Sheet-9

HEALTH DEPARTMENT

MUSTER ROLL NO. 585 (From ..... To 17/5/09)

Circle No. X Voucher No. 49/H Dated

In continuation of Muster Roll No. 545 10/6/09

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
41.	Seth Ram S/o Garibfal Rv-12 Air force - Station Palam Delhi	D/W	P P S P P P P P S P P P P P P S — S — S	14 days	151 PCA	2149 paid	Attested
42.	Beena W/o Rajesh 6/76 Bapu Dham New Delhi	D/W	P P S P P P P P S P P P P P P S — S — S	14 days	-do-	2149 paid	Attested
43.	Kamlesh W/o Raju F-103 Dakshinpuri N.D.	D/W	P P S P P P P P S P P P P P P S — S — S	14 days	-do-	2149 paid	Attested
44.	Sapna W/o Rajkr. C-22 Pahla Dham Gali No 1 New Delhi-01	D/W	P P S P P P P P S P P P P P P S — S — S	14 days	-do-	2149 paid	Attested
		Daily Total	4342 — 3738 4192 3840 — 3737 3739 4141 4137 —	553	G. Total	84890	
		Initials of person marking the daily attendance					
		Initials of Inspecting Officer					

Pay Rs. 84890=00 (Rupees Eighty four thousand eight hundred ninety only)

All the Signatures from Sr. No. 01 to 44 are dully attested and full paid Bill

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.

CANCELLED Date 9-6-09 AO (PH) Released for Payment

VERIFIED FOR PAYMENT

Grand Total of this Muster Roll ... ... Rs. P.

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

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

29/6/09

27/6/09

HEALTH DEPARTMENT

Sheet-8

MUSTER ROLL NO. 585 (From 1/5/09 To 17/5/09)

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

In continuation of Muster Roll No. 545

Accountant (HG) — CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped acccrding to classes	Designation	Dates From ... To ... (1 35, 2 34, 3 S, 4 30, 5 30, 6 33, 7 34, 8 33, 9 33, 10 S, 11 29, 12 29, 13 31, 14 33, 15 34, 16 30, 17 S, 18, 19, 20, 21, 22, 23, 24 S, 25, 26, 27, 28, 29, 30, 31 S)	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
37	Amit S/o Sh. Jaikishan T-563 - CA/7A Balgarhan New Delhi	D/W	P P P P P P P A A P P P P P A S S S S	11 days	151+CA	1689	Paid Amit Attested
38.	Sunny S/o Sh. Surat Singh WZ-280 Basi Darapur New Delhi	D/W	P P P P P P P P P P P P P P P P P P P A P P P P P P P P P P P P S S S S	13 Days	do	1996	Paid Sunny Attested
39.	Rajkumar S/o Sh. Ramesh H.No. C-170 Sector Pur J.J. Colony N. Delhi-45	D/W	P P P P P P P P P P P P P P P P P P P

Sheet-7

HEALTH DEPARTMENT

MUSTER ROLL NO. 585 (From 1/5/09 To 17/5/09)

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

In continuation of Muster Roll No. 585

Accountant (HG) CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped accrding 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
33.	Parveen W/o Sh. Komal Singh E-4/22 Azad Pur New Delhi	D/W		14 Days	151 PCA	2149 Paid	Attested
34.	Babita W/o Sh. Joginder 628/3 Kalyan Puri New Delhi	D/W		14 Days	do	2149 Paid	Attested
35.	Kailash S/o Sh. Rajpal S-139/7 Jaisalmer House New Delhi	D/W		10 Days	do	1535 Paid	Attested
36.	Ajay S/o Sh. Mohar Pal MCD Flats Rohini Sect-01 New Delhi	D/W		NIL	do	NIL	
			Daily Total	348	G. Total	68771	
			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-6

HEALTH DEPARTMENT

MUSTER ROLL NO. 585 (From 1/5/09 To 17/5/09)

