Sheet-IV

HEALTH DEPARTMENT

MUSTER ROLL NO. 616/A (From 20/5/09 To 31/5/09)

Circle No. IV Voucher No. 75/H Dated 12/6/09

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 accccrding 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
21	Sh. SANJOOS/o Sh. Ram Prasad S/o Sh. A-183, Tigri Khas Pur J.J. colony Delhi		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 S	10 days		1535=00	Paid
22	Sh. VINOD S/o Sh. Sukhbir Singh 17, Balmiki Sadan Mandir Marg Delhi		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 S	08		1228=00	Paid
23	Sh. NARESH S/o Sh. BALBIR SINGH KR. 18- Balmiki Sadan Mandir marg Delhi		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 S	09		1382=00	Paid
24	Smt Veena W/o Sh. Chand KR. 73, Balmiki Sadan Mandir marg Delhi		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 S	10		1535=00	Paid
25	Smt SARITA W/o Sh. Vinod KR A-9, Lalli Colony Delhi.		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 S	10		1535=00	Paid
26	Sh. Surender KR S/o Sh. Raghubir F-41, Man Sarovar Sugh. Pank. Shahdara Delhi		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 S	10		1535=00	Paid
		Daily Total	25 27 25 24 S 24 23 23 26 26 24 S		G. Total		
		Initials of person marking the daily attendance	✓✓✓✓ S ✓✓✓✓✓✓ S	243 Days		37302=00	
		Initials of Inspecting Officer	S S				

Net Payable Rs. 37,302-00

Pay Rs. 37,302-00 (Rupees Thirty seven thousand three hundred two only)

1. S.No. 1 to 26 Fully paid Bill
2. All RTI, LTI & Sing Affes (Ad)

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

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

VERIFIED FOR CASH/CHEQUE PAYMENT

Passed for Payment

Sheet-III

HEALTH DEPARTMENT

MUSTER ROLL NO. 616/A (From 20/5/09 To 31/5/09)

Circle No. IV 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 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
16	Sh. AMIT KR. S/o Sh. Amar Singh R/o 2245, II, Gali-Lodhi Road Delhi	SK	P P P P P (A) P P P S P P P P P P P P P P P P P S	09 days (137 Days)		1382=00	Paid
17	Sh. Sunny S/o Sh. Ramesh Chand " F-45, Balmiki Sadan Mandir Marg. Delhi		P P P P P P P P S P P P P P P P P P P P P P P S	10		1535=00	Paid
18	Sh. Rajesh S/o Sh. Omprakash " 33, Balmiki Sadan Mandir Marg Delhi		P P P P P P P P S P P P P P P P P P P P P P P S	10		1535=00	Paid
19	Sh. Sumit S/o Sh. JAI PRAKASH " 15/- D/S Prithvi Raj Lane N. Delhi -		P P P P P P P P S P P P P P P P P P P P P P P S	10		1535=00	Paid
20	Sh. Nansak Chand S/o Sh. HARI CHAND, " Palika Dhams Delhi -		P P P P P P P P S P P P P P P P P P P P P P P S	10		1535=00	Paid
	Daily Total		19 17 20 18 S 18 17 18 20 20 19 S		G. Total		
	Initials of person marking the daily attendance		S S	186 Days		28552=00	
	Initials of Inspecting Officer		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.

	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		

Sheet-II

HEALTH DEPARTMENT

MUSTER ROLL NO. 616/A (From 20/5/09 To 31/5/09)

