance						
	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

Rs.	P.

HEALTH DEPARTMENT

MUSTER ROLL NO. 4254. (From 1/6/08 To 14/06/08) Contt.Sheet-II

Circle No. IX Voucher No. .... Dated ....

In continuation of Muster Roll No. 4212.

PART-NOMINAL-ROLL

Accountant (HG), CHIEF MEDICAL OFFICER (S) CMO(HQ) on Leave

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	2	3	4	5	6	7	8	9	10	11	12	13	14	15–31	Total	Rate Rs. P. (Per day)	Amount Rs. P.	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
																	162	135.25 + C.A	B/f 22,340.00	
15	Sh. Manoj S/o Sureshpal. E 92/103. Aradhik Nagar Shahdra N. Delhi	S/K	P	P	P	P	P	P		P	P	P	P	P	P	← 1/f	12 days		Paid 1655.00	Manoj; S/d Attested Manoj S/o Sureshpal
16	Sh. Neeraj S/o Ram Rattan. H. No- C. 4 Palika Dham N. Delhi	L/B	P	P	P	P	P	P		P	P	P	P	P	A	← 1/f	11 days	do	Paid 1516.00	[illegible]; S/d Attested Neeraj S/o Ram Rattan
17	Smt Anjana W/o Raju. C.I Palika Dham Gola Mkt N. Delhi	S/K	P	P	P	P	P	P		P	P	P	P	P	P	← 1/f	12 days	do	Paid 1655.00	[illegible]; S/d Attested Smt Anjana W/o Raju
18	Sh. Kishan Chand S/o Nand Lal PHC Central Ward. No I Mahavali N. D.	S/K	P	P	P	P	P	P		P	P	P	P	P	P	←	12 days	do	Paid 1655.00	[illegible]; S/d Attested Kishan Chand S/o Nand Lal
19	Smt Chanderkala W/o Ashok. H. 17/c/303 Block-F J. J. Colony Wazirpur	S/K	P	P	P	P	P	P		P	P	P	P	P	P	← 1/f	12 days	do	Paid 1655.00	चन्द्रकला; S/d Attested Smt Chanderkala W/o Ashok
	Daily Total		18	18	18	19	19	19		19	19	19	19	19	15	←	221	G. Total c/f	30,476.00	
	Initials of person marking the daily attendance																			
	Initials of Inspecting Officer																			

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

HEALTH DEPARTMENT

MUSTER ROLL NO. 4954. (From 1/6/08 To 14/6/08) Contd.Sheet-II

Circle No. IX Voucher No. .... Dated ....

In continuation of Muster Roll No. 4212.

PART-NOMINAL-ROLL

Accountant (HG). CHIEF MEDICAL OFFICER (S)

CMO (HQ) on Leave

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From 1 to 14 (1 S, 2 8, 3 8, 4 8, 5 9, 6 9, 7 9, 8 S, 9 9, 10 9, 11 9, 12 9, 13 9, 14 8)	15–31	Total	Rate	Amount Rs. P.	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
					104	Per day Total		
10	Sh. Sanjeev s/o Suresh Kr. H.No. 16/112 Trilokpuri Delhi-92.	L/B	P P P P P P P P P P A	L/B	11 dys	135.25 + C.A (~~135.25 + C.A~~)	14,343.00; 1516.00 paid	Rajeev; S/d Attested Santosh Kumar Sr. S.I.
11	Smt Vimla w/o Ramesh, H.No. 223 Dashrathpuri New Delhi-45.	S/K	P P P P P P P P P P P P		12 dy	do	1655.00 paid	Vimla; S/d Attested Smt Vimla w/o Ramesh
12	Sh. Hari Chand s/o Suresh Kr. J 11/A/5 Madangir New Delhi-62.	S/K	P P P P P P P P P P P P		12 dy	do	1655.00 paid	Harichand; S/d Attested Hari Chand S/o Suresh
13	Sh. Ajay Kr s/o Rama Nand. H.No. 129 Bal Miki Basti Mandir Marg N. Delhi-	S/K	P P P P P P P P P P P A		11 dy	do	1516.00 paid	Ajay Kumar; Ajay Kr S/o Ramanand
14	Sh. Rakesh Kr s/o Rajkumar, H.A 29/9 Mukesh Nagar. Shahdara Delhi	L/B	P P P P P P P P P P P P		12 dy	do	1655.00 paid	Rakesh; S/d Attested Rakesh s/o Raj Kumar
	Daily Total		13 13 13 14 14 14, 14 14 14 14 14 11		162	G. Total	22,340.00	
	Initials of person marking the daily attendance							
	Initials of Inspecting Officer							

