HEALTH DEPARTMENT

Sheet-II

MUSTER ROLL NO. 718 (From 1/7/09 To 31/7/09)

Circle No. VI Voucher No. 682. 62/H Dated 11/8/09

In continuation of Muster Roll No.

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 ... (1–31)	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	Smt MUNESH W/o Sh. BALWINDER R/o S-16, Indira Gandhi Camp, Jal Vihar N. Delhi	Sk.		234 Days 27 hr.		4143-00	
12	Sh. KANCHIT S/o Sh. BUDH RAM R/o 16/451, Kalyan Puri Delhi - 91.	Sk		11 hr.		1688-00	
13	Sh. DEEPAK S/o Sh. RAJENDER R/o K-732, Dakshin Puri Delhi - 62	Sk		25 hr.		3836-00	
14	Smt. SANGEETA W/o Sh. Nanak Chand R/o - 42, Lal Bahadur Sadan New Delhi. 07.			23 hr.		3529-00	
			Daily Total	320 hr.	Total	49101-00	
			Initials of person marking the daily attendance				
			Initials of Inspecting Officer				

Entry No - 54.

Net Payable Rs 49101-00

Pay Rs. 49101-00 (Rupees Forty Nine thousand one hundred & one only)

7/8/09

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

Sheet-I

MUSTER ROLL NO. 718 (From 1/7/09 To 31/7/09)

Circle No. VI Voucher No. ..... Dated .....

In continuation of Muster Roll No. 682.

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
06	Sh. BHAGWAN DASS S/o Sh. DEVI SAHAI R/o 8, Balmiki Basti Mandir marg. New Delhi	S/o Sh.	P	P	P	A	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	26 days		3989-00	
07	Smt. RADHA W/o Sh. SANJAY MAKHAN R/o H.No. 316 Ansari Nagar, Sakur Pur J.J. Colony. New Delhi	"	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	S	P	P	P	P	P	27 days		4143-00	
08	Sh. RAJU KUMAR S/o Sh. DHARMO R/o 1/280, Ansari Nagar. New Delhi	"	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	S	P	P	P	P	P	27 days		4143-00	
09	Smt. GEETA W/o Sh. RAJAN R/o 5/25, E.E.O. Complex L Road New Delhi	"	P	P	P	A	S	P	P	A	A	A	P	S	P	P	P	P	P	P	S	P	P	P	P	P	A	S	A	A	A	A	A	17 days		2608-00	
10	Sh. VICKY S/o Sh. SUKHBIR R/o E/175 ARCHAY NAGAR N.B.T.C. Faridabad Haryana.	"	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	S	P	P	P	P	P	27 days		4143-00	
	Daily Total						S							S							S							S						234 days	G. Total	35905-00	
	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

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

Rs.	P.

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

(14) clarify wages SK, CIB @ 151-FCA Pereley

(1+2) = 3 Sheet.

HEALTH DEPARTMENT

MUSTER ROLL NO. 718 (From 1/7/09 To 31/7/09)

Circle No. VI Voucher No. ..... Dated .....

In continuation of Muster Roll No. 689

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
01	Smt ARCHANA W/o Sh. JAGRAM R/o ITI staff Quarter, ITI Gali New Delhi	D/W Sk.	P P P