Sheet-V

HEALTH DEPARTMENT

MUSTER ROLL NO. 581 (From 1/5/09 To 17/05/09)

Circle No. VI Voucher No. 56/H Dated 10/6/09

In continuation of Muster Roll No. 581

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
26,	Smt Seema W/o Sh. Sadhu Lal H/No 104 N.DMC Flat Balmiki Basti N.D.	S/Wagon Sk.		315 days 316 Days 14 days		48331-00 Rs 48,508-00 2148-00 2149-00	
27,	Smt Rajkumari W/o Sh. Rahul H/No 10/A/10841 Karol Bagh N.D.	do		14 days		2148-00 2149-00	
28,	Sh. Narender S/o Sh. Feru Ram H/No 2/210 B/A/2 Resttalement Colony Bhalsuns Okhla-42	do		13 days		1995-00 1996-00	
	Net Payable Rs 54,802-00			357 Days 356 days			
	Daily Total				G. Total	54622-00 Rs 54802-00	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer						

Pay Rs. 54,802-00 (Rupees Fifty Four thousand eight hundred & two only

Accountant (HG) AAO (PH) 9-6-09 AO (PH) 9-6-09 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.

CANCELLED Date ..... Released for Payment

VERIFIED FOR CASH/CHEQUE PAYMENT

Grand Total of this Muster Roll ... ...

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

All the Sign & RTI. CTI. Attested & Fully Paid

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

Rs.	P.

Sheet-IV

HEALTH DEPARTMENT

MUSTER ROLL NO. 581 (From 1/5/09 To 17/05/09)

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

In continuation of Muster Roll No. 541

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 ... (1–31)	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
				~~254 days~~ 258 Days		~~39432-00~~ 39,605-00	
21	Sh. Ghanshyam S/o Sh. Ajay Kr, R/o 16/415 Tilak Pari	D/wager	P (1–17), S on 3, 10, 17; H on 7; cancelled from 18	14 days		~~2148.00~~ 2149-00	[signature]
22	Sh. Rahul S/o Sh. Tilak Raj, R/o H/No 3/13 Tilak Pari	do	P (1–17), S on 3, 10, 17; H on 7; cancelled from 18	14 days		~~2148-00~~ 2149-00	[signature]
23	Sh. Pardeep S/o Sh. Dharam Pal, R/o H/No 140/151 Thuts Mubarakpur Bagh Model Town Delhi	do	A (1–10), P 11–13, A 14, P 15–16, S 17	04 days		614-00, 0614-00	[signature]
24	Sh. Selva Rajan S/o Sh. Mutus Swami, R/o 278/D.D.A Jants Flat	do	P 1–2, S 3, A 4, P 5–6, H 7, P 8–9, S 10, P 11–13, A 14, P 15–16, S 17	12 days		~~1841-00~~ 1842-00	[signature]
25	Smt Kailash wati w/o Sh. Mangal Singh, R/o H/No 207/Manjan Basti	do	P 1–2, S 3, P 4–6, H 7, P 8–9, S 10, P 11–16, S 17; further marks 19–31 struck out	14 days		~~2148-00~~ 2149-00	[signature]
	Daily Total			~~315 days~~ 316 Days	G. Total	~~48331-00~~ 48508-00	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer						

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

Rs.	P.

Grand Total of this Muster Roll ... ...

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.

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

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

Sheet-VII

HEALTH DEPARTMENT

MUSTER ROLL NO. 581 (From 1/5/09 To 17/05/09)

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

In continuation of Muster Roll No. 541

PART-NOMINAL-ROLL

Accountant (HG) CHIEF MEDICAL OFFICER

Dates From ..... To .....

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	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
16.	Sh. Rajesh S/o Sh. Ramesh F/28 N. DMC Flat Balmiki Basti (Mandir Marg (N.D)	D/Wages Sk.	P P P	P P P	S	P P P	P P P	P P P	H	P P P	P P P	S	P P P	P P P	P P P	P P P	P P P	P P P	S															187 days 188 Days		28692-00 28860-00 2148-00 2149-00	राजेश
17.	Smt Vijay W/o Sh. Bikari 3/33 N. DMC Flat Bapu Dham N. D/-	do	P P P	P P P	S	P P P	P P P	P P P	H	P P P	P P P	S	P P P	P P P	P P P	P P P	P P P	P P P	S															14 days		2149-00 2148-00	
18.	Smt Kusham W/o Sh. Anil A/243 Sanjay Camp Dukshinpuri N. D/-	do	P P P	P P P	S	P P P	P P P	P P P	H	P P P	P P P	S	P P P	P P P	P P P	P P P	P P P	P P P	S															14 days		2149-00 2148-00	कुसुम
19	Smt Leena W/o Sh. Mahesh Kr H/No 3249/Gali Seroo Walam D/Ganj N D/-	do	P P P	P P P	S	P P P	P P P	P P P	H	P P P	P P P	S	P P P	P P P	P P P	P P P	P P P	P P P	S															14 days		2148-00 2149-00	लीना
20	Smt Rakhi W/o Sh. Amit H/No 25 Mandir Marg N D/-	do	P P P	P P P	S	P P P	P P P	P P P	H	P P P	P P P	S	P P P	P P P	P P P	P P P	P P P	P P P	S															14 days		2148-00 2149-00	शर्वा
	Daily Total				5				4			5							5															257 days 258 Days	G. Total	Rs 39605-00 39432-00	
	Initials of person marking the daily attendance		2	2	5	2	2	2	4	2	2	5	2	2	2	2	2	2	5																		
	Initials of Inspecting Officer				5				4			5							5																		

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 - II

HEALTH DEPARTMENT

MUSTER ROLL NO. 581 (From 1/5/09 To 17/5/09)

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

In continuation of Muster Roll No. 541

Accountant (HG), CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

Dates From ..... To .....

