Sheet-V

HEALTH DEPARTMENT

MUSTER ROLL NO. 604. From 1/5/09 To 31/5/09

Circle No. I Voucher No. 911H Dated

In continuation of Muster Roll No. 564. 12/6/09

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
27	Smt. Kela W/o Late Sh. Dhanampal - D-1/5-12/B5 Indira Camp - Khanna Mkt		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	24	151 +DA	3685	
28	Smt Shwela W/o Ramgopal - PDO - 27 Rodent Staff M'g -		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	-do-	3992	
29	Smt. Manju D/o Chander Bhan - 7/15-6 Tri Nagar Pur.		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	25	-do-	3838	
30	Sanderpal S/o Madan Lal - PDO - Anti Malaria Mazdoor		H H H 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	22 days.	-do-	3378	
31	V	A	C C A N T				
32	V	A	C C A N T				
			Daily Total	618	G. Total	93884	94884=00
			Initials of person marking the daily attendance				
			Initials of Inspecting Officer				

Received on 5/6/09 Body to pages 49 Serial No 1357 Ahmad 5/6(HG)

Pay Rs. 94884=00 (Rupees Ninety four thousand eight hundred eighty four Only)

AAO (PH) 9.6.09

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.

CANCELLED Audited 12-6-09 Passed for Payment

M.O.H. Sr. A.O

VERIFIED FOR CASH/CHEQUE 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

Fury paid S.No 1 to 30, R.T.I, L.T.I and Sign attached.

Sheet-IV

HEALTH DEPARTMENT

MUSTER ROLL NO. 604 (From 1/5/09 To 31/5/09)

Circle No. I Voucher No. ..... Dated .....

In continuation of Muster Roll No. 564

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
21	Smt. Sadhna w/o Sombir PDO-4-13 SRI Mohalla Pan Mkt.		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	151.75	3992	
22	Smt. Rakmani D/o Harichand PDO-J-M-12 & 82-D.		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 23 days.	-do	3531	
23	Smt. Nirmala w/o Satish Kr. PDO 6 Block J-II Madan Gir Mkt.		A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A nil	do	—	
24	Sh. Vikram Singh s/o Surajbhan PDO-L-420 Paharganj		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 02	-do	307	
25	Smt. Kiran w/o Ravi Kr. PDO-B 1/259 Babupur Mkt.		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	-do	3992	
26	Smt. Kamlesh w/o Ramesh. PDO-B-87 Sec I		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 12 hrs	-do	1842	
		Daily Total		521	G. Total	18592
		Initials of person marking the daily attendance				79991 =
		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.

Balance Paid

Sheet-III

HEALTH DEPARTMENT

MUSTER ROLL NO. 604. (From 1/5/09. To 31/5/09.)

Circle No. I. Voucher No. Dated.

In continuation of Muster Roll No. 564.

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
16	Sh. Sandeep S/o Ramkesh Kumar RDD-K-29- Daxin Puri		P P P P H 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	27 days (27)	NMR	3224-	
17	Sh. Manoj Kr S/o Jokhan- RDD-486 Ambedkar Nagar		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	25 days	do	3685-	
18	Rajesh S/o Jeipal Singh- RDD-103 Pkt-1 Q Present-		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	do	3992	
19	Smt. Neetu W/o Sunil K. RDD. 19 Old Harijan Basti D.D.U.		A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A	Nil	Nil	—	
20	Sh. Deepak S/o Buddal Add: 48/20 Sultan Pur, Main Road, Gandhi Nagar Delhi.		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	25 days	do	Paid 5838	
		Daily Total		432	G. Total	6532 / 66327=00	
		Initials of person marking the daily attendance					
		Initials of Inspecting Officer					

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

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

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. 604. (From 1/5/09. To 31/5/09.)

Circle No. I. Voucher No. ..... Dated .....

In continuation of Muster Roll No. 564.

PART-NOMINAL-ROLL

Accountant (HG). CHIEF MEDICAL OFFICER

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
(1)	Sh. Mahesh S/o Rajak- DD-8784 Karol Bagh		P P P S P P P H P P P S P P P S P P P S

Sheet-I

HEALTH DEPARTMENT

MUSTER ROLL NO. 604. (From 1/5/09. To 31/5/09.)

Circle No. I Voucher No. Dated.

In continuation of Muster Roll No. 564

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
(4)	Smt. Bimla W/o Amarchand H.No. 1813 R.K. Puram	Dhi	P P P P P P H 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		3992-00	
(7)	Smt. Rita W/o Rajan H.No. 21-M-89 Balmiki Basti	-do-	P P P P P P H 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		3992-00	
(8)	Sh. Rajinder S/o Hansraj H.No. 165 Amar Nagar M3	-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 P P	26 days		3992-00	
(9)	Sh. Sat Inder S/o Surender H.No. 9/4883 Gali No. 2 Ajeet Nagar	-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 P P	26 days		2992-00	
(10)	Sh. Sunil S/o Sunil Bhushan H.No. T-143 Harijan Basti Sanitary Karamchari M.C.	-do-	P P P H 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	25 days		3660-00	
	Daily Total			242	G. Total	36156	
	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-CMO:- 152/ -mo/ HQ Dt. 2/4/0

(32) daily wages Sl.c, 2/B @ 142 eA

(175) Total sheet=6

HEALTH DEPARTMENT

MUSTER ROLL NO. 604 (From 1/5/09. To 31/5/09.)

Circle No. I Voucher No. Dated

In continuation of Muster Roll No. 564

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)	Sh. Rahul S/O Dalip Kr. Pdo- S-29 Ground Floor Alipur	DHO-	24 days.	151 eA	3685	
(2)	Sh. Deepak S/O Poonamchand Pdo- 1899 Gali Kanchi H.No-	-do	17	-do	2610	
(3)	Smt Sunita W/O Sachdev. Pdo. H.No- Haridham Basti H.No.	-do	26 days.	-do	3992	
(4)	Sh. Rakesh S/O Rattan Lal Pdo- 129 Gandhi Nagar	-do	23 days.	-do	3531	
(5)	Sh. Jogender Kr. S/O Jokhan Singh Pdo- 9- Police Line Alipur Lodhi Rd	-do	24	-do	3685	Jagender kumar
	Daily Total			114	G. Total	17503
	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.