50/H
12/5/09

NEW DELHI MUNICIPAL COUNCIL

RECEIPT

Payer's Copy

SR. NO. D 197639

Receipt No.: CH091006NDMC015464 **Date:** 24-Jun-2009

Challan Number: 166095 **Field:** PUBLIC HEALTH ACCOUNTS BRANCH

Sub-Field: (PUBLIC HEALTH) SANITATION CIRCLE 6 **Function:** Public Health

Functionary: NDMC **Received From:** SH. VED PRAKASH(SI), CIRCLE-6

On Account of: ON ACCOUNT OF SH. PUNEET KUMAR S/O SH. SHYAM LAL. UNPAID D/W SALARY FOR THE MONTH OF APRIL-2009, VIDE VR. NO. 50/H DATED: 12.05.09

Address: CIRCLE-6,PADARA ROAD

Account Code	Description	Amount
3202027	MECH.OF GARBAGE REMOVAL	921

Payment Mode: Cash **Total Amount:** 921

Total Amount in Words: Nine Hundred And Twenty One Rupees Only

Cheque/DD No.: **Cheque/DD Date:** **Bank:**

Name of the Operator: naresh kumar **Counter No.:** 1

NDMC

नई दिल्ली नगर पालिका परिषद

Signature of Authorised Officer

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

Sheet-IV

MU

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

In continuation of Muster Roll No. Fresh 50/H

PART-NOMINAL-ROLL 12/5/09

Accountant (HG) CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped accccrding to classes	Designation	Dates From ..... To ..... (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)	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. 20	Jag Pal S/o Sh Kaluti Ram E-11/296 Madan Gir New Delhi	Sweeper Sk		96 days	@ 151+04	3992-00	Sy Ali
22	Deepak S/o Sh. Sunder Lal S/134/2nd Meher Chand Market Lajpat Nagar	do		96 days	do	3992-00	Sy Ali
23	Jagan S/o Sh Raj Kishor 18/267 Babu Ram Nami Flat Nagar	do		16 days	do	2456-00	Sy Ali
24	Lachhoo W/o Sh. Lakhan Qr No 10/365 T/Pam Nagar	do		14 days	do	2149-00	Sy Ali
19 A	Sh Guru Dayal S/o Sh Dharam Singh Mader Marg N.D. 1	do		10 days	do	1535-00	Sy Ali
				50 days	G. Total	7768-00	
				5060		77532=00	

Daily Total

Initials of person marking the daily attendance

Initials of Inspecting Officer

Pay Rs. 77532=00 (Rupees Seventy Seven thousand five hundred Thirty two 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.

M.O.H. Sr. A.O (PH)

CANCELLED

Date.....

Released for Payment

Grand Total of this Muster Roll ... ... Rs. 1+14 P. 18+24

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

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

Sheet-III 4

HEALTH DEPARTMENT

MUSTER ROLL NO. 569 (From 1/4/09. To 30/4/09.)

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

In continuation of Muster Roll No. Fresh.

Accountant (HG), CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From ... To ... (1–31)	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
16	Sh. Om Beer S/o Sohan Lal, 4/72 Dakshin Puri New Delhi 62	Sfwgm Sk.		21 days		3224-00	
17	Sh. Amit S/o Kishan Lal, 16/118, Trilok Puri	do		21 days		3224-00	
18	Sh. Jitender S/o Rattan Lal, 129 Village, Garoli Krishna Nagar Delhi	do		21 days		3224-00	
19	Sh. Sunil S/o Chhotey Lal, 24/ Multy Story, Ali Gang New Delhi	do		01 day		154-00	
20	Sh. Arun S/o Vijay Singh, 23. Double Story, Ali Gang New Delhi	do		23 days		3531-00	
	Daily Total		13 15 17 5 18 19 17 17 16 19 5 18 18 19 18 16 15 5 13 17 16 16 16 17 5 16 17 17 16	413 Days	G. Total	63561-00	
	Initials of person marking the daily attendance					63408=00	
	Initials of Inspecting Officer						

BIF 3260 days

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

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

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.

Sheet VI

HEALTH DEPARTMENT

MUSTER ROLL NO. 569 (From 1/4/09. To 30/4/09.)

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

In continuation of Muster Roll No. Fresh.