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

In continuation of Muster Roll No. 545

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
29.	Vikram S/o Sh. Parkash 7/103 Bapu Dham New Delhi	D/W	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	358	151 FCA	54955	Paid 1996 Attested
30.	Vikki S/o Sh. Challar Singh Indra Camp Jhuggi 81/86 Sunlight Colony New Delhi	D/W		120 Days de		Paid 1842	Vicky Attested
31.	Sachin S/o Sh. Ramesh 29, Harijan Basti Mandir Marg New Delhi	D/W		130 Days de		Paid 1996	Attested
32.	Pushpa W/o Sh. Bhudeshler 24/44 Tirlok Puri New Delhi	D/W		140 Days de		Paid 2149	Attested
	Daily Total		32 31 — 27 28 31 31 30 30 — 26 27 28 30 31 28 —	410	G. Total	62938	
	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-5

HEALTH DEPARTMENT

MUSTER ROLL NO. 585 (From 1/5/09 To 17/5/09)

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

In continuation of Muster Roll No. 545

Accountant (HG), CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

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
25	Sumit s/o Sh. Surender Vill. Hajifur Lori Bardar G.H.B U.P.	D/W	P P S P P P P P S P P P P P P S S S S	14 Days	15 HCA	2149	Paid Attested
26.	Jinesh s/o Sh. Hem Raj 3-352/A School Block Sakar Pur	D/W	P P S P P P P P P P P P P P P S S S S	9 Days	do	1382	Paid Attested
27.	Mukesh s/o Laik Ram 9 IWCS EDB President State New Delhi	D/W	P P S P P P P P S P P P P P P S S S S	12 days	do	1842	Attested
28.	Sanjeev s/o Chatter Singh S/8/186 Sandipal Colony, New Delhi	D/W	P P S P P P P P S P P P P P P S S S S	13 days	do	1996	Paid Attested
	Daily Total		2827-2324272726 26-2324242627 26-	358	G. Total	54955	
	Initials of person marking the daily attendance		S S S S

Sheet-4

HEALTH DEPARTMENT

MUSTER ROLL NO. 585 (From 1/5/09 To 17/5/09)

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

In continuation of Muster Roll No. 545

Accountant (HG) CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped accrding 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
			25 19 S 16 17 19 19 19 19 S 18 18 17 18 19 18 S S S	250	151 PCP	37997	
21.	Shayam S/o Kirshan Lal H.No. 75 Balmiki Sadan New Delhi-01	D/W	P P S P P P P P P S P P P P P P

Sheet-3

HEALTH DEPARTMENT

MUSTER ROLL NO. 585 (From 1/5/09 To 17/5/09)

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

In continuation of Muster Roll No. 545

Accountant (HG) CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped acccrding to classes	Designation	Dates From ... To ... (1/5 – 31/5)	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.	Babli w/o Anand Sawroop A-537 Jandali Nagar New Delhi	Dw	P P S P P P P P S P P P P P P S ... S	14 days	151+CA	99933 Paid 2149	Attested 21/5/21
17.	Smt Rajesh w/o Krishan Gopal A-537 Jandali Nagar New Delhi	Dw	P P S P P P P P S P P P P P P S ... S	14 days	do	Paid 2149	Attested 21/5/21
18.	Arinash S/o Jardeep Kr B-216 Nagalal N. Delhi	Dw	P P S P P P P P S P P P P P P S ... S	12 days	do	Paid 1842	Attested 21/5/21
19.	Sarita w/o Vinod B-86. Tirlok Puri New Delhi	Dw	P P S P P P P P S P P P P P P S ... S	13 days	do	Paid 1996	Attested
20.	Shankar S/o Ballaman MZ-100 Palam village Main Pur road New Delhi	Dw	P P S P P P P P S P P P P P P S ... S	08 days	do	Paid 1228	Attested 21/5/21
	Daily Total		20 19 – 16 17 19 19 19 19 – 18 18 17 18 19 18 –	256	G. Total	39297	
	Initials of person marking the daily attendance		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
	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.