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

HEALTH DEPARTMENT

MUSTER ROLL NO. 4254. (From 1/6/08 To 14/06/08)

Contd sheet-I

Circle No. IX Voucher No. ..... Dated .....

In continuation of Muster Roll No. 4212.

PART-NOMINAL-ROLL

Accountant (HG) CHIEF MEDICAL OFFICER (S) CMO (HQ) on Leave

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From ..... To	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
5	Smt Geeta W/o Shyam Babu. H. No. B. 986 Holambikala. Phase II New Delhi	S/K		48 ~~135.25~~ ~~+CA~~ 12 dy	135.25 +C.A	6620.00 Paid 1655.00	गीता S/O Attested Smt Geeta W/o Shyam Babu
6	Smt Jyoti W/o Anoop H. No. 8/35 B.22 Gotakuia Tai Khand. Balmiki Basti Delhi-20	S/K		8 dy	do	Paid 1103.00	ज्योती S/O Attested Smt Jyoti W/o Anoop
7	Smt Meena W/o Manoj H. No. 8255 Gali No. 6 Multani Dhonda Pahar Ganj N.D. 55	S/K		12 dy	do	Paid 1655.00	मीना S/O Attested Smt Meena W/o Manoj
8	Smt Lata W/o Om Pal. H. No. 632 Tohiepur Sarai New Delhi-95	S/K		12 dy	do	Paid 1655.00	लता S/O Attested Smt Lata W/o Om Pal
9	Sh. Mahesh Chand W/o Nanak Chand Phc. Central Ward. No. 1 Maharoli N.D. 30	L/B		12 dy	do	Paid 1655.00	महेश चन्द्र S/O Attested Mahesh Chand Sr Munshi
	Daily Total		8 8 8 9 9 9 9 9 9 9 9 8	104	G. Total	14,343.00	
	Initials of person marking the daily attendance						
	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

Rs.	P.

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

(98) Chaitanya Sh, 4/3 @ 135.25 tc

HEALTH DEPARTMENT

MUSTER ROLL NO. 4254. (From 1/6/08 To 14/6/08)

(175) Total Sheet = 6.

Circle No. IX Voucher No. ..... Dated .....

In continuation of Muster Roll No. 4212.

PART-NOMINAL-ROLL

Accountant (HG)

CHIEF MEDICAL OFFICER (S)

CMO (HQ) on Leave

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
1	Smt Sarla W/o Jag Pal. H.No. 8-4 ALIGANJ N. Delhi	S/Lc	16	12dys	135.25 TC.A	1655.00	Signature of Sarla. 7-12-17
2.	Smt Suresh W/o Rajesh. H.No. 13/104 Bapu Dham N. Delhi	S/Lc	16	12dys	do	1655.00	Paid. Signature of Suresh 9/7221
3	Smt Manisha W/o Ajay H.No. 161 Harijan Basti mandir marg N. Delhi	S/Lc	16	12dys	do	1655.00	मनीषा Signature of Smt. Manisha.
4	Smt Saroj W/o Tulsi Ram H.No. G.14 Peithvi Raj Lane New Delhi	S/Lc.	16	12dys	do	1655.00	सरोज Signature of Saroj
		Daily Total	4 4 4 4 4 4 4 4 4 4 4 4 4 4	48	G. Total	6620.00	
		Initials of person marking the daily attendance					
		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

Rs.	P.