D-2-16-12(P)

HEALTH DEPARTMENT

MUSTER ROLL NO. 4207 (From 1/5/08 To 31/5/07)

Cover Sheet-4

Circle No. IV Voucher No. 97/H 19/6/08 Dated

In continuation of Muster Roll No. 4166

PART-NOMINAL-ROLL

Accountant (HG), CHIEF MEDICAL OFFICER

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
21	Sh Deepu S/o Sh Rajender R/o K-332, Dakshinpuri N Delhi-62	Sly	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	P	27 days	135-25 +66-00 CA	3718-00	Signature
22	Sh Ajay Kr S/o Sh Jagdish Kr 1246, J Block Jahangirpuri Delhi-	"	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	P	27	11	3718-00	Ajay Signature
23	Smt Mamta W/o Sh (Hasbee) 17, D/S Ali Tuj Lodhi Road N. Delhi-03	"	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	P	27	11	3718-00	Mamta Sign. Attested
24	Sh Prem Dass S/o Sh Ram Charan C-23, Pakka Dhami Delhi-01.	"	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	P	27	11	3718-00	Signature Attested
25	Smt Ramawati W/o Sh Raj Kumar Kaliwari JJ Colony N. Delhi-	"	P	P	P	S	P	P	P	A	P	P	S	P	P	P	P	P	P	S	A	P	P	P	P	P	S	P	P	P	P	P	P	25	11	3442-00	Sig Attested
26	Smt Sheela W/o Sh Hari Kishan B-12/23, Tribek Puri Delhi-91.		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	P	27	11	3718-00	Sig Attested
		Daily Total				S							S								S						S							677	G. Total	93,223-00	
		Initials of person marking the daily attendance																																			
		Initials of Inspecting Officer				S							S								S						S										

Pay Rs. 93223/= (Rupees Ninety three thousand two hundred twenty three only)

Accountant (HG)

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.

M.O.H. Sr. AO

CANCELLED
Released for Payment
(A.K. GOEL)
AO (PH)

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

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

All the signature attested

Rs.	P.

HEALTH DEPARTMENT

MUSTER ROLL NO. 4207 (From 1/5/08 To 31/5/08)

Contd Sheet-3.

Circle No. IV Voucher No. ..... Dated .....

In continuation of Muster Roll No. 4166

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
16	Sh. Yogendra Kr S/o Sh. Sri Pal Singh 29/262, Himmal Pur Delhi-91	Dho	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	P	27 days	135.25 + 66-00	3718-00	Sign Attested Paid
17.	Sh. Munesh S/o Sh Meer T-488, Baljeet Nagar N. Delhi-08.	"	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	P	27	"	3718-00	Signature Attested
18	Smt Kailashwati w/o Sh Ramgopal 207 Nome Complex Mandir Marg ND	"	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	P	27	"	3718-00	16/10/08 Signature Attested
19.	Sh Anil Kr. S/o Sh Banarsi Dass 8A-100, DDA Flats Najafgarh Road Ndelhi.		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	P	27	"	3718-00	Sing Attested & Paid
20.	Arun Kr. S/o Sh Ralamkar B-82, DDA Flats East Kailash Garhi N. Delhi 65	"	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	P	27	"	3718-00	Sing Attested Paid
	Daily Total					S							S							S							S							517	G. Total	7191-00	
	Initials of person marking the daily attendance					S							S							S							S										
	Initials of Inspecting Officer					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

Rs.	P.

HEALTH DEPARTMENT

MUSTER ROLL NO. 4207 (From 1/5/08 To 31/05/08)

Counterfoil-II

Circle No. IV Voucher No. ..... Dated .....