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	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. Rajesh S/o Sh. Nanwa 77/ Mandir Marg N. Delhi	D/ Nagar Sk.	P	P	S	P	P	P	H	P	P	S	A	P	P	P	P	P	S		Break													126 Days 13 days	151-00	19179-00 19342-00 ~~1995-00~~ 1996-00	रानेश
12	Sh. Vijay S/o Sh. Dharampal B-35 Indra Nagar Bhati Miness N.D.	do	P	P	S	P	P	P	H	P	P	S	P	A	P	P	P	A	S															12 days	"	1841-00 1842-00	VIJAY
13.	Sh. Rakesh S/o Sh. Hargu Lal 5/19 Duble Story P.R. Lane N. Delhi	do	P	P	S	P	P	P	H	P	P	S	P	P	P	P	P	P	S															14 days	"	2148-00 2149-00	Rakesh
14	Smt Meena W/o Sh. Deepak 7/93 N. DMC Flat Bapa Dham N.D.	do	P	P	S	P	P	P	H	P	P	S	P	P	P	P	P	P	S															14 days	"	2148-00 2149-00	मीना
15	Smt Manju W/o Sh. Suresh Kr E/104 Bapa Colony G/Bad (U.P) Net Payable Rs.	do	P	A	S	A	P	P	H	A	P	S	P	P	A	A	P	P	S															09 days	"	1381-00 1382-00	Manju
																																		188 days ~~187 days~~		28860-00	
	Daily Total				S				4			S							S																G. Total		28692-00	
	Initials of person marking the daily attendance		P	P	S	P	P	P	H	P	P	S	P	P	P	P	P	P	S																		
	Initials of Inspecting Officer				S				4			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.

Sheet - I

HEALTH DEPARTMENT

MUSTER ROLL NO. 581 (From 1/5/09 To 17/05/09)

Circle No. VI Voucher No. Dated

In continuation of Muster Roll No. 541

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. Sh. Rly.	Deepak S/o Sh. Moti Lal. A/15, Lalita Dham Delhi-1	Dlwager Sk.	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	14 days	151-00 + CA	10280-00 10385-00 2148-00 2149-00	
7. Sh. Rly.	Raju S/o Sh. Ram Parshad. 129/Balmiki Basti Mandir Marg N. Delhi	do	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	09 days (10 days)	1535-00 + 1381-00		
8 Sh. Rly.	Parveen S/o Sh. Beer Singh E/778/Gali No. 5- Pata Colony Sahid Nagar Bab. N. Delhi	do	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	10 days	4	1534-00 1535-00	
9. Sh. Rly.	Rajesh S/o Sh. Radhey Shyam 49/M.S. Flat Ali Ganj N. Delhi	do	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	14 days	4	2148-00 2149-00	
10 Sh. Rly.	Rajesh S/o Sh. Lallam I/81 Block PH-II Selampur Delhi	do	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	11 days	4	1688-00 1689-00	
		Daily Total	5 4 5 5 5	136 days (125 days)	G. Total	19342-00 19179-20	
		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.

G.O. No:- D/83/CMO/HQ dt 18/02/09.

(28) daily wages S/K @ 142+CA
(1+5) Total Sheet=6

HEALTH DEPARTMENT

MUSTER ROLL NO. 581 (From 1/5/09 To 17/05/09)

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

In continuation of Muster Roll No. 541

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 R/o Sonu W/o Sh. Kundan Lal H/No 10785 Jandey Walan Road Ram Nagar N. Dd-55	D/Wagon Sk.	P P P	P P P	S	P P P	P P P	P P P	P P P	P P P	P P P	S	P P P	P P P	P P P	P P P	P P P	P P P	S		Break													14 days	15 days CA	2148-00 2149-00	सोनू
2.	Smt R/o Pooja W/o Sh. Amit H/No 148 N. DMC Flat Balmiki Basti N. Delhi I	do	P P P	P P P	S	P P P	(A)	P P P	P P P	P P P	P P P	S	P P P	P P P	P P P	P P P	P P P	P P P	S															13 days	15 days + CA	1995-00 1996-00	Pooja
3.	Smt R/o Asha W/o Sh. Ram Kishan Rani H/No 145 N. DMC Flat Balmiki Basti N. Dt-1	do	P P P	P P P	S	P P P	P P P	P P P	P P P	P P P	P P P	S	P P P	P P P	P P P	P P P	P P P	P P P	S															14 days	15 days + CA	2148-00 2149-00	[illegible]
4.	Smt R/o Prem Wati W/o Sh. Sish Pal Block N. 50/J-II Mandanlir II/ Dr. Ambedkar Nagar N. Delhi	do	P P P	P P P	S	P P P	P P P	P P P	P P P	P P P	P P P	S	P P P	P P P	P P P	P P P	P P P	P P P	S															14 days	15 days + CA	2148-00 2149-00	[illegible]
5.	Sh. R/o Sanjay S/o Sh. Videshi 5/63. Babu Dham N. Delhi.	do	P P P	P P P	(S)	(A)	P P P	P P P	P P P	P P P	P P P	(S)	P P P	P P P	(A)	P P P	P P P	P P P	(S)															12 days	15 days + CA	1841-00 1842-00 10,285-00	[illegible]
	Daily Total				S							S							S															67 days	Total	10280-00	
	Initials of person marking the daily attendance																																				
	Initials of Inspecting Officer				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

Rs.	P.