30307081100117

View Contingent Bill Help

Disbursement Type* Cash
Bill Type* Imprest / MR Bills
Reference Number for Cash Branch 30311070800071
Fund * NDMC Municipal General Fund
Bill Date* 3/11/2007
Segment* GENERAL FUND
Sub Segment* CASH IN HAND
Field* PUBLIC HEALTH ACCOUNTS BRANCH
Sub Field* PUBLICH HEALTH ACCOUNTS BRANCH
Functionary* NDMC
Sanction By* Chairperson
Sanctioned On * 23/08/2007

Sanction Details: sanctioned by chairperson, NDMC VIDE No. 4912 dated 23.8.2007

Created By: dharam.pal
Verified By:
Confirmed By:
Approved By:
Bill Status: CREATED

Narration: payment to 40 S/K, L/B C.NO. 10 @ Rs.133.45/- + Rs.66.00 C.A.

Remarks:

Reference JV:

Function Name	Account Code*	Account Head	Amount*	Details
Public Health	2101000	SALARIES,WAGES AND BONUS	140514	Click
		Gross	140514	

Deductions

Account Code	Account Head	Amount	Details
		0	Click
	Deductions	0	
	Net Payable	140514	

Net Payable in words One Lakhs Fourty Thousand Five Hundred And Fourteen Rupees Only

*- Mandatory Fields

Back Modify Print

HEALTH DEPARTMENT

MUSTER ROLL NO. 3803 (From 1/10/07 To 31/10/07)

Contd. Sheet-9

Circle No. X Voucher No. 31/11 Dated 7/11/07

In continuation of Muster Roll No. 3785

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
37.	SH. Arjunkr S/o SH. Jagdish. vice.	Daily wage Sr.	A A H A A A A A A ← →	Nil.	133.45	Nil.	
37A	SH. Sourav S/o SH. Premchand D-26 B. D.D.A. Quarter old Sidan. Pashchim puri New Delhi		P P P P S P P P P P P S P P P P P H P S P P P	19 days	"	2584-00	
38.	SH. Anoopkumar S/o SH. Nanak Chand. 2/2 Palika. Sadan Harichand. mathur lane.	"	P P P P P P

HEALTH DEPARTMENT

MUSTER ROLL NO. 3803 (From 1/10/07 To 31/10/07)

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

In continuation of Muster Roll No. 3785

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
33	Smt. Suman W/o Sh. Ishwar Parshad H.No. 170 Ward No 2 Mehroli Delhi	Daily wages Safai Karmchari	P P P	H	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	S	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/H	P P P	S	P P P	P P P	P P P	27 days	133+15 + C.A	3669-00	
34	Sh. Tinku S/o Sh. Raj Kumar B-350 JJ Camp Khanpur Delhi	"	P P P	H	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	S	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	H	P P P	S	P P P	P P P	A	26 days	"	3533-00	
35	Smt. Madhu W/o Sh. Deepak Singh 10846 Jhandewalan Road Nai Karim N.D.55		P P P	H	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	S	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/H	P P P	S	P P P	P P P	P P P	27 days	"	3669-00	
36	Sh. Sagar S/o Sh. Mangal 207 Balmiki Basti P.K. Road Mandir Marg New Delhi 01		P P P	H	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	S	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/H	P P P	S	P P P	P P P	P P P	27 Days	"	3669-00	
	Daily Total		44	4	44	44	44	4/	44	44	44	44	4/	44	44	44	4/	44	44	44	44	4/	44	44	44	44	44	4/	44	44	4/	44	43	943	G. Total	1,28,146-00	
	Initials of person marking the daily attendance																																				
	Initials of Inspecting Officer																																				

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

	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		

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.

