Sheet-8

HEALTH DEPARTMENT

MUSTER ROLL NO. 967- (From 17/11/09 To 30/4/09)

Circle No. 10 Voucher No. 52/H Dated.....

In continuation of Muster Roll No. Fresh 1.12.09

PART-NOMINAL-ROLL

Accountant (HG), CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped accrding 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
41	Rohit S/o Ramesh Darbari Pur Delhi	D/W	36 33 34 37 37 S 34 36 37 36 37 39 S 36 — 431 less 4 (S) + CA	02 days		66,223-00 / 307	Attested
42	Mukesh S/o Kanta Singh E 158, Mandi Purle Nihar Nagar N Delhi	D/W	— 12 days	-do	1844		Attested
43	Sagar S/o Mangeel Belmukh Basti, Mandir Marg, N Delhi	D/W	— 12 days	-do	1844		Attested
44	Madhu w/o Pardeep Bapu Dham, N. Delhi	D/W	— 12 days	-do	1844		Attested
	Net payable = 72,062-00		469 days			72,062-00 / 72062-00	
			Daily Total — 40 36 37 41 40 — 37 39 40 39 40 42 — 39 —	466	G. Total	72215 = 00	

Entry has been made in the register on page 64 at Sr. No. 1708

VERIFIED FOR CASH/CHEQUE PAYMENT
Head Cashier

Initials of person marking the daily attendance

Initials of Inspecting Officer

S.O (HS) PR 4-12-09

Pay Rs. 72,062-00 (Rupees Seventy two thousand & sixty two only.....)

All the Signatures from Sr. No. 01 to 44 are duly attested & fully paid Rs. Nil.

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

Accountant (HG) AAO(PH) AO(PH) 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.

HEALTH DEPARTMENT

MUSTER ROLL NO. 967 (From 17/11/09 To 30/11/09)

Circle No. 10 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	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
36	Rajinder S/o Jai Pal B 11/6 IAAI complex mahi Pal Pur N.D	D/W	31 28 29 30 31 S 31 31 31 31 31 S	375 — 12 days	151 PCA	57,619-00 1844	
37	Sunder lal S/o Bishan lal W-2 191/B Gali tilak Nagar N.D	D/W	S A A S	— 10 days	— do —	1536	
38	Naresh S/o Ramdin 71/109 Baba Dham Chanakya Puri N.D	D/W	S A S	— 11 days	— do —	1690	
39.	Sanjay S/o Nanak Chand A-20 New Usman Pur N.D	D/W	S S S	— 11 days	— do —	1690	
40	Nitin S/o Rajesh 14/13 tilak Puri N.D	D/W	S S	— 12 days	— do —	1844	
				431 days		66,223-00	
	Daily Total		36 33 34 37 37 — 34 36 37 36 37 37 — 36	432	G. Total	66376	
	Initials of person marking the daily attendance		S S S S				
	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.

HEALTH DEPARTMENT

MUSTER ROLL NO. 967 (From 17/11/09 To 30/11/09.)

Circle No. 10 Voucher No. Dated.

In continuation of Muster Roll No. Foresh.

L. Sc
Accountant (HG)

CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped accrding 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
31	Vishal S/o Brij Lal J-335 Paxin Puri N.D	D/W	P P P P P S P P P P P S P P P	12 days	151.60	1844	
32	Anil S/o Chhotey Lal H.No-D 252 Paxin Puri N.D	D/W	P P P P P S P P P P H/P S P P P	12 days	-do-	1844	
33	Golu S/o Rangi Lal E-25 B 19/539 Indira Camp Trilok Puri	D/W	P P P P A S P P P P H/P S P P P	11 days	-do-	1690	
34.	Sanjay S/o Mahaveer 794 Sangam Bazar Jang Pura N.D	D/W	P P P P P S P P P P P S P P P	12 days	-do-	1844	
35	Mukesh S/o Ammid Lal 71 - Balmiki Basti Mandir Marg N.D	D/W	P P P P P S P P P P P S P P P	12 days 375	-do-	1844	
		Daily Total	31 28 29 32 32 31 31 32 33 32 34 31	376	G. Total	57772	
		Initials of person marking the daily attendance					
		Initials of Inspecting Officer					

Pay Rs. (Rupees.....)

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

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.

Attested

Anil Kumar

Golu

Sanjay

57,619-00

Sheet-5

HEALTH DEPARTMENT

MUSTER ROLL NO. 967 (From 17/11/09 To 30/11/09)

Circle No. 10 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 accrding 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.	Anju w/o Ramesh 7-S-T Huts Jamuna Puri N.D	D/W	P P A P P P S P A P P P P S P P P P

Sheet IV

HEALTH DEPARTMENT

MUSTER ROLL NO. 967 (From 17/11/09 To 30/11/09)

Circle No. 10 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 accrding 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
21.	Bobby S/o Desh Raj H-288 J.J Camp Tigri Khan Pur N.D	C/W	P P P

Sheet- III

HEALTH DEPARTMENT

MUSTER ROLL NO. 967 (From 17/11/09 To 30/11/09)

Circle No. 10. Voucher No. ..... Dated .....

