View Contingent Bill

Disbursement Type*	Cash	Bill Type*	Petty Cash
Reference Number for Cash Branch	30309 0800038		
Fund *	NDMC Municipal General Fund	Bill Date*	11/09/2007
Segment*	GENERAL FUND	Sub Segment*	CASH IN H
Field*	PUBLIC HEALTH ACCOUNTS BRANCH	Sub Field*	PUBLICH H
Functionary*	NDMC		
Sanction By*	chairperson	Sanctioned On *	24/02/2007
Sanction Details	payment to TMR workers C.NO. VII		
Created By	dharampa	Verified By	
Confirmed By		Approved By	
Final Approved By		Bill Status	CREATED
Narration	PAYMENT TO TMR WORKERS C.NO. VII		
	Remarks		

Function Name	Account Code*	Account Head
Public Health	2101000	SALARIES,WAGES AND BONUS

Deductions

Account Code	Account Head	
		0
	Deductions	
	Net Payable	

Net Payable in words Fifty Two Thous

*- Mandatory Fields

Back Modify

View Contingent Bill

Disbursement Type* Cash

Bill Type* Petty Cash

Reference Number for Cash Branch 30309070800038

Fund * NDMC Municipal General Fund

Bill Date* 11/09/2007

Segment* GENERAL FUND

Sub Segment* CASH IN H/

Field* PUBLIC HEALTH ACCOUNTS BRANCH

Sub Field* PUBLICH HI

Functionary* NDMC

Sanction By* chairperson

Sanctioned On * 24/02/2007

Sanction Details payment to TMR workers C.NO. VII

Created By dharam.pal

Verified By

Confirmed By

Approved By

Final Approved By

Bill Status CREATED

Narration PAYMENT TO TMR WORKERS C.NO. VII

Remarks

Function Name	Account Code*	Account Head
Public Health	2101000	SALARIES,WAGES AND BONUS

Deductions

Account Code	Account Head	
		0

Deductions	
Net Payable	

Net Payable in words Fifty Two Thousa

*- Mandatory Fields

Back Modify

Approval No. 957/PS/Chairperson, dt- 24.2.07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3723 (From 1-8-07 To 24-8-07)

(20 Daily wager S.K.S/L.D.
Contr. sheet No. 4.

Circle No. VII Voucher No. 32/14 Dated 17.9.07

In continuation of Muster Roll No. 3680

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 Ramkishor S/Sh Kishan Lal R. 16/9 Tilak Puri Delhi.	D/W		24	137.45 CA	3298.80 2854-00	Paid 21/10/2007 (16)
17	Sh Rajiv S/Sh Iqbal R/o 4148 Gali No 12 Ajit Nagar Gandhi Nagar Delhi	Do		21	Do	2854-00	Paid 21/9 (17)
18	Sh Amit Kumar S/o Sh Surender Kumar Tanwar Tanwar R/o H No 3 Jangpura Rd Bhogal New Delhi.	Do		13	Do	1767-00	Paid Amit Kumar (18)
19	Sh Rakesh Kumar S/o Sh Ramesh R/o 137 Harijan Basti Block P.O. Mandir marg. New Delhi			20	Do	2718-00	Paid Rakesh (19)
20	Sh Aman Kumar S/o Sh Naresh Kumar R/o B-274 Sangam Park Rama Batab Basti Delhi.	Do		20	Do	2718-00	Paid Aman (20)
	Pay to staff Rs 52190 B/FR Nil			334		52190	
		Daily Total		785	G. Total	92724-00	
	Initials of person marking the daily attendance						
	SBR 52190						
	Initials of Inspecting Officer						

Pay Rs. 52190/- (Rupees Rs. Fifty two thousand one hundred Ninety only)

Received on 7/9/07 at 3.15 PM entered the page 107 serial No 146 dt 7/9/07

Accountant (HG) | M.O.H. | Sr. A.O. (W.K. GOEL) AO (PH)

CANCELLED Released to Treasury 11/9/07

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.

S.No. 1 to 20 Signature attested
Paid in full

VERIFIED FOR CASH/CHEQUE PAYMENT

Grand Total of this Muster Roll ... ... | Rs. | P.

