

HEALTH DEPARTMENT

MUSTER ROLL NO. 966

Circle No. 9 Voucher No. 3311 Dated 3/11/109

(From 17/11/09 To 30/11/09)

In continuation of Muster Roll No. 966 PART-NOMINAL-ROLL

Accountant (HG) N.S.

CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From ..... To .....																														Total	Rate	Amount	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment		
			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	
22	Sh. SUNNEG P. Hese Lal H.No. 5-9 Ali Garh N. Delhi	Deputy																																	11 days	Rs. 151/-	Rs. 1690	36/10/50 37, 339-00
23	Sh. Sagar Bansalender, H.No. 29 Pithvi Puri Jawahar Met N. Delhi.	do																																	12 days	Rs. 1844/-	Rs. 1844/-	37, 339-00
24	Sh. Bireh N. Sengh H.No. 5-7 Palika Ashan New Delhi	do																																	12 days	Rs. 1844/-	Rs. 1844/-	37, 339-00
25	Sh. Sansay S. Sengh H.No. 48 Indome Tar Colony. N. Delhi	do																																	12 days	Rs. 1844/-	Rs. 1844/-	37, 339-00
25	Smt Rajwadeh Sengh H.No. B 5/3 So Sultan Puri New Delhi	do																																	11 days	Rs. 1690	Rs. 1690	37, 339-00
			Head Cashier Pay Rs. 46,251-00 Rupees: Forty Six Thousand Two Hundred Fifty One only																																			

Accountant (HG) N.S.  
Certified that the workers mentioned in the muster roll were actually employed by me on NDMC works and they were actually paid on my identification in my presence.

Released for Pay Sheet

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

paid in full  
Rs. 1028 M  
Rs. 117 M  
Rs. 1028 M



HEALTH DEPARTMENT

MUSTER ROLL NO. 966

Squad, 8

Circle No. 9 Voucher No. 8084

Dated 17/11/69 (From To 30/11/69)

In continuation of Muster Roll No. 8084

PART-NOMINAL-ROLL

Accountant (HG) M. S.

CHIEF MEDICAL OFFICER

Table with columns: S.No., Name, Father's/Husband's Name & Address, Designation, Dates (From/To), Total, Rate, Amount, Sign. or thumb impression of payee and dated initials of paying officer.

Pay Rs. (Rupees)

Accountant (HG) M.O.H. St. A.O. Certified that the workers mentioned in the muster roll were actually employed by me on NDMC works(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

## MUSTER ROLL NO. 988

Circle No. 9 Voucher No. 988 Dated 17/11/09  
 In continuation of Muster Roll No. 988 (From 30/11/08)

**PART-NOMINAL ROLL**

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
			1	2				
			3	4				
6	Sh. Sharan Singh Ramon Lal. H.No. 5/13#122 Lcidwasi Nagar, T. House, N. Delhi	Do			12dy	1844	1844	<i>[Signature]</i>
7	Smt. Pooja Singh Suraj. H.No. 5/16 Shiv Vikas Videm Nagar.	do			12dy	1844	1844	<i>[Signature]</i>
8	Smt. Jaymiti Ram Babu. Sugriva 339 B. 18 Indira. Camp Kalyan Pur. N. Delhi	do			12dy	1844	1844	<i>[Signature]</i>
9	Sh. Sunil Laksho Meshwiler H.No. G-12 Palika Dham New Delhi	do			12dy	1844	1844	<i>[Signature]</i>
10	Sh. Rohit 80 Rajkr H.No. E-17 Palika Dham N. Delhi	do			12dy	1844	1844	<i>[Signature]</i>
11	Sh. Dinesh 810 M. Babul. H.No. 262 Shiv Mandir Wazirpur Bad Delhi	do			10dy	1536	1536	<i>[Signature]</i>
			Daily Total		125	G. Total	19567-00	<i>[Signature]</i>

Accountant (HG) *[Signature]*  
 CHIEF MEDICAL OFFICER *[Signature]*

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

36 Clerk Nagel  
21/11/09  
147 = 55 sheet

# MUSTER ROLL NO.

Circle No. 9 Voucher No. 926 Dated 19/11/09

In continuation of Muster Roll No. (From 30/11/09 To 30/11/09)

#### PART-NOMINAL-ROLL

Accountant (HG) *V.R.S.*

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 paying officer made at the time of payment
			1	2	3	4				
1	Sh. Gautam Singh Roydas, H.No. C-51 Palika Colony, New Delhi	SI	19/11	20/11	P	P	2	151 + 511	1844	<i>S. Ramesh</i>
2	Sh. Arun Singh Meena, H.No. S-51 Badmilya Sadan, Mandir Marg N. Delhi	SI	19/11	20/11	P	P	2	1229	1229	<i>S. Arun</i>
3	Sh. Sansi Singh, H.No. S-45 Badmilya Sadan Mandir Marg N. Delhi	SI	19/11	20/11	P	P	2	1690	1690	<i>S. Sansi</i>
4	Sh. Rakesh Singh, H.No. D-15 Palika Colony, New Delhi	SI	19/11	20/11	P	P	2	1844	1844	<i>S. Rakesh</i>
5	Sh. Suresh Kumar, H.No. A-319 Minhto Road Complex N. Delhi	SI	19/11	20/11	P	P	2	1844	1844	<i>S. Suresh</i>
	Daily Total							55	8451	<i>S. Ramesh</i>

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

Accountant (HG) *M.O.H.*

Grand Total of this Muster Roll ...

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.

St. A.O.

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

Rs.		P.	

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

Balance Paid .....