Sheet-II

HEALTH DEPARTMENT

MUSTER ROLL NO. 766 (From 1/8/09 To 31/8/09)

Circle No. VI Voucher No. 94/H Dated 15/9/09

In continuation of Muster Roll No. 718

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
11-	Smt MUNESH w/o Sh. BALVINDER D/w R/o S-16, Indira Gandhi Camp, Jal vihar N. Delhi	Sk.		26 days		3992-00	
12-	Sh. KANCHIT S/o Sh. BUDHRAM R/o 16/451, Kalyan Puri Delhi-91.	"		18 days		2764-00	
13-	Sh. DEEPAK S/o Sh. RAJENDER K-732, Dakshin Puri Delhi-62.	"		24 days		3685-00	
14-	Smt SANGEETA w/o Sh. NANAK CHAND R/o 42, Lal Bahadur Sultan Nuo Delhi-01.	"		16 days		2456-00	
	Daily Total			283 Days ~~183 days~~	G. Total	43450-00	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer						

Received on 3-9-09
Entry has been made at Sr.No. 1510 page 56.
S.O.(H.G)
3-9-09

Net Payable Rs. 43,450-00

Pay Rs. 43,450-00 (Rupees Forty three thousand four hundred fifty ~~three~~ only)

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

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

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
Date
Released for Payment

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

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

Rs.	P.

VERIFIED FOR CASH/CHEQUE PAYMENT

Sheet-I

HEALTH DEPARTMENT

MUSTER ROLL NO. 766 (From 1/8/09 To 31/8/09)

Circle No. VI Voucher No. Dated

In continuation of Muster Roll No. 718

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 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.	Rate P.	Amount Rs.	Amount P.	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
06	Sh. BAGWAN DASS S/o Sh. DEVI SAHAI R/o 08, Balmiki Basti Mandir Marg. N. Delhi	DLW SK.	P P P S P P P A A P P P P P P P P P P P P P P P P P P P S P P P S P P P	24 days			3685-00		
07	Smt RADHA W/o Sh. SANJAY MALKHAN R/o 16, SHAKUR PUR N.J. Colony Delhi	V	P P P S A A A A A P P P P P P P P P P P P P P P P P P P S P P P S P P P	22 days			3378-00		
08	Sh. RAJU S/o Sh. DHARMU KR. R/o 1/280, Ansari Nagar New Delhi-	"	P P P S P P P P P P P P P P P P P P P P P P P P P P P P P P P S P P P S P P P	25 days			3838-00		
09	Smt GEETA W/o Sh. RAJAN R/o 5/25, C&D. Complex Gaard N. Delhi	V	A S A P P P P P S P P P P P P P P P P P P P P P P P P P S P P P S P P P	17 days			2610-00		
10	Sh. VICKY S/o Sh. SUKHBIR R/o E/175, Acharya Nagar NBTC Faridabad Haryana.	V	P S P P P P P S P P P P P P P P P P P P P P P P P P P S P P P S P P P	26 days			3992-00		
	Daily Total		S S S S S	19 90 days	G. Total		30553-00		
	Initials of person marking the daily attendance								
	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.

O.O. No:- D/233/CMO/HQ Dt. 4/6/09.

(14) clarify wages slip, C/B @ 15/-PCA per day

(1+2) = 3 Sheet.

HEALTH DEPARTMENT

MUSTER ROLL NO. 766 (From 1/8/09 To 31/8/09)

Circle No. VI Voucher No. Dated.

In continuation of Muster Roll No. 718

L.S. 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
01-	Smt ARCHANA W/o Sh. JAGRAM D/o Sh. R/o- ITI Staff Quarter New Delhi	Sly.	A S A A A A A S A A A A A S A A A A A S A A A A A S	10 days	per	1535-00	Archana Sig.
02-	Smt BABITA W/o Sh. AJAY R/o 69 Balmiki Basti Mandir Marg. N. Delhi	1.	P 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	26 days		3992-00 Per	Babita Sig.
03-	Smt SITA DEVI W/o Sh. VIJENDER R/o D-60, J.J. Colony. Dwarka N. Delhi	1.	P P P P P P P S A P P P P S P P P P P S P P P P P S	25 days		3838-00	Sita Sig.
04-	Sh. RAVI BEDI S/o Sh. TEJPAL R/o 328, Ambedkar Basti Seelam Pur Delhi—	"	A S A A A A A S A A A A A S A A A A A S A A A A A S	Nil day		Nil	
05-	Sh. VIKAS S/o Sh. SATVEAIDER R/o 6/470, Trilok Puri Delhi—91	"	P P P S A P P P P P S P P P P P S P P P P P S P P P	24 days		3685-00 per	Vikas Sig.
	Daily Total		S S S S S	85 days	G. Total	13050.00	
	Initials of person marking the daily attendance						
	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.