

Confnd- 3030708/00240

Contingent Bill Help

Disbursement Type* Bill Type*

Reference Number for Cash Branch

Fund* Bill Date*

Segment* Sub Segment*

Field* Sub Field*

Functionary*

Sanction By* Sanctioned On*

Sanction Details

Created By Verified By

Confirmed By Approved By

Bill Status

Narration

Remarks

Function Name	Account Code*	Account Head	Amount*	Details
Public Health	2101000	SALARIES,WAGES AND BONUS	47080	Click

Gross	
	47080

Deductions			
Account Code	Account Head	Amount	Details
		0	Click

Deductions	
	0

Net Payable	
	47080

Net Payable in words

*- Mandatory Fields

Contd. Sheet - IV

CD

CHIEF MEDICAL OFFICER

CANCELLED

P.

Balance Paid

HEALTH DEPARTMENT

MUSTER ROLL NO.

3788.

(From

12/09/07.

To

30/09/07.

Circle No. VII Voucher No. 3788. Dated. 12/09/07.

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From..... To.....																															Rate	Amount	payee and dated initials of paying officer made at the time of payment																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
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Pay Rs. (Rupees)

Accountant (HG)

CHIEF MEDICAL OFFICER

Accountant (HG)

M.O.H. Sr. A.O

Grand Total of this Muster Roll

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

Total amount paid (in words) Rupees

Rs.	P.

3782

(From 12/9/07

To 30/09/07

Circle No.

11A

Voucher No.

.Dated

In continuation of Muster Roll No

fresh

Dated

Accountant (HG),

CHIEF MEDICAL OFFICER

[illegible]

M.O.H.

Sr. A.O.

Grand Total of this Muster Roll ...

...

...

•

•

RS.

P

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

..Balance Paid

HEALTH DEPARTMENT

MUSTER ROLL NO.

3788.

(From 12/09/07

To 30/09/07

)

Circle No. VII

Voucher No.

Dated.

In continuation of Muster Roll No.

3788.

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.....																															Rate	Amount	Sign, or thumb impression of payee and dated initials of paying officer made at the time of payment																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
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Pay Rs. (Rupees)

Accountant (HG)

M.O.H.

Sr. A.O.

Grand Total of this Muster Roll ...

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...

...

...

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

Total amount paid (in words) Rupees

Balance Paid

Rs.

P.

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.

MUSTER ROLL NO.

3782

(From.....12/09/07.....)

To 30/09/07

.)

Circle No. *III* Voucher No. Dated

In continuation of Muster Roll No. *First*

PART-NOMINAL-ROLL

Accountant (HG)

CHIEF MEDICAL OFFICER

[illegible]

Pay Rs. (Rupees)

Accountant (HG)

M.O.H.

Sr. A.O

Grand Total of this Muster Roll ...

...

...

...

...

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

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.

RS.

P.

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