Sheet-I

HEALTH DEPARTMENT

MUSTER ROLL NO. 721 (From 1/7/09 To 31/7/09)

Circle No. IX Voucher No. ..... Dated .....

In continuation of Muster Roll No. 685 49/H 11/8/09

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 Rs. P.	Amount Rs. P.	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
5	Smt Suman c/o Ramesh 14/16 Dakshinpuri Delhi-62	Daily wages S/k		106 / 27 day	15 H C.A	16,265.00 / 4143.00	Smt Sunagal c/o Raman
6	Smt Sheela c/o Ravi H. No. 7/104 Bapu Dham N. Delhi	S/k		27 day	do	4143.00	Smt Sheela c/o Ravi
7	Smt Parvati c/o Babulal Block X Mangolpuri Delhi-83.	S/k		20 days	do	3069.00	Smt Parvati c/o Babulal
8	Smt Mahendri c/o Prem Pal Juggi No. 17/304 Kalyanpuri	S/k		27 day	do	4143.00	Smt Mahendri c/o Prem Pal
	Daily Total			207 Days	G. Total	31,763.00	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer						

Net Payable Rs 31,763-00

Empty ECR at page no 54. Page 8 SO(HG) 10/8/09

VERIFIED FOR CASH/CHEQUE PAYMENT Head Cashier

Pay Rs. 31,763-00 (Rupees Thirty one thousand seven hundred sixty three only)

Paid in full

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

CANCELLED AO(PH) Passed 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.

Grand Total of this Muster Roll ... ... Rs. P.

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

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

O. No:- D/233/CMO/HQ Dt 4/6/09. (08) daily wages s/k @ 151+CA per day (14) = 2 sheet.

HEALTH DEPARTMENT

MUSTER ROLL NO. 721 (From 1/7/09 To 31/7/09)

Circle No. IX Voucher No. .... Dated ....

In continuation of Muster Roll No. 685

Accountant (HG) — CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

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
1	Sh. Kilash S/o Lal Chand, H. No. 6/84 Bapu Dham, New Delhi	D/wages S/K	P	P	P	P		P	P	P	P	P	P		P	P	P	P	P	P		P	P	P	P	P	P		P	P	P	P	P	27 dys	151+ C.A.	4143.00	[signature]
2	Sh. Om Parkash S/o Suray Pal, H. No. B-26 Harkesh Nagar, New Delhi	do	P	P	P	P		P	P	P	P	P	P		P	P	P	P	P	P		P	P	P	P	A	A		P	P	P	P	P	25 dys	do	3836.00	[signature]
3	Smt. Sonu W/o Ashok, H. No. 234 Tilak Vihar, New Delhi	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	27 dys	do	4143.00	[signature]
4	Smt. Baby W/o Jitender, H. No. Bapu Dham N.D.M.C. Flats, N. Delhi	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	27 dys	do	4143.00	[thumb impression]
	Daily Total		4	4	4	4		4	4	4	4	4	4		4	4	4	4	4	4		4	4	4	4	3	3		4	4	4	4	4	106	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