Sheet-IV

HEALTH DEPARTMENT

MUSTER ROLL NO. 961 (From 17/11/09 To 30/11/09)

Circle No. 4 Voucher No. 63/H 10/12/09 Dated

In continuation of Muster Roll No. Foesh.

Accountant (HG) CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From ... To ... (1–31)	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
21	Sh. Vijay S/o Beer Singh A2/69 J.J Colony Bhalswa delhi	TMP SK —do—	12 days	229 days	—do—	1844-00	35,189-00
22	Sh. Laxman S/o Suraj Singh 10/91, Trilok Puri New delhi —do—	—do—	12 days		—do—	1844-00	
23	Smt Laxmi W/o Ashok Kr. 8/116 Bapu dham New delhi. —do—	—do—	12 days		—do—	1844-00	
24	Sh. Vijay Pal S/o Jagdish Prasad E-20, Lalika dham New delhi —do—	—do—	12 days		—do—	1844-00	
25	Sh. Sumit Kumar S/o Sukhbir 533, Balmiki Mohala Kapashera Village delhi-37 —do—	—do—	12 days		—do—	1844-00	
26	Sh. Manoj S/o Dinesh 16/262, Kalyan Puri New delhi-91 —do—	—do—	12 days	301 days	—do—	1844-00	46,253-00
		Daily Total		5000 total			46,000-00

Net payable = 46,253-00

Entry has been made in the register on page 63 at Sr. No. 1692. 04/12/09

Initials of person marking the daily attendance

Initials of Inspecting Officer

Pay Rs. 46,253-00 (Rupees Forty six thousand two hundred & fifty three only.)

SO(HS) 4-12-09

Accountant (HG) AAO (PH) A(PH) M.O.H. Sr. A.O

CANCELLED Release for Payment 63/H

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

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.

Sanction No. 1 to 26 Revised Fully bill all 2 clubs

10/12/09

Sheet-III

HEALTH DEPARTMENT

MUSTER ROLL NO. 961 (From 17/11/09 To 30/11/09.)

Circle No. 4 Voucher No. ..... Dated .....

In continuation of Muster Roll No. Fresh.

Accountant (HG), CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From ... To ... (1–31)	Total days	Rate	Amount	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
16	Sh. Sunil Kr S/o Babulal 162. J.J Sunlight Colony New delhi-	T.M.P S/K		12 days	-do-	1844-00	
17	Sh. Gaurav S/o Ram Niwas C-109/90, J.J Camp Balika dham N. Delhi	-do-		9 days	-do-	1383-00	
18	Sh. Dinesh S/o Ram Kishan B-256, Mangal pari New Delhi-	-do-		12 days	-do-	1844-00	
19	Sh. Vipin Kr S/o Kirshanpal 380- Chirag delhi	-do-		12 days	-do-	1844-00	
20	Sh. Surinder S/o Pheru Ram A-2/610 J.J Colony Bhalswa delhi-	-do-		12 days	-do-	1844-00	
				229 days		35,189-00	
	Daily Total			22 G.Total		35036-00	
	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.

Sheet II

HEALTH DEPARTMENT

MUSTER ROLL NO. 961 (From 17/11/09 To 30/11/09)

Circle No. 4 Voucher No. ..... Dated .....

In continuation of Muster Roll No. Fresh

Accountant (HG) CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From ... To ... (1–31)	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
		T.M & SK		112 days		15,120-00	17,210-00
11	Sh. Malkeet S/o Sifat Singh 50A, Baba Farid Puri Patel Nagar delhi	do	17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 — S P P P P S P P P P P S P —	12 days	do	1844-00	1844-00
12	Sh. Naveen S/o Suresh Chand S-37, Harijan basti Mandir Marg N. delhi	do	17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 — S P P P P S P P P P P S P —	12 days	do	1844-00	1844-00
13	Sh. Kuldeep S/o Satpal 464 Gali No 2 Bhala Nath Nagar Shahdra delhi	do	17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 — S P P P P S P P P P P S P —	12 days	do	1844-00	1844-00
14	Sh. Pawan S/o Satpal 464 Gali No 2 Bhala Nath Nagar Shahdra delhi	do	17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 — S P P P P S P P P P P S P —	12 days	do	1844-00	1844-00
15	Sh. Sonu S/o Madanlal F-42, Harijan basti Mandir Marg N. delhi	do	17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 — S P P P P S P P P P P S P —	12 days	do	1844-00	1844-00
				172 days		26,430-00	26,277-00
	Daily Total		14 14 14 14 13 S 15 14 14 15 14 15 S 15 —	171 days (Total)			
	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 ... ... Rs. P.

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

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

Sheet-I

HEALTH DEPARTMENT

MUSTER ROLL NO. 961 (From 17/11/09 To 30/11/09)

Circle No. 4 Voucher No. ..... Dated .....

In continuation of Muster Roll No. Fresh.

Accountant (HG) CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped acccrding to classes	Designation T.M.F.Sk	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 days	Rate Rs. P.	Amount Rs. P.	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
6	Sh. Hira Singh S/o Kishanlal K-331, Daksin Puri Dr Ambedkar Nagar N. Delhi	-do-	P P P P P S P P P P P S P —	12 days	-do-	1844-00	1844-00
7	Sh. Gowan S/o Kamal G-40, Harijan basti Mandir Marg N. Delhi	-do-	P P P P P S P P P P P S P —	12 days	-do-	1844-00	1844-00
8	Sh. Anil S/o Vijendra E-1/134, Madan Gir Dr. Ambedkar Nagar N. delhi	-do-	P P P P P S P P P P P S P —	12 days	-do-	1844-00	1844-00
9	Sh. Dharmender Singh S/o Paya Singh C 1/342 Sultanpuri New delhi-4	-do-	P P P P P S P P P P P S P —	12 days	-do-	1844-00	1844-00
10	Sh. Vikram S/o Rajdham Chauhan C-25 Gali No 12, East Sagarpur New delhi.	-do-	P P P P P S P P P P P S P —	12 days	-do-	1844-00	1844-00
				112			17210-00
	Daily Total		9 9 9 9 8 S 10 9 9 10 9 10 S 10 —	111 days Total			17057-00
	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.

O.O. No:- D/595/CMO/HQ Dt 12/11/09.

(26) daily wager Sk. L/B @ 151+CA per day

(1+4) = 5 sheet.

HEALTH DEPARTMENT

MUSTER ROLL NO. 961 (From 17/11/09 To 30/11/09)

Circle No. 4. Voucher No. ..... Dated .....

In continuation of Muster Roll No. Fresh.

Accountant (HG) — CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation T.M.R Sk	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. (151+CA)	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
1	Smt Ramlesh Kumari W/o Ramdass 935/1 Raj Nagar Palam New delhi.	do		12 days		do	1844-00
2	Smt Geeta W/o Sunder Kr. S-60/19 Jail Vihar Lajpat Nagar N. Delhi 24	do		12 days		do	1844-00
3	Sh. Pardeep S/o Jagdish 1/3 Bapudham New delhi	do		12 days		do	1844-00
4	Sh. Naveen Kr S/o Omparkash 222 Akes Vihar Sadh-6 R.K. Puram N. delhi	do		11 days 5 days		do	768-00 6615-00
5	Sh. Yaspal S/o Kamal G-40, Balmiki basti Mandir Marg N. delhi	do		11 days 52 days		do	7990-00
	Daily Total			51 days Grand total		do	7837-00
	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.

	Rs.	P.
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		