

HEALTH DEPARTMENT

MUSTER ROLL NO. 526

Voucher No. 9/3/09

Dated 31/3/09

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

In continuation of Muster Roll No. ....

PART-NOMINAL-ROLL

Accountant (HG)

CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From .....																															Total	Rate	Amount			Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment		
			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			P.	P.	P.			
02	Sh. Sunder Lal, K. Anand Lal, Addl - House No. 8245, Lodhi Complex, Lodhi Rd., New Delhi-110003	Stn																																		20	Rs.	Rs.	Rs.	2891=	[Signature]
08	Sh. Anil Kumar, Sh. Hari Charan, S-384 Dr. Ambedkar Marg, Durgam Chawl - Delhi-62	Stn																																		18	Rs.	Rs.	Rs.	2602=	[Signature]
09	Sh. Parmod Singh, Durgam Chawl - Delhi-91	Stn																																		18	Rs.	Rs.	Rs.	2602=	[Signature]
10	Sh. Jitendra Singh, Durgam Chawl - Delhi-91	Stn																																		18	Rs.	Rs.	Rs.	2602=	[Signature]
11	Sh. Ravi Kumar, Sh. Divyankar, K-272, Durgam Chawl, New Delhi	Stn																																		16	Rs.	Rs.	Rs.	2313=	[Signature]
12	Sh. Lokesh Singh, Durgam Chawl, Balwika, Durgam Chawl, Kirti Nagar - Delhi-36	Stn																																		05	Rs.	Rs.	Rs.	723=	[Signature]
Net Payable Rs. 30,356.00		Daily Total																																115	Rs.	Rs.	Rs.	30356=	[Signature]		

Pay Rs. 30,356.00 (Rupees) Three thousand three hundred fifty six only.

Accountant (HG) [Signature]

CHIEF MEDICAL OFFICER [Signature]

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. AO

Rs. P.

### HEALTH DEPARTMENT

Chandy uger Sir 4/8 @ 142+04.  
 (F1) Total Sheet = 2.

## MUSTER ROLL NO. 526.

(From 9/3/09 To 31/3/09)

Circle No. IV Voucher No. Fresh. Dated .....

In continuation of Muster Roll No. ....

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From ..... To .....																															Total	Rate	Amount	Sign, or thumb impression of payee and dated initials of paying officer made at the time of payment		
			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						
01	Shri Mithlesh vyathli Sushil 31/5 Grippal stony Quail Palkur' Coy' Kame' Beldi-5.	D/uo Sec.																																		20 days	Rs. P.	2891=00	(Signature)
02	Shri Braham Prakash Shetty Kamalrajy Lal 47-48, Street - ETT Madam Tir Plyat - II. Beldi - Bhandarkern Nagar.	"																																		18	Rs. P.	2602=00	(Signature)
03	Shri Atharalkr Shri Katar 16/299, Tivare Luni Well G.	"																																		19	Rs. P.	2891=00	(Signature)
04	Shri Anil Shri Ravi 10/79 Tivarek Puri Delhi - 110091	"																																		20	Rs. P.	2746=00	(Signature)
05	Shri Neeraj Shri Ramchir 7/102, Bopudlam, Chawrya Bus, Beldi - 5	"																																		20	Rs. P.	2891=00	(Signature)
06	Shri Dewji Lal Shri Ram Sahai Add - 7106 Marwari Basti Navi Nerim, Chawrya N. Delhi - 110085	"																																		18	Rs. P.	2602=00	(Signature)
		Daily Total																																		5 Days	Rs. P.	16623=00	(Signature)

Pay Rs. .... (Rupees)

Accountant (HG) M.O.H. Sr. A.O

Accountant (HG) CHIEF MEDICAL OFFICER

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.

Balance Paid