(40) Daily wager 9/7-7/8

HEALTH DEPARTMENT

MUSTER ROLL NO. 3803 (From 1/10/07 To 31/10/07)

Cover sheet - VII

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

In continuation of Muster Roll No. 3785

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 ... (1–31)	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
29	SH. Parveen Kumar S/o SH. Sushil Kr. D-3/326 Nand Nagri Delhi-93	Daily wager Sc	P P P H 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 H P S P P P P P	27	133.45	1,00151-00 T.A 3669-00	Parveen
30	SH. Parveen Kumar S/o SH. Kanwar Sen. D-317 School Block Nathu Colony Delhi-93	"	P P P H 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 H P S P P P P P	27 days	"	3669-00	
31	SH. Sachin S/o Sh. Kanwar Singh. C-791 Chitra Gupta Road Aram Bagh. P. Ganj N.D.-55	"	P P P H P P P S P P P P P P A P P P P P P S P P P P P P S P P P P P H P S P P P P P	26 days	"	3533-00	
32	SH. Vicky S/o Chander Vice.		A A A A A A A A A →	NIL	—	NIL	
32A	SH. Vikram Singh S/o SH. Sher Singh. 3883 Gali Veermwali Arya Colony N.D.		→ 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 S P P P P P H P S P P P P P	19 days	"	2584-00	
	Daily Total		3 3 3 3 3 / 3 3 4 5 4 4 / 4 4 4 4 4 4 / 4 4 4 4 4 4 / 4 4 4	836	G. Total	113606-00	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer						

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

	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		

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. 3803 (From 1/10/07 To 31/10/07) Contt. Sheet - VI

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

In continuation of Muster Roll No. 3785

Accountant (HG), CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

Dates From .... To ....

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
				H					S							S							S					H		S				638		86696-00	
25.	SH. Ravinder Kr. S/O Payarelal. vice.	Daily wager SK	A	A	A	A	A	A	A	A	A																							Nil	133.45 + C.A	Nil	Nil
25A.	SH. Kuldeep S/O SH. Shyam 122 Balmiki Basti mandir marg. New Delhi - 1	"										P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P/H	P	S	P	P	P	19 days	"	2584-00 Paid	[signature]
26.	SH. Vishnu S/O SH. Balbir B-6 Palika Dham Gole Market New Delhi 01	"	P	P/H	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P/H	P	S	P	P	P	27 days	"	3669-00 Paid	[signature]
27.	Smt. Sunita Rani W/O SH. Vijay Kr. e-144 Chitragupt Road Paharganj	"	P	H	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	H	P	S	P	P	P	27 days	"	3669-00 Paid	[signature]
28.	SH. Ramjeet S/O SH. Harri Singh. 59 A. Sec. 4th Raja Bazar Gole Market - N.D. 01	"	P	P/H	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P/H	P	S	P	P	P	26 days	"	3533-00 Paid	[signature]
	Daily Total		3	3	3	3	3	3	/	3	3	4	4	4	4	/	4	4	4	4	4	4	/	4	3	4	4	4	4	/	4	4	4	737	G. Total	1,00,151-00	
	Initials of person marking the daily attendance		[initials]																																		
	Initials of Inspecting Officer		[initials]																																		

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

HEALTH DEPARTMENT

MUSTER ROLL NO. 3803 (From 1/10/07 To 31/10/07) Contd. sheet-V

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

In continuation of Muster Roll No. 3785

Accountant (HG) — CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

Dates From .... To ....

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	1	2 H	3	4	5	6	7 S	8	9	10	11	12	13	14 S	15	16	17	18	19	20	21 S	22	23	24	25	26 H	27	28 S	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. Parmod S/O SH. Laxman Singh. 8 B 32 DDA Flat, Aran Keshan Road Ram Nagar P. Ganj	DW SK	P	P/H	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P/H	P	S	P	P	P	27 Days / 27 (504 / 634)	133.45 + C.A	72564.00 / 3669.00 Paid	[illegible]
22	SH. Harikishan S/O SH. Munsi Ram. G-3 Palika Dham Gole Market New Delhi - 01	"	P	P/H	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P/H	P	S	P	P	P	27 days	"	3669.00 Paid	[illegible]
23	SH. Vinod Kumar S/O Rishi Pal. G-3 Palika Dham Gole Market New Delhi - 01	"	P	P/H	P	A	P	P	S	P	P	P	P	P	P	S	P	P	P	A	P	P	S	P	A	P	P	P/H	P	S	P	P	P	24 days	"	3261.00 Paid	Vinod. Sig Attested
24	SH. Ashish Kumar S/O SH. Beer Singh 17/461 Trilok Puri Delhi-91	"	P	P/H	P	P	A	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P/H	P	S	P	P	P	26 days	"	3533.00 Paid	Sig Attested
	Daily Total		4	4	4	3	3	4	/	4	4	4	4	4	4	/	4	4	4	3	4	4	/	4	3	4	4	4	4	\	4	4	4	678	G. Total	86696.00	
	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

