Payer's Copy

NEW DELHI MUNICIPAL COUNCIL

SR. NO. D 124126

RECEIPT

Receipt No.: CH091008NDMC026044 **Date:** 27-Aug-2009

Challan Number: 178866 **Field:** PUBLIC HEALTH ACCOUNTS BRANCH

Sub-Field: (PUBLIC HEALTH) SANITATION CIRCLE 10 **Function:** Public Health

Functionary: DIRECTOR (PH) **Received From:** S.I. C.NO.10

On Account of: UNPAID SALARY OFSHRI SUNNY S/O SH.SURAT SINGH DAILY WAGER S/K C.NO.10

Address: S.I. C.NO.10, N.DM.C., N.D.

Account Code	Description	Amount
2308003	GARBAGE REMOVAL CLEARANCE	153

Payment Mode: Cash **Total Amount:** 153

Total Amount in Words: One Hundred And Fifty Three Rupees Only

Cheque/DD No.: **Cheque/DD Date:** **Bank:**

Name of the Operator: neetu.arora **Counter No:** 1

NDMC

नई दिल्ली नगर पालिका परिषद

Signature of Authorised Officer

RECEIPT IS SUBJECT TO REALISATION OF CHEQUE/DRAFT/PAY ORDER.

85/H
12/08/09

Sheet-8

MUSTER ROLL NO

Circle No. X Voucher No.

In continuation of Muster Roll No. 665

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 ... (1–31)	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
41.	Sapna W/o Raj Kumar Kat Putli Colony N.D.	D/W		27 Days	51+C.A	1,34,260-00 / 4143-00	Attested
42.	Seth Ram S/o Gambir Lal Sanjay Camp 161/5 Chhui N.D.	D/W		26 Days	-do-	3989-00	Attested
43.	Beena W/o Rajesh 161/65 Trilokpuri N.D.	D/W		27 days	-do-	4143-00	Attested
44.	Deepak S/o Suman Chand. 10/205 Trilokpuri N.D.	D/W		27 days	-do-	4143-00	Deepak Attested
	45 M/SP Net Payable Rs. 1,50,678-00	D/W		982 Days	-do- Rs	1,50,678-00	
			Daily Total	983	G. Total	150832	
			Initials of person marking the daily attendance				
			Initials of Inspecting Officer				

Entry SCR at page No-54

Pay Rs. 1,50,678-00 (Rupees one lac fifty thousand six hundred seventy eight only)

All the Signatures from Sr. No. 01 to 44 except Sr. No. 11

Grand Total of this Muster Roll ... of Sunny S/o Surat Singh where Salary has been deposited in Cash Branch Vide Challan Number 178866 dt 27/8/2009 & fully paid

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

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

Rs.	P.

VERIFIED FOR CASH PAYMENT
Head Cashier

CANCELLED
A.O(PH)

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.

Sheet-7

HEALTH DEPARTMENT

MUSTER ROLL NO. 700 (From 1/7/09 To 31/7/09)

Circle No. X Voucher No. ..... Dated .....

In continuation of Muster Roll No. 665

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 ..... (1–31)	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
36.	Sonu S/o Sanjay S-303 Laxmi Nagar N.D.	D/W		18	51+c.A	2762-00	Sonu Attested
37.	Dilsad S/o Nazir Ali S-401 Laxmi Bai Nagar N.D.	D/W		15	-do-	2302-00	Attested
38.	Ranbir S/o Rajender Singh. Sukem Pur w2/107 Wazir Pur Depot N.D.	D/W		24	-do-	3683-00	Attested
39.	Seema W/o Krishan 303 Wazir Pur N.D.	D/W		27	-do-	4143-00	Attested
40.	Raj Kumar S/o Khem Chand 18/48 Kalyan Pur N.D.	D/W		27	-do-	4143-00	
				876	875 Days	134,260-00	
			Daily Total		G. Total	134414	
			Initials of person marking the daily attendance				
			Initials of Inspecting Officer				

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

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

HEALTH DEPARTMENT

Sheet VI

MUSTER ROLL NO. 700 (From 1/7/09 To 31/7/09)

Circle No. X Voucher No. ..... Dated .....

In continuation of Muster Roll No. 665

Accountant (HG) — CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

Dates From ..... To .....