HEALTH DEPARTMENT

Sheet-2.

MUSTER ROLL NO. 585 (From 1/5/09 To 17/5/09)

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

In continuation of Muster Roll No. 545

Accountant (HG), CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped acccrding to classes	Designation	Dates From ... To ... (1 10/9 2 9 3 8/9 4 8 5 8 6 10 7 10 8 10 9 10 10 8 11 8 12 8/8 13 8 14 8 15 9 16 9 17 8 18 19 20 21 22 23 24 S 25 26 27 28 29 30 31 S)	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.	Monica w/o Jai Narayan H.No. 32/12 C.B. Staff Quarter Near D.A.V. School Sadar Bazar New Delhi	D/W	P P S P P P P P S P P P P P

Sheet-I

HEALTH DEPARTMENT

MUSTER ROLL NO. 585 (From 1/5/09 To 17/5/09)

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

In continuation of Muster Roll No. 545

Accountant (HG) CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped acccrding 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.	Sanjay S/o Sh. Surat Singh 1/3 Bapu Dham Chanakyapuri N. Delhi - 21	Dlw	S P P P S P P P P P S P P P P P P P P P S P P P P P S (Break) S L S	9 days	151+CA	1382 Paid	Attested
7.	Dilsad S/o Nazir Ali A/295 Rajiv Nagar	Dlw	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 S P P P P P P P P P P P P P S S	14 days	do	2149 Paid	Attested
8.	Geeta D/o Sh. Hari Om 85/10 Kusla Vihar Sect-I New Delhi	Dlw	P P P S 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 S S L	12 days	do	1842 Paid	Attested
9.	Sandesh W/o Sh. Jagdish 495 Block-C G.T. Camp. Tigri Nagar Delhi-62	Dlw	P P P S 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 S S	14 days	do	2149 Paid	Attested
10.	Dharmender S/o Narayan Singh K-754 Mangal Puri Delhi-85	Dlw	P P P S 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 S S	14 days	do	2149 Paid	Attested
	Daily Total		10 9 - 8 8 10 10 10 10 - 8 8 8 8 9 9 -	125	G. Total	19188	
	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.

O.O. No:- 83/O/CMO/HQ dt. 18/2/09.

(44) clerk wages Sk. L/B @ 142+CA.

(179) Total Sheet=10

HEALTH DEPARTMENT

MUSTER ROLL NO. 585 (From 1/5/09 To 17/5/09)

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

In continuation of Muster Roll No. 545

PART-NOMINAL-ROLL

Accountant (HG) CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped accrding 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.	Raj Kumar S/o Ichamchand C-22 Palika Dham Gali Mkt. N.D. 110001	D/W	P P S P P P P P S 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 S	S 14 days	15+CA	paid 2149	Attested
2.	Narzen S/o Vinod H.No-56 Balmiki Basti Mandir Marg.	D/W	P P S P P P P P S 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 S	S 14 days	do	paid 2149	Attested
3.	Sunny Dr. S/o Rajdev G-360 J.J. Camp Tigri New Delhi	D/W	P P S P P P P P S 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 S	S 14 days	do	paid 2149	Attested
4.	Geeta W/o Sh. Dharmbir T-2637 Balgeat Nagar New Delhi	D/W	P P S P P P P P S 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 S	S 14 days	do	paid 2149	Attested
5.	Tinku S/o Sh. Satish Kr H.No. 653 Sunlight Colony New Delhi-14.	D/W	P S P P P P P S A A A A A A S P P P P	S 06 days	do	paid 921	Attested
		Daily Total	5 4 - 5 4 5 5 5 5 - 4 4 4 4 4 4 -	62	G. Total	9517	
		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

Rs.	P.

...tal amount paid (in words) Rupees