Circle No. IV 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 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
11	Sh. Manoj Kr. S/o Sh. Kumesh Kr. 107, Balmiki Sadan Mandir Marg Delhi	S/w Sq.	20 21 22 23 24 25 26 27 28 29 30 31: P P P S P P P P P P S	10 days (9 Days)		1535=00	Paid
12	Sh. Sunil Kr. S/o Sh. Madanlal 848, G.S. Road, Bapa Nagar Delhi	"	20 21 22 23 24 25 26 27 28 29 30 31: P P P P S P P P P P S	10		1535=00	Sunil Paid
13	Sh. Pradeep S/o Sh. Sumer Singh 315, Shah pur Jatt Delhi	"	20 21 22 23 24 25 26 27 28 29 30 31: P P P A S A P P P P S; P P P P P P P P	08		~~1228~~ 1228=00	Paid
14	Sh. Akash S/o Sh. Jaikishan S. Marg - Bhawan ITO - Delhi	"	20 21 22 23 24 25 26 27 28 29 30 31: P P P P S P P P P P S	10		1535=00	Paid
15	Sh. Amit Kumar S/o Sh. Vinod Kr. 2/603, Block A/2 Resettlement Colony Bhalswa Delhi		20 21 22 23 24 25 26 27 28 29 30 31: P A P P S P P A P P S; P P P P P P	08		1228=00	Paid
	Daily Total		20 21 22 23 24 25 26 27 28 29 30 31: 14 13 15 13 S 13 12 13 15 15 14 S		G. Total		
	Initials of person marking the daily attendance		20 21 22 23 24 25 26 27 28 29 30 31: S	137 Days	Rs.	21030=00	
	Initials of Inspecting Officer		20 21 22 23 24 25 26 27 28 29 30 31: 9 S 8 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. 616/A (From 20/5/09 To 31/5/09)

Circle No. IV 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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20 (4)	21 (4)	22 (5)	23 (5)	24	25 (5)	26 (3)	27 (4)	28 (5)	29 (5)	30 (4)	31	Total (44 Days)	Rate Rs. P.	Amount Rs. P. (6754=00)	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
06	Sh. SAROJ W/o Sh. PREM D-15, Pulika Bhawan Delhi	Dhobi Sec.																				P	P	P	A	S	A	A	P	P	P	P	S	7		1075=00	RTI Ahsled Awal
07	Smt Asha W/o Sh. Deepak Kr. 35/356, Tilak Nagar Delhi — 91.	"																				P	P	P	P	S	P	P	P	P	P	P	S	10		1535=00	31/2/11 Paid Awal
VIMLA 08	Smt Vimla W/o Sh. Rakesh D-213, Dashrath Puri Nangloi Pur Delhi —	"																				P	P	P	P	S	P	P	P	P	P	P	S	10		1535=00	विमला Paid Awal
09	Sh. Machhu W/o Sh. Jaipal F-585, Raghubir Nagar Rajouri Garden Delhi	"																				P	P	P	P	S	P	P	P	P	P	P	S	10		1535=00	Paid Awal
10	Sh. Sanjay S/o Sh. Babulal 22, Balmiki Sadan Mandir Marg N. Delhi	"																				P	P	P	P	S	P	P	P	P	P	P	S	10		1535=00	संजय Paid Awal
	Daily Total																					9	9	10	9	S	9	7	9	10	10	9	S		G. Total		
	Initials of person marking the daily attendance																									S							S	91 Days		13969=00	
	Initials of Inspecting Officer																								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.

	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		

O.O. No:- D/203/CMO/HQ dt 18/5/09.

(26) clearly wages 8%, 4/B @ 151+CA per day

(174) Total sheets 5

HEALTH DEPARTMENT

MUSTER ROLL NO. 616/A (From 20/5/09 To 31/5/09)

Circle No. IV 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 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
01	Smt Nirmala w/o Sh. Jagdish S/o Sh. 1959, Village - Billanji Kotla mubarak pur Delhi.	"	P P P P P P P P P P P P P P P S S	10 days		1535=00	Paid Amt
02	Smt Urmila w/o Sh. Srichand " A-184, J.J. Colony wazir pur Delhi	"	A A P P P P P P P P P P P P P S S	6 day		921=00	Paid RTI Attested Amt
03	Sh. Krishan S/o Sh. Shanker " F-43, Balmiki Sadan mandir Marg N-Delhi	"	P P P P P P P P P P P P P P P S S	10		1535=00	Paid Amt
04	Smt Santosh w/o Sh. Mukesh " 1570 Inder Basti Kotla Mubarak Pur. N.D-3	"	P P P P P P A A P P P P P P P S S	8		1228=00	Paid Amt
05	Sh. Akash S/o Sh. Brijpal 38, Mandanauli fazal Pur. Delhi-92	"	P P P P P P P P P P P P P P P S S	10		1535=00	Paid Amt
	Daily Total		4 4 5 5 S 5 3 4 5 5 4 S		G. Total		
	Initials of person marking the daily attendance		S S	44 Days		6754=00	
	Initials of Inspecting Officer		S S				

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

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

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