Sheet-5.

HEALTH DEPARTMENT

MUSTER ROLL NO. 865 From 1/10/09 To 31/10/09

Circle No. 6 Voucher No. 37/H Dated .....

In continuation of Muster Roll No. 835 12/11/09

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
26	Smt BIMLA w/o Sh. RAJENDER 464, SHALIMAR PARK Delhi MOHALLA BHOLA NATH Nagar Delhi	LD/40 SK	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	25 days		3836-00	
27	Sh. MANISH s/o Sh. RAJESH 14, NDMC Flats Ali Ganj Lodhi Colony N. Delhi	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 P P P	21 days		3222-00	
28	Sh. RAMESHWAR s/o Sh. Sh. CHAOVA HARIJAN BASTI Jhuggi Camp N. Delhi	D	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	15 days		2302-00	

Net Payable Rs. 1,07,716-00

Daily Total — G. Total 1,07,716-00

Initials of person marking the daily attendance

Initials of Inspecting Officer

Entry has been made SR No 16360 on Page No 61.

SO(HG)

Pay Rs. 1,07,716-00 (Rupees One Lakh Seven Thousand Seven Hundred sixteen only)

CANCELLED 12/11 A.O(PH)

Accountant (HG) A.A.O (PH) Date ..... 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.

VERIFIED FOR CASH/CHEQUE PAYMENT

and Total of this Muster Roll ...

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

All the Sig & LTI, CTI Alt Fully Paid

tal amount paid (in words) Rupees ..... Balance Paid

Rs.	P.

Sheet-IV

HEALTH DEPARTMENT

MUSTER ROLL NO. 865 (From 1/10/09 To 31/10/09)

Circle No. 6 Voucher No. .... Dated ....

In continuation of Muster Roll No. 835

Accountant (HG),

CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

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.	Rate P.	Amount Rs.	Amount P.	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
21	Sh. Raju S/o Sh Rajender, S-40, Mandir Marg - NDMC-Flats, N.Delhi	D/w Sy.	P	H	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	A	26 days			3989.00		[signature]
22	Sh. RAHUL S/o Sh MAMAN, 6/166 Khichri pur Delhi-91.	"	P	H	A	S	P	P	A	A	A	A	S	P	A	A	P	P	H	S	P	A	P	P	P	P	S	P	A	P	P	P	P	18 days			2762.00		[signature]
23	Sh. VISHAL PREMI S/o Sh Raj Kumar, 18 Gaygal Katra Shahdara Delhi	"	P	H	P	S	P	P	P	P	P	P	S	P	P	P	A	P	P	S	P	P	P	A	P	P	S	P	P	P	P	P	P	25 days			3836.00		[signature]
24	Sh. AJAY KR. S/o Sh PREM, 18/270, BAPU DHAM Chanakya Puri Delhi 21.	"	P	H	A	S	A	A	P	P	P	P	S	P	A	A	P	A	H	S	A	P	P	P	P	P	S	P	P	A	P	P	P	18 days			2762.00		[signature]
25	Sh. SONU S/o Sh MAHENDER SINGH, 1/2, NDMC QTR, BAPU DHAM N.Delhi	"	P	H	P	S	P	P	P	P	P	P	S	P	P	P	P	P	H	S	P	P	P	P	P	P	S	P	P	P	P	P	P	27 days			4143.00		[signature]
	Daily Total			H		S							S						H	S							S							641 Days (4411 days struck through)	G. Total		98356.00		
	Initials of person marking the daily attendance		[initials]																																				
	Initials of Inspecting Officer			H		S							S														S												

Total: 527 Days. Amount: 880864.00

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

Total amount paid (in words) Rupees .... Balance Paid

HEALTH DEPARTMENT

Sheet-III

MUSTER ROLL NO. 865 (From 1/10/09 To 31/10/09)

Circle No. 6 Voucher No. Dated

In continuation of Muster Roll No. 835

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
16	Smt. SANTOSH W/o Sh. KAMAL KISHOR. C-261, MAHAVEER Enclave. Gali No-40, N. Delhi	D/M Sk	P P P S P P P P P P S P P P P P P S P P P P P P S P P P P P P S P P P P P P S P P P P P P P	27 days 393 Days		4143-00	
17	Smt. BIMLA W/o Sh. RAKESH 190, Tilak Nagar. New Delhi	"	H H S P P P P P P S P P P P P P H S P P P P P P S P P P P P P S P P P P P P P	27 days		4143-00	
18	Smt RADHA W/o Sh. NARESH B-635 Bhalaa-B. Bhoomheen Camp. Shahdara, Delhi	"	H H S P P P P P P S P P P P P P H S P P P P P P S P P P P P P S P P P P P P P	27 days		4143-00	
[illegible]	Smt. SANDHYA W/o Sh. NARENDER 4/1321-A, Gali No-9. Bhola Nath Nagar Shahdara Delhi	"	S P P P P P P S P P P P P P H S P P P P P P S P P P P P P S P P P P P P P	27 days		4143-00	
20	Smt REENA W/o Sh. RAKESH CM/69, DEVI NAGAR T-Huts Ring Road	"	S P P P P P P S P P P P P P H S P P P P P P S P P P P P P S P P P P P P P	26 days 527 Days 327 days		3989-00	
	Daily Total		S S S S S		G. Total	80864-00	
	Initials of person marking the daily attendance		H H S H H H H H S H H H H H H S H H H H H H S H H H H H H S H H H H H H H				
	Initials of Inspecting Officer		S S 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.

