Sheet-I

HEALTH DEPARTMENT

MUSTER ROLL NO. 502 (From 1/3/09 To 7/03/09)

Circle No. IX Voucher No. ..... Dated .....

In continuation of Muster Roll No. 436

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
5	Smt Raj mala c/o Ravinder H.No 36 Harijan Basti Mandie marg. N.D.	S/k	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	BF 24 Days 6 days	Rs 142 + C.A	BF 3468.00 867.00	राजमाला Sign of Raj mala
6	Smt Seema c/o Sanjay Rani H.No T 166 Jharera village Delhi cant. N. Delhi	S/k		6 days	do	867.00	सीमा
7	Sh. Om Parkash c/o Sh. Piyarey Lal H.No 573 Mangal pur Delhi	S/k		6 days	do	867.00	Om Prakash Sign of Om Parkash
8	Smt Shama c/o Om Parkash H.No 573 Mangal pur Delhi	S/k		5 days	do	723.00	
			Daily Total	47 days	G. Total	Rs 6792.00	
			Initials of person marking the daily attendance				
			Initials of Inspecting Officer				

Net Payable Rs. 6792-00

Pay Rs. 6792-00 (Rupees Six thousand Seven hundred Ninety two only.

Paid in full S.No 1 to 8

Accountant (HG) AO (PH) 9-4-09 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 ... ... Rs. P.

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

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

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

(08) daily wages 8/K, L/B @ 142+CA.

(141) Total sheet=2.

HEALTH DEPARTMENT

MUSTER ROLL NO. 502 (From 1/3/09 To 7/03/09)

Circle No. IX Voucher No. ..... Dated .....

In continuation of Muster Roll No. 436

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.	Sh. Om Parkash S/o Ram Sahai H.No. B-62 Krishna Basti Nami Karim N. Delhi	8/k	P P P P P P / P P P P P P / P P P P P P	6 days	Rs. 142 +C.A	867	[illegible]
2.	Sh. Rishi Parkash S/o Ram Parkash Block No 31/459. Trilok puri Delhi 91	8/k	P P P P P P / P P P P P P / P P P P P P	6 days	do	867	RISHI PRAKASH Signature Rishi Parkash
3	Sh. Kishorkr S/o Leelu Ram 6/88 Series. 6 Jharera Village N. Delhi	8/k	P P P P P P / P P P P P P / P P P P P P	6 days	do	867	[illegible]
4.	Smt Malti S/o Parkash F. Juggi No. F. 193. J.J. Camp. Tigri Delhi - 62.	8/k	P P P P P P / P P P P P P / P P P P P P	6 days	do	867	[illegible]
	Daily Total		4 4 4 4 4 4	24 days	G. Total	3468	
	Initials of person marking the daily attendance		[illegible]				
	Initials of Inspecting Officer		[illegible]				

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

Rs.	P.