





**MUSTER ROLL NO.**

**HEALTH DEPARTMENT**

Circle No. X Voucher No. 682 Dated 1/6/09

(From 1/6/09 To 30/6/09)

In continuation of Muster Roll No. 682

**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	Amount	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment			
			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							
31	Amrit Singh Dohkisa H-563 CH/1A Gajpur Nagar	SIW	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	P	P	P	P	P	P	P
			Total																															4000	15 Hrs	614				
32	Parrinder Singh Chatterji Gad ni khera 127/104 Gajpur Nagar N.O.	SIW	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	P	P	P	P	P	P	P
			Total																															19 days	-/-	2917				
33	Timber Singh Satish Singh Shiv Puris 1126 N.O.	SIW	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	P	P	P	P	P	P	P
			Total																															10 days	-/-	1535				
34	Dharmendra Singh Nargen 102/501 Kulthani Nagar N.O.	SIW	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	P	P	P	P	P	P	P
			Total																															25 days	-/-	3685				
35	Manika Singh Jai Nargen E-85 Satya Cinema Lajpat Nagar N.O.	SIW	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	P	P	P	P	P	P	P
			Total																															774 days	G. Total	118833				

Pay Rs. (Rupees)

Rs. P. (Handwritten signatures)

Accountant (HG) M.O.H. Sr. A.O. Grand Total of this Muster Roll ... Deduct-Payment made, as per details transferred to Register of Unpaid Wages

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

### MUSTER ROLL NO. 685

Circle No. X Voucher No. 689 Dated: 1/6/09 (From 1/6/09 To 30/6/09)

**PART-NOMINAL-ROLL**

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From: ..... To: .....																															Total	Rate	Amount	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment	
			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					
26	Sachin Datta Rawesh 2 P HQSahi Mansin amp NO	D/W	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	P	25 Days	Rs. 1517.00	Rs. 5838.00	Attended
27	Pushpa W/o Bhadesh 24/amp Tirbali Ori Delhi	D/W	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	P	24 Days	Rs. 3685.00	Rs. 3685.00	Attended
28	Parveen S/o Karam Singh F-422 Agart Bw MCO Gurgaon	D/W	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	P	21 Days	Rs. 3992.00	Rs. 3992.00	Attended
29	Rabita W/o Jaginder B-18 Indira Camp Jalandhar	D/W	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	P	21 Days	Rs. 3992.00	Rs. 3992.00	Attended
30	Kailash S/o Mr. Ranjit S-13913 Jaislernaund House at Delhi	D/W	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	P	22 Days	Rs. 3378.00	Rs. 3378.00	Attended
		Daily Total	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	P	692 Days	Rs. Total 16694.00		
		Initials of person marking the daily attendance																																				
		Initials of Insp. Officer																																				

Accountant (HG) ..... CHIEF MEDICAL OFFICER

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

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

Grand Total of this Muster Roll ....  
 Deduct-Payment made, as per details transferred to Register of Unpaid Wages  
 Balance Paid

Rs.	P.
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*Sheet-5*

# HEALTH DEPARTMENT

**MUSTER ROLL NO.** 665

(From 1/6/09 To 30/6/09)

Circle No. X Voucher No. 688

In continuation of Muster Roll No. .... Dated .....

### PART-NOMINAL-ROLL

Accountant (HG) *[Signature]*

CHIEF MEDICAL OFFICER *[Signature]*

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From..... To.....																															Rate	Amount	Sign. or thumb impression of paying officer made at the time of payment
			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			
21	Timosh 1/5 St. Hem Raj 352/1A. School block Shankar Pur Delhi	Q/In	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	457000	70/58	<i>[Signature]</i>
22	Mikeesh Doda, Lake WES EDS. Ram President Estate N.B.	Q/In	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	26000	3992	<i>[Signature]</i>
23	Sanjeev Dosi, Chakhtan 512/2 Camp 581/1/1/1 Sunlight Colony	Q/In	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	22000	3378	<i>[Signature]</i>
24	Vikas S/o Parkash 1103 Gagan Dwar N.G.D.	Q/In	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	21000	3992	<i>[Signature]</i>
25	Viklei S/o Sh. Chatter Rifa Camp 5/1/1/1 Sunlight Colony	Q/In	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	14000	8149	<i>[Signature]</i>
Daily Total			<div style="display: flex; justify-content: space-between;"> <span>AA (23-25)</span> <span>AA (23-25)</span> <span>AA (23-25)</span> </div>																															56900	87359	<i>[Signature]</i>
Pay Rs. .... (Rupees) .....			Grand Total of this Muster Roll ...																															Deduct-Payment made, as per details transferred to Register of Unpaid Wages		

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.



