HEALTH DEPARTMENT

Sheet-5

MUSTER ROLL NO. 696 (From 1/7/09 To 31/7/09)

Circle No. VI Voucher No. 64/H Dated

In continuation of Muster Roll No. 661 12/8/09

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 P.	Amount Rs. P.	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
25	Smt Kailash Gupta w/o Sh Mangal Singh D/o 207, Balmiki Sadan Mandir Marg. New Delhi.	SK.		26 days		3884-00 3989-00	Sig Attested
26	Smt Seema w/o Sh Sadhuhal 104, Balmiki Sadan Mandir Marg. Delhi	"		27 days		4143-00	Sig Attested
27	Smt Raj Kumari S/o Sh Rahul 10/A/10841, Karol Bagh New Delhi	"		25 days		3836-00	Sig Attested
28	Sh. Narender S/o Sh Feru Ram 2/210/B.A/2. Residential Colony. Balsawa Delhi	"		27 days		4143-00	Sig Attested
						Rs. 98816-00	
	Daily Total				G. Total	99063-00	
	Initials of person marking the daily attendance			644 Days 646 days			
	Initials of Inspecting Officer						

Net Payable Rs 98,816-00

Pay Rs. 98,816-00 (Rupees Ninety eight thousand eight hundred sixteen only)

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

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

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

Total amount paid (in words) Rupees All the Sig & LTI, RTI, Attested Balance Paid

Rs.	P.

Sheet-4

HEALTH DEPARTMENT

MUSTER ROLL NO. 696 (From 1/7/09 To 31/7/09)

Circle No. VI Voucher No. ..... Dated .....

In continuation of Muster Roll No. 661

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
21	Sh. Ghanshyam S/o Sh. Ajay Kr. 16/465, Trilok Puri Delhi – 91.	D/Gd Sk.		462 days B/F 460 Days 27 d.		70930-00 Rs 70583-00 4143-00	
22	Sh. Rahul S/o Sh. Tilak Raj B/17, Pali Kalan Delhi – 91.	"		27 d.		4143-00	
23	Sh. Pradeep S/o Sh. Dharampal 140/15, Hutts Mubarak Pur Bagh Model Town Delhi		AAAASAAAAAASAAAAAASAAAAAASAAAAA				
24	Sh. Selva Rajan S/o Sh. Mutho Swami 278, DDA Janta Flat Timur Pur Delhi			25 d.		3836-00	
				539 Days	G. Total	Rs 82,705-00 83052-00	
	Daily Total						
	Initials of person marking the daily attendance			571 days			
	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-3

HEALTH DEPARTMENT

MUSTER ROLL NO. 696 (From 1/7/09 To 31/7/09)

Circle No. VI Voucher No. ..... Dated .....

In continuation of Muster Roll No. 661

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
16	Sh. Rajesh S/o Sh. Ramesh F/28, NDMC, Flate Balmiki Sadan Mandir Marg. Delhi	D/W Sh		330 days 650 Days BIF 328 Days 24 days		50675-00 350,328-00 3683-00	Sing Alh
17	Smt Vijay W/o Sh. Bhikhari 3/33, NDMC Flate Bapu Dham Delhi	"		27 days		4143-00	Rs. 1 Smt Vijay
18	Smt Kusum S/o Sh Anil A/243, Sanjay Camp Dakshin Puri Delhi	"		27 days		4143-00	कुसुम
19	Smt Leena W/o Sh. Mahesh Kr R/o 3249, Gali Sarwan Pahar Ganj Delhi	"		27 days		4143-00	लीना
20	Smt Rakhi W/o Sh. Amit R/o 25, Mandir Marg N. Delhi	"		27 days 460 Days		4143-00 Rs 70583-00	Sing Alh
	Daily Total			~~782~~ 462 days	G. Total	70930-00	
	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.

Sheet-II

HEALTH DEPARTMENT

MUSTER ROLL NO. 696 (From 1/7/09 To 31/7/09)

Circle No. VI Voucher No. ..... Dated .....

