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HEALTH DEPARTMENT

MUSTER ROLL NO. 704 (From 1/7/09 To 31/7/09)

Circle No. XIV Voucher No. 5411 Dated 11/8/09

In continuation of Muster Roll No. 669

Accountant (HG), CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped accrding 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
15	Shobher Mo Raju. B-138 Staff P2 JJ Cand Rohini Delhi	Daily wages	P P P P S P P P P P P S P P P P P S P P P P P S P P P P P S P P P P P	27 days	151+17	4143	∞
16	Suresh S/o Harikishan D-2/237 Madangir Delhi	"	P P P P S P P P P P P S P P P P P S P P P P P S P P P P P S P P P P P	27 days	"	4143	∞
17	Rajesh S/o Brhamsingh C-29 PJ Coy. Enclave Sultanpur Delhi	"	P P P P S P P P P P P S P P P P P S P P P P P S P P P P P S P P P P P	27 days	"	4143	∞
18	Sanjeev S/o Ashakan 2. P.R. Jee New Delhi	"	P P P P S P P P P P P S P P P P P S P P P P P S P P P P P S P P P P P	27 days	"	4143	∞ paid
			Daily Total	470	G. Total	72119-00	
			Initials of person marking the daily attendance				
			Initials of Inspecting Officer				

Entry ECR at Page No-54

VERIFIED FOR CASH/CHEQUE PAYMENT Head Cashier

Net payable Rs. 72119-00

Pay Rs. 72119-00 (Rupees Seventy two thousand one hundred Nineteen) only

Accountant (HG) A/C (PH)

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. 704 (From 1/7/09 To 31/7/09)

Circle No. XIV Voucher No. ..... Dated .....

In continuation of Muster Roll No. 669

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.	Kavita W/o Vinod. 1306 R. Block 2. Mangol Puri Del	Daily wage Sft	P P P P S P P P P P S P P P P P S P P P P P S P P P P 27 days.	151 + CA	4143-00	Attested
12.	Manoj. S/o Lamchand Kathi No 3 Servent. Q. Tuglak Road New Del-	"	P P P P S P P P P P S P P P P P S P P P P P S P P P P 27 days.	"	4143-00 paid.	Attested
13.	Amer Jeet S/o Hari Ram 16/217 Trilok Puri Del	"	P P P P S P P P P P S P P P P P S P P P P P S P P P P 27 days.	"	4143-00	Attested
14.	Jagdish. S/o Gyan Chand 1979. Alligent New Del-	"	P P P P S P P P P P S P P P P P S P P P P P S P P P P 27 days.	"	4143-00	Attested
			Daily Total P P P P S P P P P P S P P P P P S P P P P P S P P P P 362	G. Total	Pay Rs 55547-00 ~~38975~~	
			Initials of person marking the daily attendance			
			Initials of Inspecting Officer			

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

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

Rs.	P.

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. 704 (From 1/7/09 To 31/7/09)

Circle No. XIV Voucher No. Dated

In continuation of Muster Roll No. 669

Accountant (HG), CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped accrding 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
6.	Nirmla W/o Rakesh 30 Silk mill Ashok Vihar	Helper	P P P P S P P P P P S P P P P P S P P P P P S P P P P P S	24 days	151+.00	4143	-00 Attended
7.	Vijay S/o Jagdish 4149 Gali Ajit Nagar Delhi	"	P P P SA P P P P P S A P P P P P S P P P A P S P P P P P	24 days	"	3683	-00 Attended
8.	Ashwani S/o Randhir B-4041 J.J. comp. No 2. Nangloi Delhi	"	P P P SA A P P P S A P P P P P S P P P A P S P P P P P	23	"	3529	-00 Attended
9.	Narender S/o Bakshar 25 Mandir Nangloi	"	P P P P S P P P P P S P P P P P S P P P P P S P P P P P	27 days	"	4143	-00 Attended
10	Rishipal S/o Ratanlal J 382 JJ-comp Delhi	"	P P P P S P P P P P S P P P P P S P P P P P S P P P P P	27 days	"	4143	-00 Attended
			Daily Total 0 0 0 0 7 0 0 0 0 0 4 0 0 0 0 0 0 4 0 0 0 0 0 254	G. Total Days		Rs 38975-00	
			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.

D/203/CMO/49 Dt 18/5/09.

(18) daily wages

HEALTH DEPARTMENT

MUSTER ROLL NO. 704 From 1/7/09 To 31/7/09

Circle No. XIV Voucher No. ..... Dated .....

In continuation of Muster Roll No. 669

Accountant (HG), CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped accrding to classes	Designation	Dates From ..... To ..... 1 2 3 4 (S) 5 6 7 8 9 10 11 (S) 12 13 14 15 16 17 18 (S) 19 20 21 22 23 24 25 (S) 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	Asha W/o Surender G-13 Abli Gen Lodhi Road Del	Deelf men Sk.	P P P P S P P P P P P S P P P P P S P P P P P S P P P P P	25 days	151 + CA	3836-00	HRIS Attested
2	Santosh 86 Kanyalal C-58 Netaji Nagar Delhi	"	P P P P S P P P P P P S P P P P P S P P P P P S P P P P P	25	4	3836-00	Attested
3	Meenu W/o Subhash 25/8 Trilok Puri Delhi	"	P P P P S P P P P P P S P P P P P S P P P P P S P P P P P	27	4	4143-00	Attested
4	Shakuntala W/o Sukhchand 96 Dest. No Mhevli Del	"	P P P P S P P P P P P S P P P P P S P P P P P S P P P P P	25	"	3836-00	Attested
5	Rachna W/o Santosh 5/148 Dakshinpuri	"	P P P P S P P P P P P S P P P P P S P P P P P S P P P P P	24 days	"	3683-00	Attested
	Daily Total		5 5 5 5 4 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	126 days	G. Total	19334-00	
	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.

	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