HEALTH DEPARTMENT

MUSTER ROLL NO. 3803 (From 1/10/07 To 31/10/07)

Contr. Sheet – IV

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

In continuation of Muster Roll No. 3785

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
17	SH. Sandeep Kumar S/o SH. Kanwar Pal D/317 School Block Nathu Colony Delhi-93	Daily wages SK	P P P	H	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	S	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 H P	P P P	S	P P P	P P P	P P P	27 Days	133.45 + C.A	3669-00	Paid
18	SH. Amit Kumar S/o SH. Pooran Singh G-291 Daxin Puri Delhi 62.	DW/SK G-291	P P P	H	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	S	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	S	P P P	P P P	P P P	27 Days	"	3669-00	Paid
19	Smt. Madhu W/o SH. Pradeep 19/274 Bapa Dham Chankay Puri	"	P P P	H	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	S	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 H P	P P P	S	P P P	P P P	P P P	27 Days	"	3669-00	Paid
20	SH. Amit S/o SH. Azad T. 91 Dangal Delhi Cantt.	"	P P P	H	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	S	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 H P	P P P	S	P P P	P P P	P P P	27 days	"	3669-00	Paid
	Daily Total		4	4	4	4	4	4		4	4	4	4	4	4		4	4	4	4	4	4		4	4	4	4	4	4		4	4	4	534	G. Total	72,564-00	
	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.

HEALTH DEPARTMENT

MUSTER ROLL NO. 3803. (From 1/10/07 To 31/10/07.)

Contd. Sheet - III

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

In continuation of Muster Roll No. 3785

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
13	Sh. Rajesh Kor S/o Sh. Jogi Ram F II/297 Madan Giri ND.62	Sk Daily Wages	P P P P P P S P P P P P P S P P P P P S P P P P P P S P P P H P P S P P	32 days 26 days	133.45 + C.A.	13756 3533	
14	Sh Vishal Chand S/o Sh. Subhash Chand J.No.12 Sangli Mess Bhagwandass Road N.D.1	"	P P P P P P S P P P P P P S P P P P P S P P P P P P S P P P H P P S P P	27 Days	"	3669-00	Paid
15	Smt. Anita W/o Sh Parkesh D-3 Palika Dham Gole Market N.D.1	"	P P P P P P S P P P P P P S P P P P P S P P P P P P S P P P H P P S P P	24 Days	"	3261-00	Paid
16	Sh Amit S/o Sh Suresh Chand A-7 Palika Dham Gole Market N.D.1	"	P P P P P P S P P P P P P S P P P P P S P P P P P P S P P P H P P S P P	27 days	"	3669-00	Paid
	Daily Total		4 4 4 3 3 4 / 4 4 4 4 4 4 / 4 4 4 3 4 4 / 4 4 3 4 4 4 / 4 4 4	476	G. Total	57888-00	
	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.

HEALTH DEPARTMENT

MUSTER ROLL NO. 3803. (From 1/10/07. To 31/10/07.)

