

53/H
12/5/09

53/H
12/5/09



NEW DELHI MUNICIPAL COUNCIL

Payer's Copy
SR: NO D

RECEIPT

197534

Receipt No: CH091006NDMCO15257
 Challan Number: 165986
 Sub-Field: (PUBLIC HEALTH) SANITATION CIRCLE
 Functionary: NDMC
 On Account of: ON ACCOUNT OF SMT NIRMALA W/O SH. SATISH KUMAR, 6TH BLOCK J-2 MADANGIRI UNPAID D/W SALARY FOR THE MONTH OF APRIL-2009 VIDE VR. NO. 53/H DATED: 12.05.09-RS.154/
 Address: SH. DEVINDER (SI), CIRCLE NO. -1

Account Code: 2022
 Description: MECH.OF GARBAGE REMOVAL
 Amount: 154
 Total Amount: 154
 Payment Mode: Cash
 Total Amount in Words: One Hundred And Fifty-Four Rupees Only
 Cheque/DD No: _____
 Name of the Operator: Satish Kumar
 Cheque/DD Date: _____
 Bank: _____
 Counter No: _____



नई दिल्ली नगर पालिका परिषद्

Signature of Authorised Officer

RECEIPT IS SUBJECT TO REALISATION OF CHEQUE/DRAFT/PAY ORDER

Circle No. Voucher No. Dated 53/12/5/89

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..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 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 | | | | | | | | | | |
| 32 | Sr K. Kelgaolster, Dharmad-5-12-B1, Kanganmlstet. | DIA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31 | Smt. Manoj D. Chavhan, Abd-7/1565, Kisan Rd, Dh. | DIA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30 | Vaccant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29 | Vaccant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28 | Vaccant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 | Vaccant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | VERIFIED FOR CASH/CHEQUE PAYMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Initials of person marking the daily attendance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Head of Office | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Initials of Inspecting Officer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Daily Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | G.Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

CANCELLED
M.O.H. Sr. A.O. (PH)
Date 15/5/89
Released for Payment

Pay Rs. 86590 = (Rupees Eighty Six thousand Five hundred Ninety only)
Accountant (HG)
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... paid. AS 86436.00
Total Received AS 86590.00
Total Balance Rs 00154.00 of 11/5/89
Total amount paid (in words) Rupees 86590.00
Balance Paid

Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
21/12/89
21/12/89

MUSTER ROLL NO.

HEALTH DEPARTMENT

Sheet-4

(From 5/4/69 To 30/4/69)

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 To | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Total Days | 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 | | | | | |
| 21 | Smt. Sati Jagati Lal Benke - Abd - 4-13 SKHIC 5th Ain H's | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 21 days. | 2224-00 | | [Signature] |
| 22 | Smt. Rukmanii Rathan's - Abd - J-H-121 E-82-1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 20 days | 1400-00 | | [Signature] | |
| 23 | Smt. Viremalaji Jagati - Abd - G. Ronek J-J Madanliya H's | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 01 | 154-00 | | [Signature] | |
| 24 | S. Willem's - Sireni Roketh. Abd - L-420 Palankin H's | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 07 6 days | 1075-00 | | [Signature] | |
| 25 | Smt. Kishori Lalok - Abd - 18/259 Babudam H's | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 17 days. | 2610-00 | | [Signature] | |
| 26 | Smt. Kameswari Ramesh - Abd - B-87 Sec-5 Palankin - Palankin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 17 days | 2610-00 | | [Signature] | |
| | | Daily Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 79940 | | |
| | | Initials of person marking the daily attendance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Initials of Inspecting Officer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

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.

Rs. P.

HEALTH DEPARTMENT

Sheet 2

MUSTER ROLL NO.

564

(From

1/4/09

To

30/4/09

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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------|--|-------------|-------------|----|-------|------|----------|--|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------|-------------|--|
| | | | | To | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | MacKessio Rayy - ABD - 8589 Shidi Ruy Kand Bank, | | 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 | 23 days. | Rs. 3531-00 | |
| 12 | Sm. Methyid/01/1ekkei - ABD - 19028 Haryon Bedy Red Puv R.H.D. | | 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 | 25 days | Rs. 3338 | |
| 13 | Sm. Anisio Kiskom - ABD - A-125 AS ekader vadya may H.D. | | 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 | 22 days | Rs. 3378 | |
| 14 | Sm. ASDI 2010 Akah - ABD - 2018/20 Village Pillay Kotlay Deh, | | 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 | 10 days | Rs. 1535-00 | |
| 15 | Sm. Ajay Siosyehkam - ABD - H.H.H. ST P.R. Lane Khammaly | | 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 | 24 days | Rs. 3685 | |
| | | | Daily Total | | | 348 | G. Total | 53,128 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Pay Rs. (Rupees)

Initials of person marking the daily attendance
Initials of Inspecting Officer

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
 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.