In continuation of Muster Roll No. fresh.

Accountant (HG), CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

Dates From ..... To .....

S.No.	Name, Father's/Husband's Name & Address grouped acccrding 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
																			15	13	14	14	15	S	14	13	15	15	14	S	14										
16.	Ashu S/o Desh Raj 1/14 Sarita Vihar N.D	D/W	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	–	12 days	151+CA		1844		Pshw Attested
			P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P							
			P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P							
17	Ajay singh S/o Rajinder 176 A Devli village N.D	D/W	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	A	A	P	P	S	P	P	P	P	P	P	S	P	–	10 days	– do –		1536		Ajay Attested
			P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P							
			P		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P							
18	Rahul S/o Mohan Lal 4072 NO-15 Ajit Ngr N.D	D/W	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	A	P	P	P	S	P	P	P	P	P	P	S	P	–	11 days	– do –		1690		Rahul Attested
			P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P							
			P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P							
19	Sandeep S/o Ashok Kr. 1/181 Janta Jeewan Camp N.D	D/W	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	–	12 days	– do –		1844		Attested
			P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P							
			P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P							
20	Sanjay S/o Raghbir K-326 Daxin Puri N.D	D/W	P																P	A	A	A	A	S	A	P	P	P	H	A	P	S	A	5 days 4 days	– do –		768 615-00		
			P																P							P	P	P									
	Daily Total																		19	16	17	18	19	–	B	18	20	20	18	20	–	B	–	221	G. Total		33956		33803-00
	Initials of person marking the daily attendance																																	220 days					
	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 11

HEALTH DEPARTMENT

MUSTER ROLL NO. 967 (From 17/11/09 To 30/11/09)

Circle No. 10 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	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	Naveen S/o Bishan Dass Baba Dham Staff Qrt. N.D	D/W	10 18 19 20 21 22 23 24 25 26 27 28 29 30	12 days	154 C.A	1844	Attested
12.	Arun S/o Rajender 1735 Block B Metro vihar Holambi Kalan N.D	D/W	10 18 19 20 21 22 23 24 25 26 27 28 29 30	12 days	-do-	1844	Attested
13.	Jaysing S/o Balwantsingh 724 K- Block Mangol Puri N.D	D/W	10 18 19 20 21 22 23 24 25 26 27 28 29 30	11 days	-do-	1690	Attested
14	Dinesh S/o Om Parkash 305 Block AI Sultan Puri N.D	D/W	10 18 19 20 21 22 23 24 25 26 27 28 29 30	12 days	-do-	1844	Attested
15	Parveen S/o Sunder Lal A-176 Devli village N.D	D/W	10 18 19 20 21 22 23 24 25 26 27 28 29 30	12 days	-do-	1844	Attested
	Daily Total		15 13 14 14 15 14 13 15 15 14 15	171	G. Total	26274	
	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-I

HEALTH DEPARTMENT

MUSTER ROLL NO. 967 (From 17/11/09 To 30/11/09)

Circle No. 10 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 accrding 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
6	Amit S/o Bal Kishan W2-100 Balmiki vihar Palam N.D	D/W	17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 = 55	12 days	151+DA	1844	Attested
7	Sagar Kr. S/o Ashok Kr 19/288 N.D.M.C flat Baby Dham N.D	D/W		11 days	-do-	1690	Attested
8	Manjeet S/o Rajender 15/16 T Huts Subji Mandi N.D	D/W		11 days	-do-	1690	Attested
9	Sashi Rani D/o Raghbir B-805 Gharali Devj Foram N.D	D/W		11 days	-do-	1690	Attested
10	Seema W/o Sukhbeer 7/114 Saket colony N.D	D/W		12 days	-do-	1844	Attested
		Daily Total	10 8 9 9 10 - 9 9 10 10 9 10 - 9 -	112	G. Total	17708	
		Initials of person marking the daily attendance					
		Initials of Inspecting Officer					

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

	Rs.	P.
Grand Total of this Muster Roll		
Deduct-Payment made, as per details transferred to Register of Unpaid Wages		
Balance Paid		

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.

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

(44) cloudy wiper Stic. 413 @ 151+CA per day

(148) = 9 sheet

HEALTH DEPARTMENT

MUSTER ROLL NO. 967. (From 17/11/09. To 30/11/09.)

Circle No. 10. Voucher No. ..... Dated .....

In continuation of Muster Roll No. Fresh.

L.S
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
1	Pardeep S/o Sunder Lal A-176 Devli village N.D	D/W	S S S P P P P P P P P P P P P P P P A P P P P P P P P P P P P P P P