Sheet-II

HEALTH DEPARTMENT

MUSTER ROLL NO. 646 (From 1/6/09 To 28/6/09)

Circle No. IV Voucher No. ..... Dated .....

In continuation of Muster Roll No. 607

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 ...	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
				B/F 225 Days		34547-00	LTI Attested of Shayam Kr.
11.	Sh. Shayam Kr. S/o Sh. Chhotey Lal 18/269 Bapu Dham New Delhi	Daily Wages SK		16 days	151+ CA.66	2456-00	Paid
12.	Sh. Vikas S/o Sh. Niranjan Singh 3/130 A.V. Nagar Delhi	"		16 days	-do-	2456-00	Paid
13.	Sh. Nitin S/o Sh. ~~Hari Chand~~ Suresh A-197 Block No. 25 Sect. Rohini Delhi	"		24 days	-do-	3685-00	Paid
14.	Sh. Rajender S/o Sh. Kem Chand C-22 Palika Dham New Delhi	"		18 days	-do-	2764-00	Paid
15.	Smt. Pooja W/o Sh. Rakes Kr. 6/50 Lady Harding New Delhi	"		24 days	-do-	3685-00	Paid
16.			Vacant				
	Net Payable Rs 49593-00			323 Days	G. Total	49593-00	
			Daily Total				
			Initials of person marking the daily attendance				
			Initials of Inspecting Officer				

53/H 7/7/09

Reave ctn 3/7/09 Entry in page no 51 Serial No 1393

VERIFIED FOR CASH/CHEQUE PAYMENT Head Cashier

Pay Rs. 49,593-00 (Rupees Forty Nine thousand five hundred Ninety three only

1. S.No. 1 to 15 All RTI/LTI & Sing. Attested.
2. Fully paid Bill

Grand Total of this Muster Roll ... SI. IV

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

LAN: H-131

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

Rs.	P.

Accountant (HG) AAO (PH) M.O.H. Sr. A.O

CANCELLED AO(PH) Released for Payment

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.

HEALTH DEPARTMENT

Sheet-II

MUSTER ROLL NO. 646 (From 1/6/09 To 28/6/09)

Circle No. IV Voucher No. ..... Dated .....

In continuation of Muster Roll No. 607

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
				B/F 109 Days	B/F	6736-00	
06.	Sh. Manoj Kr. S/o Sh. Ramesh (MANOJ KR.) E.E/2437 Jahangeer Puri Delhi	Daily Wages	P P P P P P S P P P P P S P P P P P S P P P P P P S ←→	24 days	151+ CA66	3685-00	मनोज Paid Acct
07.	Sh. Rohit S/o Sh. Sher Singh 6/107 Sirij-6 Jhereza Village N. Delhi	"	P P P P P P S P P P P P S P P P P P S P P P P P P S ←→	24 days	-do-	3685-00	ROHIT Paid Acct
08.	Sh. Rajesh Kumar S/o Sh. Sukha Ram B-379 Sangam Park Rana Partap Bagh, Delhi	"	P P P P P P S P P P P P S P P P P P S P P P P P P S ←→	24 days	-do-	3685-00	राजेश Paid Acct
09.	Smt. Guddi W/o Sh. Subhash 9. Wazirabad Pamping station Delhi	"	P P P P P P S P P P P P S P P P P P S P P P P P P S ←→	24	-do-	3685-00	गुड्डी Paid Acct
10.	Smt. Asha W/o Sh. Surender 2/16 Bapu Dham Chankya Puri N. Delhi,	"	P P P P P P S P P P P P A S P P P P P A S A A P P P S ←→	20 days	-do-	3071-00	आशा Paid Acct
	Daily Total		9 10 10 10 10 10 S 10 9 10 9 9 9 S 9 10 9 9 9 8 S 8 9 10 10 9 10	225 Days	G. Total	34547-00	
	Initials of person marking the daily attendance		[signatures]				
	Initials of Inspecting Officer		[signatures]				

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.

No :- D/152/CMO/HQ Dt 2/4/09.

(16) daily wager S/K. L/B @ 151+CA.
(1+2) = 3 Sheet.

HEALTH DEPARTMENT

MUSTER ROLL NO. 646 (From 1/6/09 To 28/6/09)

Circle No. IV Voucher No. ..... Dated .....

In continuation of Muster Roll No. 607

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
01	Sh. Prince S/o Sh. Ranbeer B-674 Seema Puri Delhi	Daily Wages Sk		24 days	151+ CA.66	3685-00	Prince Paid Paid
02.	Sh. Mandeep S/o Sh. Suresh 11/154 NDMC Staf Qurs. Bapu Dham New Delhi	"		17 days	-do-	2610-00	Mandeep Paid
03.	Sh. Pawan S/o Sh. Jagdish K-3/202 ~~Madan Giri~~ Mohan Gardan Uttam Ngr. New Delhi	"		24	-do-	3685-00	Pawan Paid
04.	Sh. Pardeep. S/o Sh. S.P. Seriya 6/178 Khichri Pur Delhi-91	"		24	-do-	3685-00	Pradeep Paid
05.	Smt. Pushpa W/o Sh. Ved Prakash 9/124 Bapu Dham Chankya Puri N. Delhi	"		20 days	-do-	3071-00	Paid
	Daily Total			109 Days	G. Total	Rs 16736-00	
	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.