In continuation of Muster Roll No. 4166

PART-NOMINAL-ROLL

Accountant (HG) CHIEF MEDICAL OFFICER

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
11	Sh Avinash S/o Sh. Buddhram S-16, P.R. Lane Khichri N-Delhi-01	O/o SE	P P P P P P	P P P P 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 P P P P P	P P P P P P	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 P P P P	P P P P P P	P 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 P P P P P	P 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 P P P P P	P P P P P P	27	135-25	3718-00	
12	Sh. Vipin Kumar S/o Sh Kishan Pal 380, Chirag Delhi Delhi	"	P P P P P P	P P P P 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 P P P P P	P P P P P P	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 P P P P P	P P P P P P	P 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 P P P P P	P 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 P P P P P	P P P P P P	27	11	3718-00	
13	Sh Deepak S/o Sh Mahender 17/309, Trilok Puri Delhi-110091.	"	P P P P P P	P P P P 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 P P P P P	P P P P P P	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 P P P P P	P P P P P P	P 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 P P P P P	P 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 P P P P P	P P P P P P	27	11	3718-00	
14	Sh. Vicky S/o Sh Ramkishan 15-D/15 Ali Ganj Lodhi Road N-Delhi-03.	"	P P P P P P	P P P P 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 P P P P P	P P P P P P	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 P P P P P	P P P P P P	P 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 P P P P P	P 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 P P P P P	P P P P P P	19	11	2616-00	
15	Sh Amarjeet S/o Sh Ramesh Chand L-625, Sewa Nagar N-Delhi-03.	"	P P P P P P	P P P P 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 P P P P P	P P P P P P	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 P P P P P	P P P P P P	P 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 P P P P P	P 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 P P P P P	P P P P P P	19	11	2616-00	
	Daily Total					S							S								S							S						382	G. Total	52601-00	
	Initials of person marking the daily attendance		L	L	L	S	L	L	L	L	L	L	S	L	L	L	L	L	L	S	L	L	L	L	L	L	S	L	L	L	L	L	L				
	Initials of Inspecting Officer					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 ... ... Rs. P.

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

HEALTH DEPARTMENT

MUSTER ROLL NO. 4207 (From 1/5/08 To 31/5/08)

Cover-Sheet-I

Circle No. IV Voucher No. ..... Dated .....

In continuation of Muster Roll No. 4166

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
06	Sh. Mukesh S/o Sh. Chandikal, 12, Yamuna Vihar Delhi — Priyadarshani Colony.	Safai Sev.		27	135-25 + 66-00 CA	3718-00	Sig. Attested & paid
07	Sh. Sanjeev S/o Sh. Pawan, T-101, Dhaula village Delhi.	"		25	"	3442-00	Sanjeev Kumar Sig. Attested & paid
08	Sh. Sandeep Kumar S/o Sh. Surender Kumar, F-1, Palika Dham Zakhira-Delhi-41	"		23	"	3167-00	Sig. Attested & paid
09	Sh. Bhoopender Sood S/o Sh. Vijay Sood, 462, Bhola Nath Nagar Shahdara Delhi	"		27	"	3718-00	Sig. Attested & paid
10.	Sh. Rajender S/o Sh. Hari Chand, Y-1139, Mangolpuri Delhi-83.	"		26	"	3580-00	Sig. Attested & paid
	Daily Total		5 5 5 5	263	G. Total	36215-00	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer		5 5 5 5				

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 ... ... Rs. P.

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

D-No - D/69/CMO(HQ) Dt. 11/3/08

(26) daily wages S/Kr L/B @ 135.25 per day + CA 66/- Pm

HEALTH DEPARTMENT

MUSTER ROLL NO. 4207 (From 1/5/08 To 31/5/08)

(174) Total Sheet = 5

Circle No. IV Voucher No. ..... Dated .....

In continuation of Muster Roll No. 4166

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 per day Rs. P.	Amount Rs. P.	Sign or thumb impression of payee and dated initials of paying officer made at the time of payment
01	Sh. Rakesh Kr. S/o Sh. Ratan Lal 22, Staff quarter Mother Teresa Road N. Delhi-01	Sw	P P P S P P P P P S P P P P P S P P P P P S P

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