HEALTH DEPARTMENT

MUSTER ROLL NO. 770 (From 1/8/09 To 31/8/09)

Circle No. X Voucher No. 541H Dated 11/9/09

In continuation of Muster Roll No. 722

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
36.	Krishna Sharma w/o S.P. Sharma G-3 Rashtpati Bhawan D. D/W		P P P S P P P P P P S P P P P P P P S P P P P P P P S P

HEALTH DEPARTMENT

MUSTER ROLL NO. 770 (From 1/8/09 To 31/8/09)

Circle No. X Voucher No. Dated

In continuation of Muster Roll No. 722.

L. Rk
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.	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
31.	Amit S/o Nepal Singh. A-86 D.D.A. Flats Gali East of Kailash N.D.	D/W	P P P P P P P P P P P P P H/S P P P P P A/S P P P P P P P	24 Days	151-FCA	3685-00	341FCA Attested
32.	Sunder S/o Shiv Charan S-11 Khan Mkt N.D.	D/W	P P P P A P P P P P P P P S A A P P P P P S P P P P A P S A	21 days 20 Days	-do-	3224-00 3071-00	2609 Attested
33.	Rakesh S/o Lankash Chand. 11/153 Bapa Dham Ch. Puri N.D.	D/W	P P P P P P P P P P P P P H/P S P P P P P S P P P P P P P	26 days	-do-	3992-00	Rkesh Kumar Attested
34.	Arti W/o Manoj E-83 Ganesh Nagar Pandav Nagar N.D.	D/W	P P P P P P P P P P P P P H/P S P P P P P S P P P P P P P	26 days	-do-	3992-00	आरती Attested
35.	Charan Singh S/o Babu Lal B-54 Gole Mkt N.D.	D/W	P P P P P P P P P P P P P H/P S P P P P P S P P P P P P P	26 days	-do-	3992-00	चरणसिंह Attested
				728 Days		111774-00	
	Daily Total		30 30 26 24 25 30 30 27 28 27 25 28 28 30 24 30 29 29 27 27 29 29 27 27 30 27	729	G. Total	111927	
	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. 770 (From 1/8/09 To 31/8/09)

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

In continuation of Muster Roll No. 722

L.8 Accountant (HG),

CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped accoording 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	Ramesh Kr S/o Chander Bhan H.No 7 Sultan Puri N.D.	D/W	P S P A P A P P S P P P P P H S P P P P P S P P P P P S P	24 Days	151-FCA	3685-00	Attested
27.	Sunny S/o Bhagat Ram C-25 J.J. Camp Madipur N.D.	D/W	P S P A A A A A S A A A A A H S A A A A A A S A A A A A A S A	2 Days	-do-	307-00	Attested
28.	Arun Kr S/o Manger E-157 New Rajeet Nagar N.D.	D/W	P S P P P P P P S P A P P P H S P P P P P S P A A P P S A	23 Days	-do-	3531-00	Attested
29	Ravinder S/o Chander Pal 166 Block AB Tekhand N.D.	D/W	A S A A H A A A S A A A A A H S A A A A A A S A A A A A A S A	NIL	-do-	NIL	Attested
30.	Ranjeet Singh S/o Chaman Lal 272 Tekhand N.D.	D/W	P S P P P P P S P P P P P H S P P P P P S P P P P P S P	26 Days	-do-	3492-00	
		Daily Total	25 25 21 20 25 25 23 23 22 23 23 26 22 25 24 24 23 23 24 24 22 23 25 23	606 Days	G. Total	93042-00	
		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-4

HEALTH DEPARTMENT

MUSTER ROLL NO. 770 (From 1/8/09 To 31/8/09)

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

In continuation of Muster Roll No. 722

Accountant (HG), CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped accoording 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
21.	Neema Devi W/o Vinod Kr. B1/104 Madan Pur Khadar N.D.	C/W	P P P