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

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

Approval No. 951/PS/Chairperson, dt - 24.2.07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3723 (From 1-8-07 To 24-8-07)

(20) Daily wager S.K.a/L.P.A Cont. Sheet No. 3.

Circle No. VII Voucher No. ..... Dated .....

In continuation of Muster Roll No. 3680

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
10	Smt Savita D/o Sh Gandhi Ram R/o 5. Jangpura Rd Bhogal Nevali	Ram D/W Sh	S S S S	21	CA	2854-00	Paid Savita (10)
11	Sh Arun S/o Sh Omvir R/o H.N. 1225 Gali No 18 Ajit Nagar Gandhi Nagar	-Do-	S S S S	21	-Do-	2854-00	Paid अरुण (11)
12	Sh. Deepak S/o Sh Ram Kishan R/o H.N. 1419 Gali No 1/A Ajit Nagar Delhi	-Do-	S S S S	20	-Do-	2718-00	Paid दीपक (12)
13	Sh Mukesh S/o Sh Ram Bharosy R/o 12/151 Home Quater Bapa Dham N Delhi	-Do-	S S S S	21	-Do-	2854-00	Paid मुकेश (13)
14	Sh Deepak Kumar S/o Sh Kal Bhushan R/o A-515 IInd floor Mehrauli Delhi	-Do-	S S S S	11	-Do-	1495-00	Paid (14)
15	Sh Ram Kumar S/o Sh. Kishanlal R/o 16/9 Trilok Puri Delhi-91	-Do-	S S S S	21	-Do-	2854-00	Paid Ramkumar (15)
				289		39279	
	Daily Total		S S S	290	G. Total	39413-00	
	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.

Approval No. 951/PS/Chairperson, dt-24.2.07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3723 (From 1-8-07 To 24-8-07) (20 Daily wager S.K.S/L.B.S Const. Sheet No. 2.

Circle No. VII Voucher No. ..... Dated .....

In continuation of Muster Roll No. 3680

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
6	Smt Radha w/o Sh. Daulat Ram R/o 12/MS Nmc Quarter Bapu Dham New Delhi.	D/W SK		20	137-45	2718-00	(6)
7	Smt Asha w/o Sh Om Prakash R/o C-54/100 Balmiki Basti Building Indian Express New Delhi.	-do-		20	-do-	2718-00	31121 (7)
8	Smt Padma w/o Sh Deepak R/o 93 Harijan Basti Sector -do- Mandir Marg New Delhi.			16	-do-	2174-00	पद्मा (8)
9	Smt Laxmi w/o Sh Sanjay R/o S-12/143 Indira Gandhi Camp New Delhi	-do-		21	-do-	2854-00	लक्ष्मी (9)
	Daily Total			174		23650-00	
	Initials of person marking the daily attendance			175	G. Total	23784-00	
	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

Sanitation Officer

Rs.	P.

Approval No. 951/PS/Chairperson, dt. 24.2.07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3723 (From 1-8-07 To 24-8-07)

(20 Daily wager S.No/L.No Only four sheet (1+3=4)

Circle No. VII Voucher No. ..... Dated .....

In continuation of Muster Roll No. 3680

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
1	Smt Munni Devi W/o Sh. Ram Kishan R/o 405 T. Hutti Devi Nagar Minto Rd Delhi	D/W SK		22	133-40 + CA 66/- Per	2718-00 Paid	मुन्नी (1)
2	Smt Siya W/Sh. Sat Pal R/o 113A Ganesh Nagar Pandav Nagar E-Block Delhi	Do		19	Do	2584-00 Paid	(2)
3	Smt Nirmla W/Sh. Mahinder R/o 33 Bhairon Marg New Delhi	Do		18	Do	~~2446~~ 2446-00 Paid	(3)
4	Smt Veena W/Sh Chandi Kumar R/o 93 Balmiki Flats New Delhi	Do		21	Do	2854-00 Paid	वीना देवी (4)
5	Smt Bimla W/o Sh. Om Prakash R/o 106 Harijan Basti Mandir Marg	Do		~~20~~ 19	Do	~~2718-00~~ 2584 Paid	(5)
	Daily Total			97 98	G. Total	13320-00 13186-	
	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.

	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		