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HEALTH DEPARTMENT

Sheet-3

MUSTER ROLL NO. 480 (From 18/2/09 To 28/2/09)

Circle No. XIV Voucher No. 89/11 Dated 9/3/09

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	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 126	Rate Rs. 142 + CA	Amount Rs. P. ~~7982~~	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
15	Shobha W/o Raju B-138 Sec. 22, J-J Colony Rohini Delhi	Daily wage str.																		P	P	P	P	S	P	P	P	P	P	P				10 day	142 + CA	~~1426~~ 1448	1448 Attested
16	Suresh S/o Hari Kishan D-2/237 Madangir New Delhi 62.	"																			P	P	P	S	P	P	P	P	P	P				9 day	"	~~1285~~ 1303	Attested
17	Rajesh S/o Brhm Singh C-29 Ajay Enclave Thihar Gaon Subhash Nagar N. Delhi	"																			P	P	P	S	P	P	P	P	P	P				9 day	"	~~1285~~ 1303	1303 Attested
18	Sanjeev S/o Ashakan 2. Bapudham New Delhi	"																											P	P				2 day	"	~~286~~ 296	Attested
	Daily Total																			5	13	17	17		17	17	17	17	18	18				156	G. Total	~~22294~~ 22586	
	Initials of person marking the daily attendance																																				
	Initials of Inspecting Officer																																				

3/4 9/3/2009

Gross Amt = 22586 = 00

Pay to staff = 22586 = 00

Pay Rs. 22586 = 00 (Rupees Twenty two thousand five hundred eighty Six Only)

Accountant (HG) 6-3-09

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
M.O.H. Sr. A.O.
Released for Payment

VERIFIED FOR CASH/CHEQUE PAYMENT

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

Sheet-II

MUSTER ROLL NO. 480 (From 18/2/09 To 28/2/09)

Circle No. XIV 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	Dates 18–29 (From ... To ...)	Total	Rate Rs.	Amount Rs. P.	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
			4 7 10 10 10 10 10 10 10 10 10	9	Rs. 4	2485	
11.	Kavita W/o Vinod, H.1306 R Block Mangol Puri Delhi	Daily wages Sld.	P P S P P P P P	8 day	140 + CA 66/- PM	~~1142~~ 1158	Attested
12	Manoj Kr S/o Hemchand, H.No. Kothi No 3 Servent Quarter Tugluk Road New Delhi	"	P P P S P P P P P	9 day	"	~~1285~~ 1303	Attested
13	Amerjeet S/o Hari Ram, 16/217 Trilok Puri Delhi-91	"	P P P S P P P P P	9 day	"	~~1285~~ 1303	Attested
14.	Jagdish S/o Gyanchand, H.No. 1959 Pillanji Kotla New Delhi	"	P P P S P P P P P	9 day	"	~~1285~~ 1303	Attested
	Daily Total			126	G. Total	~~17982~~ C/F 18242	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer						

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

Recd. 04/3/09, Recd. dt. 3/3/09, entry in page no. 44 serial No. 1194, SO(HY)

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. 480 (From 18/2/09 To 28/2/09)

Circle No. XIV 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	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
																		3	3	5	5	S	5	5	5	5	5	5	5			146	142 + CH	~~1562~~	
6	Vimla W/o ~~[illegible]~~ Rakesh, H.N. 30 Silk mills Lkhera per Delhi	Daily wages Sk.																		P	P	P	S	P	P	P	P	P				9 days	142 + CH 66/- PM	~~1285~~	1303.00 [signature] Attested
7	Vijay S/o Jagdish Kus, H.N. 4149 Gali No. 11 Ajit Nagar New Delhi	"																			P	P	S	P	P	P	P	P				8 days	"	~~1142~~	1158 [signature] Attested
8	Ashwani S/o ~~[illegible]~~ Randhir Singh, B-40 11 J.J. colony camp No. 2 Naglai New Delhi	"																		P	P	P	S	P	P	P	P	P				9 days	"	~~1285~~	1303 [signature] Attested
9	Narender S/o Baleshar	"																		P	P	P	S	P	P	P	P	P				9 days	"	~~1285~~	1303.00 (NTP for want of Leading & complete R/o address. Vide [illegible])
10	Rishi Pal S/o Ratan Lal, J-382 J.J. camp Tigri New Delhi	"																	P	P	P	P	S	P	P	P	P	P				10 days	"	~~1426~~	1448.00 [signature] Attested
	Daily Total																		[illegible]	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			91	G. Total	~~12985~~ 13175.00	
	Initials of person marking the daily attendance																		[initials]	[initials]	[initials]	[initials]		[initials]	[initials]	[initials]	[initials]	[initials]	[initials]						
	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

D.O. No:- D/83/CMO/HQ Dt. 18/2/09

(18) daily wages Sk, 4 Ns @ 142 + CA 66/- PM

(1+3) Total Sheet = 4.

HEALTH DEPARTMENT

MUSTER ROLL NO. 480 (From 18/2/09 To 28/2/09)

Circle No. XIV 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
1.	Asha W/o Surender Pensioner H.No. G-13 Allegent Lodhi Road N.D.M.C. Q.	Sanitary Worker SK	P P P P S P

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