HEALTH DEPARTMENT

MUSTER ROLL NO. 770 (From 1/8/09 To 31/8/09)

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

In continuation of **Muster Roll No.** 722

PART-NOMINAL-ROLL

Accountant (HG), CHIEF MEDICAL OFFICER

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
16.	Beer Bal S/o Ranjeet Ram 483, H Block Mangol Puri N.D.	D/W	P P P A S P P P

HEALTH DEPARTMENT

MUSTER ROLL NO. 770 (From 1/8/09 To 31/8/09)

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

In continuation of Muster Roll No. 722

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. P.	Amount Rs. P.	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
11.	Raj Kr S/o Dharm Ram 88 re-settlement Colony. See-26 Shahibabad Dadabad Pur N.D.	D/W	P S P P P P P P S P P P A A H S P P P P P S P P P P P S P P P	20 days	151 P.A	3071-00	Attested
12.	Amit S/o Prem Singh. 16 Balmiki Basti Mandir Marg N.D.	D/W	A S A A A A A A S P P P P P A H S P P P P P A A S P P P P P S A	14 days -de	2149-00		Attested
13.	Rajeev S/o Iqbal 4148 Gali No-12 Gandhi Nagar N.D.	D/W	P S P P P P P P S P P P P P H S P P P P P S P P P P P S P P P	24 days de	3685-00		Attested
14.	Sunita w/o Rajender 17/887 Block Pur N.D.	D/W	A S A A A A A A S A A A A A H S A A A A A A S A A A A A A S A	Nil -de	Nil		Attested
15.	Rajeeta w/o Manoj Kr H-332 Block H.J.J. Colony Bakkar Bala N.D.	D/W	P P P P P P P S P P P P P H S P P P P P P S P P P P P P S P P P	26 days -de	3992-00		
	Daily Total		12 11 10 09 12 12 11 12 11 8 10 10 13 10 12 13 12 10 11 12 12 11 10 12 11	289 Days	G. Total	44371-00	
	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. 770 (From 1/8/09 To 31/8/09)

Circle No. X Voucher No. Dated

In continuation of Muster Roll No. 722.

L. S
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.	Arun Kr S/o Dharam Pal 5/62 Basti Dharm Ch. Pur M.D.	D/W	P S P P P P P P S P P P P P P P S P P P P P P S P P P P P P P S P P P P P P P S P

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

HEALTH DEPARTMENT

(40) daily wages 8112, 4/B@

(147) Sheet-8

MUSTER ROLL NO. 770 (From 1/8/09 To 31/8/09)

Circle No. X Voucher No. Dated.

In continuation of Muster Roll No. 722.

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
1.	Smt. Sunita Devi w/o Sh. Narender S-37 H. Basti Mahadia Marg N.D-	D/W	P P S P P P P P P S P P P P P H S P P P P P S P P P P P P S P P	24 days	151+DA	3685-00	Attested
2.	Amit S/o Sh. Azad Singh T-91, Old Nagar Delhi Cantt N.D-	D/W	P P S P P P P P P S P P P P P D/H S P P P P P S P P P P P P S P P	25 days	-do-	3838-00	Attested
3.	Vinod S/o Rishi Pal D/174 J.J. Camp Khan Pur N.D	D/W	P P S P P P P P P S P P A A P P/H S P A P P P S P P P A P S P P	22 days	-do-	3378-00	Attested
4.	Deepak S/o Rishi Pal D/174 J.J. Camp Khan Pur N.D-	D/W	P P S P P P P P P S P P P P P P/H S P P P P P S P P P P P P S P P	26 days	-do-	3992-00	Attested
5.	Vikash S/o Jai Pal W2/128 Tilak Nagar N.D-	D/W	P P S P P P P P P S P A A P P H/P S P P P P A S A A A A A S A	15 days	-do-	2303-00	Attested
	Daily Total		5 5 5 5 5 5 5 5 5 5 3 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	112 Days	G. Total	17196-00	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer						

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

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

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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.