Sheet-II

HEALTH DEPARTMENT

MUSTER ROLL NO. 881 (From 1/10/09 To 31/10/09)

Circle No. VI Voucher No. 19/H 11/11/09 Dated

In continuation of Muster Roll No. 852.

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. SURESH S/o Sh. GANGA SHARAN B-234, Tigri Khan Pur. Delhi	D/W SK		232 Days 27 days		Rs 35,597-00 4143-00	
12	Sh. SONU S/o Sh. RAMLAL S/137, East Kidwai Nagar. Delhi	"		20 days		3069-00	
13	Sh. JOGINDER S/o Sh. Ram Chandra G-2, D/S, Ali Ganj Bodhi Colony Delhi-110003.	"		21 days		3222-00	
14	Sh. AMIT KUMAR S/o Sh. ROHTASH 1/11, Bapu Dham Chowkya Puri Delhi			25 days		3836-00	
			Daily Total	325 Days ~~315~~	G. Total	Rs 49,867-00 ~~49967-00~~	
			Initials of person marking the daily attendance				
			Initials of Inspecting Officer				

Entry has been made SR No 1635 on Page No 81 Net Payable Rs 49,867-00

Pay Rs. Paid (Rupees Forty nine thousand eight hundred sixty seven only)

Pay Rs 49,867-00

CANCELLED

AAO(PH) 11/11

M.O.H. Sr. A.O.

Released for Payment

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.

19/11/09

VERIFIED FOR CASH/CHEQUE PAYMENT

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

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

All the Sig. RTI CTI Alw

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

HEALTH DEPARTMENT

MUSTER ROLL NO. 881 (From 1/10/09 To 31/10/09)

Circle No. VI Voucher No. .... Dated ....

In continuation of Muster Roll No. 852.

PART-NOMINAL-ROLL

Accountant (HG), CHIEF MEDICAL OFFICER

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
	Total 114 days																																			~~18358-00~~ Rs18358-00	
06	Sh. SANJAY S/o Sh. PALERAM V/S Sh. VIKRAM S/o Sh. MADAN LAL 66, Chandi Sadat Pur Noida	D/W SK	A	A	A	S	A	A	A	A	A	A	S	A	A	A	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	15 days		2382-00	Sig
07	Sh. VIKRAM S/o Sh. UMED SINGH J-188, Dakshin Puri Ext. Delhi 62.	"	A	H	A	S	P	A	A	P	P	P	S	A	P	P	A	A	H	S	P	A	P	P	P	P	S	P	P	P	P	P	P	17 days		2608-00	Sig
08	Sh. AMIT S/o Sh. BHIV CHARAN	"	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	Sig
09	Sh. PRAVEEN KR. S/o Sh. KAWARPAL D-317, School Block, Nathu Colony Delhi-93.	"	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	27 days		4143-00	Sig
10	Sh. SANDEEP KR. S/o Sh. KAWARPAL D-317, School Block, Nathu Colony Delhi-93.	"	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	27 days		4143-00	Sig
	Daily Total					S							S							S							S							~~279~~ 232 Days	G. Total	~~35697-00~~ Rs35597-00	
	Initials of person marking the daily attendance					S							S							S							S										
	Initials of Inspecting Officer					S							S							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

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

O.O No:- D/417/CMO/HQ Dt 4/9/09.

(14) daily wages Sk. L/B @ 151+CA per day

(H2) = 3 Sheet

HEALTH DEPARTMENT

MUSTER ROLL NO. 881 (From 1/10/09 To 31/10/09)

Circle No. VI Voucher No. ..... Dated .....

In continuation of Muster Roll No. 852.

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 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. GOURAV S/o Sh. VINOD KR. R/o 2, Bhagal Lane. Jang Pura, Delhi	D/WTG	S S S S A	26 days		3989-00	Sign
02	Sh. VISHAL S/o Sh. VIJAY KR. R/o-4, Hummayun Road. Delhi-29.	"	S S S S	27 days		4143-00	Sign
03	Sh. ANIL S/o Sh. NANAKCHAND. H/6, Palika Dham. Delhi-01.	"	S S A S A A S A	23 days		~~3529-00~~ ~~3683-00~~ ~~3629-00~~	Sign
04	Sh. ANIL KR. S/o Sh. KRESH BABU 85/10, Sec. Pushp Vihar Delhi	"	S A S S S	26 days		3989-00	Sign
05	Sh. PRAVEEN S/o Sh. NARESH KR. R/o Shiv maha Kali mandir M/s, Flate, Ali Ganj Delhi-03.	"	A H S A A A A A S H S A S A A A	17 Days ~~17 days~~ ~~16 Days~~		Rs 2608-00 ~~2608-00~~ ~~2455-00~~	Sign
	Daily Total		S S S	119 days	G. Total	18258-00 ~~18358-00~~	
	Initials of person marking the daily attendance		S S S				
	Initials of Inspecting Officer		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.