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	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
31.	Amit S/o Jai Kishan T-583 EA/7A Baljeet Nagar N.D.	D/W	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	NIL	Attested
32.	Parvinder S/o Chattar Singh. Jai Vihar 127/104 Lajpat Nagar N.D.	D/W	A	A	A	P	S	A	A	A	A	A	A	S	P	P	P	P	A	P	S	P	P	A	P	P	P	S	P	P	A	A	A	12 Days	de	1688 Rs 1841-00	Parvinder Attested
33.	Pinku S/o Satish Kr. Shiv Puri 1126 N.D.	D/W	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	A	A	A	S	A	A	A	A	A	P	S	P	P	P	A	A	18 Dy	de	2762-00	Pinku Attested
34.	Dharmender S/o Narayan 103/501 Netaji Nagar N.D.	D/W	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	27 Dy	de	4143-00	Attested
35.	Monika W/o Jai Narayan E-85 Satya Cinema Ranjit Nagar N.D.	D/W	P	A	P	P	S	A	A	P	P	P	P	S	A	A	A	P	P	P	S	A	P	P	A	A	P	S	P	P	P	P	P	18 Dy	de	2762-00	मोनिका Attested
																																		764 Days		Rs 1,17,227-00	
	Daily Total		29	27	30	31	—	29	28	28	30	28	29	—	28	28	28	29	28	31	—	24	25	29	26	24	29	—	28	26	30	28	29	765	G. Total	117381	
	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.

HEALTH DEPARTMENT

MUSTER ROLL NO. 700 (From 1/7/09 To 31/7/09)

Circle No. X Voucher No. ..... Dated .....

In continuation of Muster Roll No. 665

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
26.	Sachin S/o Ramesh 29 Harijans Basti Mandir Marg N.D.	D/W		270	5160 Days (51 + CA)	Rs 85,925-00 4143-00	Attested
27.	Smt. Pushpa W/o Bhudesh 24/442 Trilokpuri New N.D.	D/W		230	do	3529-00	Attested
28.	Parveen S/o Kamal Singh. E-422 Azad Nagar N.D.	D/W		270	do	4143-00	Attested
29.	Babita W/o Jogindar B-18 Indira Camp J.J. Colony N.D.	D/W		270	do	4143	Attested
30.	Kailash S/o Raj Pal S-139/7 Jailesmen House N.D.	D/W		250	do	3836-00	Attested
				689 Days		Rs 1,05,719-00	
	Daily Total			691	G. Total	106096	
	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.

HEALTH DEPARTMENT

MUSTER ROLL NO. 760 (From 1/7/09 To 31/7/09)

Circle No. X Voucher No. ..... Dated .....

In continuation of Muster Roll No. 665

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 17, 2 17, 3 18, 4 17, 5, 6 17, 7 16, 8 15, 9 17, 10 17, 11 17, 12, 13 17, 14 17, 15 16, 16 18, 17 16, 18 18, 19, 20 14, 21 14, 22 16, 23 16, 24 14, 25 16, 26, 27 15, 28 18, 29 17, 30 17, 31 18)	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.	Jinesh S/o Hem Raj 352/A School Block Sakarpur N.D.	D/W		443 (441 Days)	15/-	6766-00	
				25 days		3836-00	
22.	Mukesh S/o Lalla Ram WESTDB Resident Estate N.D.	D/W		25 days	-do-	3836-00	Attested
23.	Sanjeev S/o Chattan Singh. S-81/186 Sun Light Colony N.D.	D/W		23	-do-	3529-00	Attested
24.	Vikash S/o Prakash 7/103 Bapu Dham Ch. Puri N.D.	D/W		27	-do-	4143-00	Attested
25.	Vicky S/o Chattan Singh. S-81/186 Sunlight Colony N.D.	D/W		19	-do-	2915-00	Attested
				560 Days		Rs 85,925-00	
	Daily Total		22 21 22 22 — 22 21 20 22 20 21 — 20 20 20 23 21 23 — 18 19 21 19 19 21 — 19 17 22 21 22	562	G. Total	86232	
	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-III

HEALTH DEPARTMENT

MUSTER ROLL NO. 700 (From 1/7/09 To 31/7/09)

Circle No. X Voucher No. ..... Dated .....