# HEALTH DEPARTMENT

**MUSTER ROLL NO. 665**

(From 1/6/69 To 30/6/69)

Circle No. 5 Voucher No. 682 Dated .....

**PART-NOMINAL-ROLL**

Accountant (HG) [Signature] CHIEF MEDICAL OFFICER [Signature]

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From..... To.....																															Daily Total	Rate	Amount	Sign, or thumb impression of payee and dated initials of paying officer made at the time of payment	
			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					
11.	Sunny No Saraf 575 Jagat Rai No. 75	Daily Wagrye	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	P	14	15 PER	2149.00	[Signature]
12.	Rajkumar No Ramesh Niveda Niveda Camp Ch. Rai No. 0.	—	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	24 days	3685.00	[Signature]	
13.	Saijag 5/111 Saktan Niveka Nived Camp Ch. Rai No. 0.	—	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	13	26 days	3992.00	[Signature]	
14.	Geeta W/o. Hari Om 75/111 Madan gi No. 0.	—	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	14	25 days	3838.00	[Signature]	
15.	Santosh W/o Jagdish 16/83 Dakshin Rai No. 0.	—	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	15	26 days	3992.00	[Signature]	
		Initials of person marking the daily attendance	9	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	1412	331 days	5088.00	[Signature]
		Initials of Inspecting Officer																																				

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

Accountant (HG) M.O.H. Str. A.O. Grand Total of this Muster Roll ...

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

Rs.	P.

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

## MUSTER ROLL NO. 665

(From 1/6/09 To 30/01/09)

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																															Total	Rate	Amount	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
			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				
6.	Shayam B <sup>o</sup> Kirhanke 17/205 - Tilak Nagar N.D.D.	Daily Wage	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	Rs. 15/-	Rs. 3838	[Signature]
7.	Narsan B <sup>o</sup> Vinod 8-104 - Tilak Nagar N.D.D.	- 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	23 days	Rs. 15/-	Rs. 3531	[Signature]	
8.	Sunny B <sup>o</sup> Rajkumar 103 - The New Green N.D.D.	- 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	23 days	Rs. 15/-	Rs. 3531	[Signature]	
9.	Geeta B <sup>o</sup> Shankar 14/205 - Tilak Nagar N.D.D.	- 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	25 days	Rs. 15/-	Rs. 3838	[Signature]	
10.	Ajay B <sup>o</sup> Mahesh 16/121 - Tilak Nagar N.D.D.	- 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	14 days	Rs. 15/-	Rs. 2149	[Signature]	
	Initials of person marking the daily attendance	Daily Total	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	21 days	Rs. 15/-	Rs. 33162	[Signature]	
	Initials of Inspecting Officer																																				[Signature]

Circle No. X Voucher No. 665 Dated

In continuation of Muster Roll No. 665

Pay Rs. (Rupees)

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

Grand Total of this Muster Roll ...

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

Rs.	P.
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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

### MUSTER ROLL NO. 665

Circle No. X Voucher No. 665

PART-NOMINAL-ROLL

In continuation of Muster Roll No. 665 (From 1/6/09. To 30/6/09.) Dated

(44) daily wages 8/11, 4/18 @ 15/- per day.

(148) = 99 shree.

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From To																															Total	Rate	Amount	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment.																													
			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																																	
			Initials of person marking the daily attendance																																																															
1.	Babli w/o Anand Sairamp E-85 New Lodgit Nagar N.O.	Darby w/o N.O.	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	P	P	P	1547/-																													
2.	Rajesh w/o Kishan Gopal 12/104 Baljit Nagar N.O.	-	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	P	P	17 days -																														
3.	AVINASH 90 Pandeepur, 2/15 Trileela Sui N.O.	-	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	P	24 days -																															
4.	Sarika w/o 6/10 Trileela Sui N.O.	-	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	P	22 days -																															
5.	Shankar 90 3/102 Himmat Sui	-	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	P	19 days -																															
		Daily Total	5	2	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	106 days G. Total																													
		Initials of person marking the daily attendance	h																																																														16275/-	
		Initials of Inspecting Officer	h																																																															16275/-

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

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

Grand Total of this Muster Roll ...

Rs. P.

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.

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