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 ... (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)	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	Sh. Manish S/o Sh. Mukesh. R/o H.No. 5/ Gandhi Sadan Mandir Marg New Delhi	Sk.		24 days		3685-00	Sign
12.	Sh. Deepak S/o Sh. Mohander Prasad R/o 6/76 Babu Dhan	do		22 days		3378-00	Sign
13.	Sh. Smt. Pooja W/o Sh. Suresh. R/o H.No. 84. Jodhpur Mess. Pandara Road New Delhi	do		23 days		3531-00	Sign
14.	Sh. Suresh S/o Naresh Kumar R/o H.No. 84 Jodhpur Mess. Pandara Road New Delhi	do		23 days		3531-00	Sign
15.	Sh. Pramod Kr. S/o Sh. Shyam Lal R/o 328/B Indira Nagar Sadiqabad Delhi New Delhi			06 days		0921-00	Deposited in cash Book vide Sl. No.
	Daily Total			327 (326 Days)	G. Total	5020 4-00 (5005=00)	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer						

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

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

Rs.	P.

Sheet-I

HEALTH DEPARTMENT

MUSTER ROLL NO. 569. (From 1/4/09. To 30/4/09.)

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

In continuation of Muster Roll No. Fresh.

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 ... 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	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
6.	Smt Milkesh W. St Hira Lal H. No 10785 Mawi Karim Jhandhewalla New Delhi.	Helper S.K.	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	P	S	P	P	P	P		25 days			3838-00		
7.	Sh. Sanjay S/o Sh. Ramdhir Flat No 60 Palika Gram Sarojini Nagar New Delhi	do	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	P	S	P	P	P	P		25 days			3838-00		
8.	Sh Ankush S/o Sh. Shyam Lal R/o 123 Priya Darshan Camp. Jamuna Bazar N. Delhi	do	P	P	P	S	S	P	P	A	A	P	P	S	P	P	P	A	A	P	S	A	P	P	P	P	P	S	A	P	P	P		19 days 18 Days			2917-00 2764=00		
9.	Rakesh S/o Sh Lakhmi R/o 123/Priya Darshan camp Jamuna Bazar Delhi	do	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	A	P	P	P	P	P	S	P	P	P	P		24 days			3685-00		
10.	Sunder S/o Sh Chandi 123/Priya Darshan Colony Jamuna Bazar Delhi	do	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	P	S	P	P	P	P		25 days			3838-00		
																																		228 Days ~~229~~ days					
	Daily Total		10	10	9	5	10	10	9	8	10	10	5	10	10	10	9	8	8	5	7	9	9	8	9	9	5	8	9	9	9			~~229~~	G. Total		35158-00		
	Initials of person marking the daily attendance																																				35005=00		
	Initials of Inspecting Officer					S							S							S							S												

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

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

Rs.	P.

O.O. No. – D/152/CMO/HQ dt 2/4/09.

(24) clearly wages S/K, L/B @ 151+CA
(44) Total Sheet @ 151+CA

HEALTH DEPARTMENT

MUSTER ROLL NO. 569 From 1/4/09. To 30/4/09.

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

In continuation of Muster Roll No. fresh.

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 ... 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	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.	Smt Shyam wati W/o Sh. Balram G. 5 NDMC flat R/o Ali Ganj New Delhi	S/wager Sk.		25 days	151+CA	3838.00	
2.	Sh. Hari Kishan S/o Sh. Shokan Lal 85/268 P.K. Colony New Delhi 110001	do		25 days	do	3838.00	
3.	Smt Kiranti W/o Sh. Suresh A-68 D.D.A Flat Kailash N.D.	do		13 days	do	1996.00	
4.	Sh. Satish S/o Sh. Banarsi Lal H.No 29 P.&T Q. Estam Coort Janpath New Delhi.	do		24 days	do	3685	
5.	Sh. Mukesh S/o Sh. Chhtey Lal H.No 24 Murti Store Ali Ganj Lodhi Road New Delhi	do		24 days	do	3685.00	
	Daily Total		5 5 5 x 5 5 5 4 5 5 x 5 5 5 5 4 4 x 4 4 4 3 4 4 x 4 4 4 4	11 1 days	G. Total	17042.00	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer						

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.

	Rs.	P.
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		