HEALTH DEPARTMENT

Sheet-II

MUSTER ROLL NO. 865 (From 1/10/09 To 31/10/09)

Circle No. 6 Voucher No. ..... Dated .....

In continuation of Muster Roll No. 835

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
11	Smt KHUSHBOO W/o Sh. RAJENDER KR. D/o 121, Block A-3/M, Janakpuri N. Delhi		P P P S P P P P P P S P P P P P P S P P P P P P S P P P P P P S P P P P P P S P P P	27 days		4143-00	29/9 Sig Asstt
12	Smt USHA W/o Sh. KISHAN 132, NDMC Flats Balmiki Basti Mandir New Delhi	"	P P P S P P P P P P S P P P A P P S P P P P P P S P P P P P P S P P P P P P S P P P	26 days		3989-00	31/9-1 Sig Asstt
13	Smt ANJANA W/o Sh. ANIL 10A/10829 Block 10 Balmiki Colony, Sat Nagar, Karol Bagh Delhi	"	P P P S P P P P P P S P P P P P P S P P P P P P S P P P P P P S P P P P P P S A A P P P	25 days		3836-00	Angara Sig Asstt
14	Smt ASHA W/o Sh. RAMKISHOR A-3, JNU, NIHFD Delhi-110016.	"	P P P S P P P P P P S P P P P P P S P P P P P P S P P P P P P S P P P P P P S P P P	27 days		4143-00	1161/c Sig Asstt
15	Smt. SAROJ W/o Sh. Ishwar SINGH 39, NDMC QTR. Ali Ganj. Lodhi Road. New Delhi-	"	P P P S P P P P P P S P P P P P P S P P P P P P S P P P P P P S P P P P P P S P P P	27 days		4143-00	RTI Asstt
				393 Days. 193	G. Total	60303-00	
	Daily Total		S S S S				
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer						

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

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.

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.

Sheet-I

HEALTH DEPARTMENT

MUSTER ROLL NO. 865 (From 1/10/09 To 31/10/09)

Circle No. 6 Voucher No. Dated

In continuation of Muster Roll No. 835

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	Smt ANURADHA D/o Sh. PRAKASH D-3, Patiala Dhani. N. Delhi —	Dlw Sk	P P P S P P P P P P S P P P P P P S P P P P P S P P P P P S P P P	27 days			4143-00		Anuradha Sign Attn
07	Smt. SUNITA W/o Ishwar Lal. 196, Bahmiki Sadan. Mandir Marg. N. Delhi —	"	P P P S P P P P P P S P P P P P P S P P P P P S P P P P P S P P P	27 days			4143-00		Sign Attn
08	Smt ROSHNI D/o Sh. PRAKASH D-3[illegible], patiala, Dhani. New Delhi — 01	"	P P P S P P P P P P S P P P P P P S P P P P P S P P P P P S P P P	27 days			4143-00		Sign Attn
09	Smt URMILA W/o Sh PREM SINGH F-374 Daulatpur Delhi — 62	"	P P P S P P P P P P S P P P P P P S P P P P P S P P P P P S P P P	27 days			4143-00		RTI Attn
10	Smt ANITA D/o Sh. RAM PRASAD A-93, Tigri Khan Pur. Delhi —	"	P P P S P P P P P P S P P P P P P S P P P P P S P P P P P S P P P	26 days			3989-00		Sign Attn
	Daily Total		S S S S	261 days	G. Total		40049-00		
	Initials of person marking the daily attendance		W W W S W W W W W S W W W W W W W S W W W W W S W W W W W S W W W						
	Initials of Inspecting Officer		S S 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/360/CMO/HQ dt 18/8/09.

(98) daily wager Sk. 418 @ 151+CA per day

(175) = 6 Sheet.

HEALTH DEPARTMENT

MUSTER ROLL NO. 865 (From 1/10/09 To 31/10/09)

Circle No. 6 Voucher No. Dated

In continuation of Muster Roll No. ~~835~~ 835

PART-NOMINAL-ROLL

Accountant (HG), CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped accc rding 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	Smt NEETU W/o Sh. GANGARAM 214, Block- E/II. Madan Giri Phase-II Dr Ambedkar Nagar Delhi	Safai Karmi	P P P S P P P P P P S P P P P P P P S P P P P P P S P P P P P P P	27 days		4143-00	Neetu Safai Karmi
02	Sh. Vijay Kumar S/o Sh. PURAN 11 F-2/1 Palika Dham. Tele- met. New Delhi-01.	"	P P P S P P P P P P S P P P P P P P S P P P P P P S P P P P P P P	24 days		3683-00	Vijay Safai Karmi
03	Sh. SANJAY S/o Sh. RAMESH. 9/66, Harijan Staff Quarter, Panchkuyan Road. At- Delhi	"	P H P S P P P P P P H P P P P P P P H P P P P P P S P P P P P P P	24 days 24 days		3683-00	Sanjay Safai Karmi
04	Smt. MANJU W/o Sh. Subhash; 31/B-97, Block 31, Tribole Puri Delhi-91.	"	P P P S P P P P P P S P P P P P P P S P P P P P P S P P P P P P P	27 days		4143-00	Manju Safai Karmi
05	Smt Asha W/o Sh. Sanjay G-2, Ali Ganj Lodhi Road. New Delhi.	"	P P P S P P P P P P S P P P P P P P S P P P P P P S P P P P P P P	25 days 27 days		3836-00	Asha Safai Karmi
	Daily Total		S S S S	127 days	G. Total	19488-00	
	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

Total amount paid (in words) Rupees.....Balance Paid

Rs.	P.