Cont. Sheet-II

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

In continuation of Muster Roll No. 3785

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
(9)	Smt Geeta W/o Chandersekhar Q.N.S. Balmiki Basti Mandir Marg N.D-1	Dailywages SK.	P P P	H	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	S	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 H	P P	S	P P P	P P P	P P P	27 Days	133.45 + C.A.	3669-00	
(10)	Sh. Mohinder S/o Sh Jagan Lal J.No.318 Tomar Nagar Indira Gandhi Camp Khari-1	"	P P P	H	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	S	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 H	P P	S	P P P	P P P	P P P	27 Days	"	3669-00	
(11)	Smt Babita W/o Sh Balkishan S-82/154 Malviya Nagar	"	P P P	H	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	S	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	H	P P	S	P P P	P P P	P P P	26 days	"	3533-00	
(12)	Sh Kunwar Pal S/o Sh Mishri Lal 16/157 Trilok Puri Delhi-91	"	P P P	H	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	S	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	H	P P	S	P P P	P P P	P P P	27 Days	"	3669-00	
		Daily Total	4	4	4	4	4	4	/	4	4	4	4	4	4	/	4	4	4	4	4	4	/	4	4	3	4	4	4	/	4	4	4	372	G. Total	43756-00	
		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.

HEALTH DEPARTMENT

MUSTER ROLL NO. 3803. (From 1/10/07 To 31/10/07)

Contd-Sheet-I

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

In continuation of Muster Roll No. 3785

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
5	Sh Faqir Chand S/o Sh Jagdish Ch HNo 3018 Gali No. 2 Dharampura Gandhi Nagar Delhi-31	SK Daily wages	P	P	P	P	P	P	S	P	P	P	P	P	P		S	P	P	P	P	P	S	P	P	P	P	P	P		P	P	P	27 days	+33.45 + C.A.	14676 3669	
6	Sh Bali S/o Sh Balkishan T-13 Jharera Village Delhi Cantt	"	P	P	P	P	P	P	S	P	P	P	P	P	P		S	P	P	P	P	P	S	P	P	P	P	P	P		P	P	P	27 days	"	3669-00	
7	Sh Rahul S/o Sh Jai Pal 8/293 Trilok Puri Delhi-91	"	P		P	P	P	P		P	P	P	P	P	P		S	P	P	P	P	P	S	P	P	P	P	P	P		P	P	P	27 Days	"	3669-00	
8	Sh. Rajesh Kumar S/o Sh Lal Chand HNo-299 Balmiki Mohla Pochanpur H.D. 45	"	P		P	P	P	P		P	P	P	P	P	P		S	P	P	P	P	P	S	P	P	P	P	P	P		P	P	P	26 Days	"	3533-00	
	Daily Total		4	4	4	4	4	4	—	4	4	4	4	4	4		—	4	4	4	4	4	—	4	4	4	3	4	4	—	4	4	4	~~108~~ 215	G. Total	29216-00	
	Initials of person marking the daily attendance																																				
	Initials of Inspecting Officer																																				

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

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

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

Rs.	P.

O.O. No- 854/D/PA/mon Dt 17/9/07

(40)

(1+9) Total 10 sheet.

HEALTH DEPARTMENT

MUSTER ROLL NO. 3803. (From 1/10/07 To 31/10/07)

Circle No. D Voucher No. ..... Dated .....

In continuation of Muster Roll No. 3785

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.	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
1.	Smt Sunila W/o Sh Narinder Chauhan 10A Gali No 10 East Sagar Pur N-D-46	Daily wages	P	P/H	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P/H	P	S	P	P	P	27 days	133.45 + C.A.	3669-00	
2.	Smt Kushboo D/o Sh Rajinder Kr H.No A-5A/121 Janak Puri N-D-58	"	P	P/H	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P/H	P	S	P	P	P	27 days	-do-	3669-00	
3.	Sh Salender S/o Sh Amar Pal 8/326 Tri Lok Puri Delhi-91	"	P	P/H	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P/H	P	S	P	P	P	27 days	-do-	3669-00	
4.	Sh Amit Kr S/o Sh Kishan Lal 16/118 Tri Lok Puri Delhi-91	"	P	P/H	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P/H	P	S	P	P	P	27 days	-do-	3669-00	
		Daily Total	4	4	4	4	4	4	/	4	4	4	4	4	4	/	4	4	4	4	4	4	/	4	4	4	4	4	/	4	4	4		108	G. Total	14,676-00	
		Initials of person marking the daily attendance																																			
		Initials of Inspecting Officer																																			

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

	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		

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.