In continuation of Muster Roll No. 665

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 ... (1/14 – 31/13)	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	Kamlesh w/o Raju Janta Jiwan Camp Tigri Khan Pur N.D.	D/W		327 326 Days 27 days	151 fCA	Rs 50,021-00 4143-00	Attested
17	Sunita w/o Hari Kishan B-22 Balika Dham N.D.	D/W		26 Days	145 do	3989-00	Attested
18	Mamta w/o Mukesh 12/105 Bapu Dham Ch. Puri N.D.	D/W		21 Days	152 do	3222-00	Attested
19	Neeraj S/o Om Prakash village Bhanta Gazi Pur N.D.	D/W		19 Days	153 do	2915-00	Attested
20	Sumit S/o Suresh village Bhanta Gazi Pur N.D.	D/W		22 Days	154 do	3376-00	Attested
				441 Days		67666-00	
	Daily Total		17 17 18 17 – 17 16 15 17 17 17 – 17 17 16 18 16 18 – 14 14 16 16 14 16 – 15 12 17 17 18	443	G. Total	67973	
	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. 700 (From 1/7/09 To 31/7/09)

Circle No. X Voucher No. ..... Dated .....

In continuation of Muster Roll No. 665

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
11.	Sunny S/o Surat Singh. Jagat Puri N.D.	D/W		1 day	226 Days/151+CA	Rs 34,678-00 / 153-00	
12.	Raj Kumar S/o Ramesh Vineet Nand Camp Ch. Puri N.D.	D/W		23 days	-do-	3529-00	Attested
13.	Sanjay S/o Sant Ram Vineet Nand Camp Ch. Puri N.D.	D/W		24 Days	-do-	3683-00	Attested
14.	Geeta W/o Sh. Hari Om F-I/111 Madangir N.D.	D/W		26 Days	-do-	3989-	Attested
15.	Santosh W/o Jagdish. 16/65 Dakshin Puri N.D.	D/W		26 Days	-do-	3989-00	Attested
				326 Days		Rs 50,021-00	
	Daily Total		14 13 13 14 12 11 11 12 12 13 12 13 11 13 11 13 11 10 12 12 11 13 11 9 12 12 13	328	G. Total	50328	
	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. 700 (From 1/7/09 To 31/7/09)

Circle No. X Voucher No. ..... Dated .....

In continuation of Muster Roll No. 665

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 ... (1–31)	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
6.	Sh. Shyam Josh. Kishan Ka 17/265 ~~Tilak~~ Tilak Nagar N.D.	D/W		27 dp	151+CA	4143-00	Attested
7.	Sh. Naveen S/o Sh. Vinod S-104 Tilak Nagar N.D.	D/W		26 dp	-do-	3989-00	Attested
8.	Sunny S/o Sh. Raj Kumar 153 ~~Ali~~ ~~Gali~~ Ism Gram N.D.	D/W		20 dp	-do-	3069-00	Attested
9.	Geeta w/o Dharmender 16/815 Trilokpuri N.D.	D/W		22 days	-do-	3376-00	Attested
10.	Ajay S/o Mohan Lal 16/427 Trilokpuri N.D.	D/W		~~27 days~~ 25 Days	-do-	~~4143~~ 3836-00	Attested
			Daily Total	~~228~~ 226 Days	G. Total	~~34985~~ Rs 34,678-00	
			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.

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

(44) clarity wages 81K, 4/B @ 151+CA Perday

(1+8) = Total Sheet = 9

HEALTH DEPARTMENT

MUSTER ROLL NO. 700 (From 1/7/09 To 31/7/09)

Circle No. X Voucher No. ..... Dated .....

In continuation of Muster Roll No. 665

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
1.	Smt. Babli w/o Sh. Anand Sawroop E-85 New Ranjeet Nagar N.D.	D/W		19 day	151+CA	2915-00	Attested
2.	Sh. Rajesh S/o Sh. Kishan Gopal 17/104 Baljit Nagar N.D.	D/W		22 day	do	3376-00	Attested
3.	Sh. Avinash S/o Sh. Pardeep Kr. 2/15 Tilocks Pur N.D.	D/W		18 day	do	2762-00	Attested
4.	Smt. Sarita w/o Sh. Vinod 6/10 Tilocks Pur N.D.	D/W		20 day	do	3069-00	Attested
5.	Sh. Shanker S/o Sh. Bal Kishan 31/102 Himmat Pur N.D.	D/W		27 day	do	4143-00	Attested
	Daily Total		5 5 4 5 5 3 2 2 4 5 4 — 4 4 4 4 5 — 4 2 3 4 5 4 — 3 3 4 4 5	1060 Days	G. Total	16265-00	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer						

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

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