In continuation of Muster Roll No. 661

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 ..... (1–31)	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. Rajesh S/o Sh. Nanwa R/o 77, Balmiki Basti Mandir marg. N. Delhi — 01	D/W Sk.		229 Days 17 days		Rs 35,138-00 2608-00	Sig Attn
12	Sh. Vijay S/o Sh. Dharampal B-35, Indira Nagar Bhati Mines. N. Delhi —	"		11 days		1688-00	Sig Attn
13	Sh. Rakesh S/o Sh. HARGULAL, R/o 5/19 D/S NDMC Flat ~~Bapu Dham~~. New Delhi P.R. Lane.			27 days		4143-00	Sig Attn
14	Smt. Meena W/o Sh. Deepak 7/93, NDMC Flat Bapu Dham. Nagar Delhi	"		25 days		3836.00	Sig Attn
15	Smt. Manju W/o Sh. Suresh Kr. E/104, Bapu Dham. N. Delhi.			~~20 days~~ 19 Days 328 Days		~~3089-00~~ 2915 Rs 50,328-00	Sig Attn
	Daily Total			~~650 days~~ 330 days	G. Total	~~50675-00~~	
	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.

Sheet-I

HEALTH DEPARTMENT

MUSTER ROLL NO. 696 (From 1/7/09 To 31/7/09)

Circle No. VI Voucher No. Dated.

In continuation of Muster Roll No. 661

Accountant (HG), CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped accorrding 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
06	Sh. Deepak S/o Sh. Motilal R/o A-15, Palika Dham N. Delhi —	Dho Sk.	A A S S A S S	115 Days 25		3836-00	
07	Sh. Raju S/o Sh. Ram Prasad 129, Balmiki Ladam mandir marg. N. Delhi	"	A S S S	26		3989-00	
08	Sh. Praveen S/o Sh. Beer Singh E-778, Gali No-5 Bapa academy Sahid Nagar Delhi	"	S A A A A A A A A A A A A S	180		27762-00 2782-00	
09	Sh. Rajesh S/o Sh. Radhey Shyam R/o 49/M-5, Block (Ali Ganj) N. Delhi —	"	S A A A A A A A A A A A A S	24		3683-00	
10	Sh. Rajesh S/o Sh. Lallem I/81, Phase-II, Seelam Pur. Delhi	"	S A A A A A A A A A A A A S	21		3222-00	
			Daily Total	229 Days 550	G. Total	Rs 35138-00 35311-00	
			Initials of person marking the daily attendance	230 days			
			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.

OO. No:- D/203/CMO/09 Dt 18/5/09.

HEALTH DEPARTMENT

(28) daily wages SK, UB @ 15% + CA.
(175) = Total Sheet = 6

MUSTER ROLL NO. 696 (From 1/7/09 To 31/7/09)

Circle No. VI Voucher No. Dated

In continuation of Muster Roll No. 661

PART-NOMINAL-ROLL

Accountant (HG), CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped accorcding 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 Sonu w/o sh. Kundan Lal R/o 10785, Jhandewalan Ram Nagar New Delhi	Sec.	S S S S S S S	27 days	@ 15% + CA	4143-00 Paid	27 Sing Alka
02	Smt. Pooja w/o sh. Amit R/o 148, NDMC Flat Balmiki Basti, Mandir marg, N. Delhi	"	S SA A S AAAAS S	22 days		3376-00 Paid	Sing Alka Pooja
03	Smt Asha Rani w/o sh. Ram Kishan R/o 145, Balmiki Basti Mandir marg New Delhi-01.	"	SA S S S S	26 days		3989-00 Paid	5/7/21 Sing Alka
04	Smt Premwati w/o sh. Shishpal R/o 50/5-II, Madan Giri Dr. Ambedkar Nagar N. Delhi-	"	S S S S S	27 days		4143-00 Paid	प्रेमवती Sing Alka
05	Sh. Sanjay s/o sh. Fidesh J/63, Bapu Dham N. Delhi-	"	A A A SA A S A A SA AAAAAAAAAAAAAA	14 days 13 Days 115 Days		2148-00 1995-00 Rs 17646-00 Paid	J/63 Sing Alka
	Daily Total		S S S S S	426 days	G. Total	17799-00	
	Initials of person marking the daily attendance			116 days			
	Initials of Inspecting Officer		S S S 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.

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.