

CPW
HEALTH DEPARTMENT

MUSTER ROLL NO. 549.

(From 1/4/09

To 30/4/09

Circle No. XIV Voucher No. 1480 493

Dated 13/5/09

PART-NOMINAL-ROLL

Accountant (HG)

CHIEF MEDICAL OFFICER

In continuation of Muster Roll No.

| 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 | | | | | |
| 15 | Shobha W/O Raju R-138 Stepp 22 JI Camp Bohani Din | Daily Wages Sr. | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | 26 | | | |
| 16 | Sturesh S/O Hanirishan D-2/232 Madangan Dhanu - | | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | 26 | | | | |
| 17 | Rajesh S/O Brahman Singh C-29 Atay Ender Subhat Nagar D/LH- | | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | 26 | | | | |
| 18 | Sanjeev D/O Sharan D.P. Lane - W/O Dm | | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | 26 | | | | |
| | | Daily Total | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | 44 | | | | |
| | | G. Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 41856 | | 71856 | | |

Pay Rs. 71856 = Rs. Rupees
Seventy one thousand eight hundred and fifty six Rupees only
Initials of person marking the daily attendance 3/3
Initials of Inspecting Officer [Signature]

Accountant (HG) [Signature]

Cancel stamp: CANCELLED Sr. A.O. (PH)

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 ...

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

Amount paid (in words) Rupees: ...

| | |
|-------|----|
| Rs. | P. |
| 71856 | |

MUSTER ROLL NO. 549.

HEALTH DEPARTMENT

(From 1/4/69 To 30/4/69)

Sheet-B

Circle No. XIV Voucher No. 488 493 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 Rs. P. | Amount Rs. P. | 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 | | | | |
| 11 | Ravita Wovimed 1306 R. Block Mangal Puri Bhub. | Deputy vegar sah. | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | 26 | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1514 | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 3992 | | |
| 12 | Mamot J. Sh. Lamchand Kethim 3 Serpent Tuglak Road Naya Bhub. | | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | 26 | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 4 | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 3992 | | |
| 13 | Amern J. S. Hanikam 16/217 T. N. S. P. Bhub. | | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | 26 | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 4 | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 3992 | | |
| 14 | J. S. G. S. Gyanchand 1959 Alligony Bhub. | | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | 26 | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 4 | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 3992 | | |
| Daily Total | | | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | 364 | | | |
| Initials of person marking the daily attendance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | G. Total | | |
| Initials of Inspecting Officer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 55888 | | |

Pay Rs. (Rupees)

Accountant (HG)

M.O.H.

Sr. A.O.

Grand Total of this Muster Roll

Certified that the workers mentioned in the muster roll were actually employed by me on NDMC works 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.

HEALTH DEPARTMENT

MUSTER ROLL NO. 549.

(From 11/4/59. To 30/4/59.)

Circle No. XIV Voucher No. 480 493.

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 To | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Daily Total | Initials of person marking the daily attendance | Initials of Inspecting Officer | | | | |
|--------|--|---------------------|---------------------------|----------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------------|---|--------------------------------|----------|------------|----------|---|
| | | | 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 | | | | | | | |
| 6 | Vimalwaro Rakesh 30 Silk Mill Rd. Narasimha Debn | Daily wages aid. | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | 26 | Rs. 151+/- | Rs. 3992 | Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment |
| 7 | Vinay S/o Jagdish 414 Gali A.S. Nagar Mysore Debn | | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | 26 | Rs. 4 | Rs. 3992 | | |
| 8 | Ashwani S/o Ramchandra B-4041 T-Camp No. 2. Mysore Debn | | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | 26 | Rs. 4 | Rs. 3992 | | |
| 9 | Narendra S/o Balendra 25 Mander Marg. Mysore Debn | | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | 26 | Rs. 4 | Rs. 3992 | | |
| 10 | Kishu Pal S/o Kantilal T-382 T-Camp Tigri Debn | | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | PP | 26 | Rs. 4 | Rs. 3992 | | | |
| | | | | G. Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Rs. 260 | Rs. 39920 | | | | |

Pay Rs. (Rupees)

| | |
|-----|--|
| Rs. | |
| P. | |

Accountant (HG) M.O.H. S.R. A.O.

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

Certified that the workers mentioned in the muster roll were actually employed by me on NDMC works) and they were actually paid on my identification in my presence.

HEALTH DEPARTMENT

(18) daily wages 8k, 1/13 @ 142k
(143) Total = 4

MUSTER ROLL NO. 549.

Circle No. XIV Voucher No. 480 Dated 14/09.
In continuation of Muster Roll No. 493

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 | 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 | | | | | |
| 1 | Aska. Mo Surenender G-13 Alli Gangi, Ludhiana New Bln. | Daily Wages Std. | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | 26 days | 1511 CN | 3992 | (12/15/09) <i>(Signature)</i> |
| 2 | Santosh. Mo Rang alal C-8 Nafatinagar New Bln. | | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | 26 days | 11 | 3992 | (12/15/09) <i>(Signature)</i> |
| 3 | Memu Mo Subhath. 25/10 Tirikeri New Bln. | | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | 26 days | 11 | 3992 | (12/15/09) <i>(Signature)</i> | |
| 4 | Ashok. Mo Suddhchani 96-A Westno-3, Mehadi Bln. | | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | 26 days | 11 | 3992 | (12/15/09) <i>(Signature)</i> | |
| 5 | Rachme Mo Santosh 5/1148 Dabhini Bln. | | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | 26 days | 11 | 3992 | (12/15/09) <i>(Signature)</i> | |
| Daily Total | | | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 130 | G. Total | 19960 | |

Pay Rs. (Rupees)

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

Grand Total of this Muster Roll ...
Deduct: Payment made, as per details transferred to Register of Unpaid Wages ...
Balance Paid

Rs. P.

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.