Sheet-3.

HEALTH DEPARTMENT

MUSTER ROLL NO. 970. (From 17/11/09 To 30/11/09.)

Circle No. 13. Voucher No. 72/H Dated

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

PART-NOMINAL-ROLL

Accountant (HG), CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped acccrding to classes	Designation Daily wages	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.	Sh. Sujeet S/O Dalip Singh R/O C-45 Dwarka Rd Najafgarh N.D.	SK	P P P P P S P P P P P P P S P	12 dys	151.66 +CA	1844-00	
17.	Smt Rani W/O Vijay Kumar R/O 6/90 Vill Jharera N.D.	-do-	P P P P P S P P P P P P P S P	12 dys	-do-	1844-00	
18.	Sh. Inder S/O Banwarilal R/O T-4 Rajbir Nagar N.D.	-do-	P P P P S P P P P P P P S P	12 dys	-do-	1844-00	
19.	Sh. Ajeet S/O Pappu R/O I/S Hospital Qtr Sadar Bazar Delhi Cantt N.D.	-do-	P P P P P S P P P P P P S P	12 dys	-do-	1844-00	
	Net payable = 31,193-00					31,193-00	
	Daily Total		17 17 17 16 18 S 16 16 17 16 17 18 S 18	203	G. Total	31193-00	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer						

04/12/09 Entry has been made in HL register on page 63 at Sr. No. 1697

Pay Rs. 31,193-00 (Rupees Thirty one thousand one hundred & ninety three only)

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.

(CANCELLED) AC/CH/H for Payment Hon. G/S M.O.H Sr. A.O

VERIFIED FOR CASH/CHEQUE PAYMENT

Grand Total of this Muster Roll ... Full bid

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

22/12/09

Rs.	P.

Sheet-II

HEALTH DEPARTMENT

MUSTER ROLL NO. 970 (From 17/11/09 To 30/11/09)

Circle No. 13 Voucher No. ..... Dated .....

In continuation of Muster Roll No. Fresh

PART-NOMINAL-ROLL

Accountant (HG) CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation Daily Wages	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
			9 9 9 8 9 5 8 8 9 8 8 9 5 9	103		15827-00	
11.	Smt Nisha D/o Raja R/o Sec-24 B-129 Rohini Delhi	S/K	S P P P P S P P P P P S P	12 dys	151.66 FCA	1844-00	Paid
12.	Sh. Rohit S/o Ravindra R/o 9/4683 Ajeet Nagr old Seelam Pur N.D.	-do-	P P P P P S A A A A P P S P	08 dys	-do-	1229-00	Paid
13.	Sh. Rocky S/o Balraj R/o 1/186/16 Jhuggi Sadar Bazar Delhi Cantt N.Delhi	-do-	P P P P P S P P P P P P S P	12 dys	-do-	1844-00	Paid
14.	Sh. Mukesh S/o Radha Saran R/o 158/52 Tul juggi Sadar Bazar Delhi Cantt N.D.	-do-	P P P P P S P P P P P P S P	12 dys	-do-	1844-00	Paid
15.	Sh. Ravi S/o Pappu R/o 1/8 Hospital Btr Sadar Bazar Delhi Cantt N.Delhi.	-do-	A A A A P S P P P P P P S P	08 dys	-do-	1229-00	Paid
	Daily Total		13 13 13 14 5 12 12 13 12 13 14 5 14	155	G. Total	23,817-00	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer						

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

Sheet-I

HEALTH DEPARTMENT

MUSTER ROLL NO. 970 (From 17/11/09 To 30/11/09)

Circle No. B Voucher No. Dated

In continuation of Muster Roll No. Fresh.

PART-NOMINAL-ROLL

Accountant (HG) CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped acccrding to classes	Designation Daily Wages	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.	Smt Kamlesh s/o Subhash R/o Thuggi N.27 Central Workshop Tehkhand N. Delhi.	SK	P P P P P S P P P P P S P	12 dys	151.66 + CA	1844-00	Rej
7.	Sh. Subey Singh s/o Hari Singh R/o 15 yrds Raghbir Nagar N.D.	do -	P P P P P S P P P P P S P	12 dys	do -	1844-00	Rej
8.	Sh. Somu s/o Bir Singh R/o 68 15½ yrds Raghbir Nagar N.D.	do -	P P P P S P P P P P P S P	12 dys	do -	1844-00	Rej
9.	Sh. Amit s/o Ramesh R/o A-160 Jwala Puri N.D.	do -	A A A A A S A A A A A A S A	Nil	do -	NIL	NIL
10.	Sh. Rohit s/o Kalar Singh R/o 9/4683 Gali No. 1 Gautam Nagar New Delhi.	do -	P P P P P S P P P P P S P	12 dys	do -	1844-00	Rej
	Daily Total		9 9 9 8 9 S 8 8 9 8 8 9 S 9	103 dys	G. Total	15827-00	
	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.

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

(19) daily wages S/K, L/B @ 151+CA per day

(1+3) = 4 Sheet

HEALTH DEPARTMENT

MUSTER ROLL NO. 970 (From 17/11/09 To 30/11/09)

Circle No. 13 Voucher No. ..... Dated .....

In continuation of Muster Roll No. Fresh

PART-NOMINAL-ROLL

Accountant (HG) CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation Daily wages	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.	Smt Laxmi Chauhan W/o Subhash Chauhan R/o 15, Akbar Road N. Delhi	S/K.	P P P P P S P P P P P P S P	12 dys	151.66 +CA	1844-00	Rcd लक्ष्मी
2.	Sh. Naresh S/o Om Prakash R/o S-49 P.K. Rd Balmiki Basti Mandir Marg New Delhi.	-do-	P P P P P S P P P P P P S P	12 dys	-do-	1844-00	Rcd
3.	Smt Sunita W/o Ravindra R/o 535 Gulabi Bagh N.D.	-do-	P P P P P S P P P P P P S P	12 dys	-do-	1844-00	Rcd
4.	Sh. Vinod S/o Ram Swroop R/o 10/56 Trilok Puri N.D.	-do-	S P P P P S P P P P P S P	07 dys	-do-	1075-00	Rcd
5.	Sh. Ashok S/o Itwari R/o Thuggi No. 26 Central Mkt Work Shop Tehkhand N.D.	-do-	P P P P P S P P P P P P S P	12 dys	-do-	1844-00	Rcd
	Daily Total		5 5 5 4 5 5 4 4 5 4 4 5 5 5	55	G. Total	8451-00	
	Initials of person marking the daily attendance		M D D D D S D D D D D S M				
	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.