Sheet-II

HEALTH DEPARTMENT

MUSTER ROLL NO. 494 (From 1/3/09 To 7/03/09)

Circle No. I Voucher No. ..... Dated .....

In continuation of Muster Roll No. 428

PART-NOMINAL-ROLL

Accountant (HG) 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 payee and dated initials of paying officer made at the time of payment
11	Smt. Saraj w/o Suresh Kr. 157 Balmiki Bsti		S P P P P P P P P P P P P P	05	142+CA DO	723-00	
12	Smt. Renu w/o Ramkar Dd: XY 31/98-99 Tri Lok Pur		S P P P P P P P P P P P P P P	06 days.	DO	868 867-00	
13	Vacant						
14	Vacant						
			Daily Total	53 Days	G. Total	7661-00	
			Initials of person marking the daily attendance				
			Initials of Inspecting Officer				

Net Payable Rs. 7661-00

45/PH 13/4/09 15/4/09

Reserve on 6/4/09 contd. page no 46 serial no 1260

Pay Rs. 7661-00 (Rupees Seven thousand six hundred sixty one only)

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.

Grand Total of this Muster Roll ... ... Fully Paid S.No-1 to 12

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

Balance Paid

VERIFIED ... PAYMENT

Sheet I

HEALTH DEPARTMENT

MUSTER ROLL NO. 494 (From 1/3/09 To 7/03/09)

Circle No. I Voucher No. .... Dated ....

In continuation of Muster Roll No. 428

Accountant (HG). CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

Dates From .... To ....

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	1	2	3	4	5	6	7	8–31	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
											B/F 22 Days		B/F Rs 3180-00	
6	Sri. Rohit S/O Jwaldan Tiwari, ADO-159 Abbas Nagar Tigri	M/co	S	A	P	A	P	P	P		04 days	142/- CA	578-00	[signature]
7	Sri. Ravi S/O Mahavir Ram, H.N-70 P. R. Lane N-7	MW	S	A	A	A	A	A	A		NIL	00	—	[signature]
8	Smt. Asha D/O Anil, ADO-S-26 Babu Ki Basti	-do-	S	P	P	A	P	P	P		5 days	00	723-00	[signature]
9	Sri. Mukesh S/O Ram Prasad, ADO-70 Lodhi Kaloni	-do-	S	A	P	P	P	P	P		05 days	00	723-00	[signature]
10	Smt. Sushila W/O Mamraj, ADO-H.N-2 Dhobi Ghat, Sanehi Mandi dr	-do-	S	P	P	P	P	P	P		06 days	00	~~868~~ 867-00	[signature]
	Daily Total										42 Days	G. Total	~~6076~~ 6071-00	
	Initials of person marking the daily attendance		[initials]											
	Initials of Inspecting Officer		[initials]						[initials]					

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

Balance Paid

O.O. No - 538/CMO/HQ Dt 11/12/08

(14) daily wages S/K, L/B @ 140+CA.
(1+2) Total sheet = 3.

HEALTH DEPARTMENT

MUSTER ROLL NO. 494 (From 1/3/09 To 7/03/09)

Circle No. I Voucher No. ..... Dated .....

In continuation of Muster Roll No. 428

PART-NOMINAL-ROLL

Accountant (HG), 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 payee and dated initials of paying officer made at the time of payment
(1)	Ramsingh S/o Matru - ADD - E-325 Gali No-6 - Vineet Nagar -	D/W -	S P A P A P A	3 days	142+CA	Paid 434-00	[signature]
(2)	Smt. Asha W/o Sanjay Punchar - ADD - 21/128 Trilok Puri	- DO -	S P P P P P P P P P P P	06 days	- do	~~868-00~~ 867-00	आशा [signature]
(3)	Sh. Sanjay S/o Babulal - ADD - E-99 Ranjeet Nagar -	- DO -	S P P A A A P P A	01	- do	145-00	[signature]
(4)	Smt. Laxmi Chouhan W/o S Chouhan - ADD - 15 Akbar Road -	- DO -	S P P P P P P P P P P P	06	- do	~~868-00~~ 867-00	[signature]
(5)	Sh. Anup S/o Nanak Chand - ADD - 1 Hanichand Matrapalme N.D	- DO -	S P P P P P P P P P P P	6 days	- do	~~868-00~~ 867-00	[signature]
	Daily Total			40 22 Days	G. Total	~~3183~~ 40 Rs 3180-00	
	Initials of person marking the daily attendance		S [signature]				
	Initials of Inspecting Officer		[signature]				

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

Grand Total of this Muster Roll ... ...

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

Rs.	P.