V.M. 30309080900273

ew Contingent Bill

Disbursement Type* Cash

Reference Number for Cash Branch 30309070800078

Bill Type* Petty Cash

Fund * NDMC Municipal General Fund

Bill Date* 14/09/2007

Segment* GENERAL FUND

Sub Segment* CASH IN HA

Field* PUBLIC HEALTH ACCOUNTS BRANCH

Sub Field* PUBLICH HI

Functionary* NDMC

Sanction By* CHAIRPERSON

Sanctioned On * 24/02/2007

Sanction Details SANCTIONED BY CHAIRPERSON,NDMC VIDE NO.951/PS TO CHAIRPERSON DT.24.2.2

Created By dharam.pal

Verified By

Confirmed By

Approved By

Final Approved By

Bill Status CREATED

Narration PAYMENT OF 40 DAILY WAGES S/K/LB C-10 @ 133.45 PS PER DAY + 66/-CA

Remarks

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

Deductions

Account Code	Account Head	

Deductions

Net Payable

Net Payable in words One Lakhs Six Thousand

*- Mandatory Fields

Back Modify

Approval No. 951/PS/Chairperson dt- 24.2.07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3726 (From 1-8-07 To 24-8-07)

Circle No. X Voucher No. 78/H Dated 18/9/07

In continuation of Muster Roll No. 3683 19/9/07

(40) Daily wager S.K.B/ED Cont. sheet No. 8.

PART-NOMINAL-ROLL

Accountant (HG) CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation S/K/KB	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
36.	SH. HUKAMCHand S/o SH. RamJiwan 45/136 Block 45 LH.M.C. Residential Complex Bainglasahib Road.		P P P P	P P P P	P P P P	(S)	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	(S)	P P P P	P P 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 P P								687 20 days	133.45 + CA	93643=00 2778=00	paid
37.	SH. PappuS/o SH. Shyamlal H.No. B/4 J.J. Colony madanpuri Khadar New Delhi	-do-	P P P P	P P P P	P P P P	(S)	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	(S)	P P P P	P P 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 P P								20 days	-do-	paid 2778=00	
38.	SH. SUSHIL KR. S/o SH. Matru Ram 46/549 Panchkuian Road N.D.	-do-	P P P P	(S)	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	(S)	P P P P	P P P P	P/H	P P P P	(S)	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								19 Days	-do-	paid 2584	
39.	SH. Vinod Kr. S/o SH DHARE Singh H.No 214 JJ Colony Block-H Wazirpur N.D.	-do-	P P P P	P P P P	P P P P	(S)	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	(S)	P P P P	P P 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 P P								21 days	-do-	paid 2856=00	
40.	Smt. Nima Devi W/o Vinod B-I/104 J.J. Colony madanpur Khadar N.D.	-do-	P P P P	P P P P	P P P P	(S)	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	(S)	P P P P	P P 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 P P								20 days	-do-	paid 2778=00	
	Pay to Staff file 106965 — B/F Pl. file																																			1,07237=00	
	Daily Total		5	4	5	2	/	5	5	5	5	5	/	5	5	5	5	4	5	/	5	5	5	5	5										787	G. Total	106965=00	
	Initials of person marking the daily attendance					S								S			H				S																106965	
	Initials of Inspecting Officer									(S)							(S)					(S)				(S)												

Pay Rs. 106965/- (Rupees Rs One lacs Six thousand Nine hundred Sixty five only)

S.No. 1 to 40 All Thumb & signature Attested and fully paid

Accountant (HG) 13-9-07

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.

M.O.H. Sr. A.O.

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

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

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

Total amount paid (in words) Rupees

VERIFIED FOR CASH/CHEQUE

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

HEALTH DEPARTMENT

MUSTER ROLL NO. 3726 (From 1-8-07 To 24-8-07)

(40) Daily wager S.Ks/L.Bs Contr. Sheet No. 7.

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

In continuation of Muster Roll No. 3683

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
31	Smt. Rina W/o Sh. Sampra Kash. 39, A Ayurvigyan Nagar.	daily wager SK/LB	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	S	P P P	P P	H	P P P	P P P	S	P P P	S	P P P	P P P	P P P	P P P	P P P	P P P								21 Days		7937-50 79103-50 2854	Paid
32	Smt. Su Nita W/o Sh. Jagdish H.No. 4 Bangali Camp Teen murti N.D.	do	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	S	P P P	P P P	H	P P P	P P P	S	P P P	S	P P P	P P P	P P P	P P P	P P P	P P P								21 days		2854-00	Paid
33	Smt. INDRABALA W/o Sh. Subhash Chand. village Kotlawaziya Sharai	do	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	S	P P P	P P P	H	P P P	P P P	S	P P P	S	P P P	P P P	P P P	P P P	P P P	P P P								21 days		2854	Paid
34	SMT. PREM W/o Sh. Anunt Vir H.No. 1285 J.J. Calony Sarita Vihar.	do	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	S	P P P	P P P	H	P P P	P P P	S	P P P	S	P P P	P P P	P P P	P P P	P P P	P P P								21 days		2854	Paid
35	Sh. PREM Pal Singh S/o Sh. Peoran Singh. R267-98 Vishwash Parak Raja Puri Utam Nagar.	do	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	S	P P P	P P P	H	P P P	P P P	S	P P P	S	P P P	P P P	P P P	P P P	P P P	P P P								21 days		2854	Paid
	Daily Total		2	2	2	2	/	2	2	2	2	2	2	/	2	2	2	2	2	2	/	2	2	2	2	2								687	G. Total	93642-00 93373-00	
	Initials of person marking the daily attendance						S							S			H				S															93373/-	
	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		

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

HEALTH DEPARTMENT

MUSTER ROLL NO. 3726 (From 1-8-07 To 24-8-07)

(40) Dailywager S.K.S/L.B.S Const. Sheet No. 6.

Circle No. 8 Voucher No. ..... Dated .....

In continuation of Muster Roll No. 3683

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
26	SH BANSi Lal S/O SH. Ram sahai 181. Harijan Basthi mandir marg. N.D.	daily wager S/K, 4B	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	S	P P P	H	P P P	P P P	S	P P P																487		19092-00	
27	Smt. SOBHA W/O SH. Raja B-138 Sec-24 Rohini N-D-85	do	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	S	P P P	P/H	P P P	P P P	S	P P P																21 Days		2854-00	21787
28	SH. Om vir S/O Sohan Pal. 4/71 Dakshin puri Extention N.D.	do	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	S	P P P	P/H	P P P	P P P	S	P P P																18 Days		2446-00	24128
29	SH. Rahul Chinaliya S/O SH. Mukesh Chandaliya 85/134 D.K. Road Block-85 R.K Ashram marg N.D.	do	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	S	P P P	P/H	P P P	P P P	S	P P P																21 Days		2854-00	14512
30	Smt. Bir Wati W/O SH. Dhanna 113 Harizan Basthi mandir marg	do	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	S	P P P	P/H	P P P	P P P	S	P P P																21 days		2856-00	
	Daily Total		5	4	5	5	/	4	5	5	5	4	4	/	4	4	5	5	5	4	/	5	4	5	4	4								582	G. Total	79103-00	
	Initials of person marking the daily attendance					S								S			H				S																
	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.

Sanitation Officer

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

HEALTH DEPARTMENT

MUSTER ROLL NO. 3726 (From 1-8-07 To 24-8-07)

(40) Beilyorager S.Ka/L.Bs Contd. Sheet No. 5

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

In continuation of Muster Roll No. 3683

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. SATBIR S/O SH. Roop Chand B2/B0 P.K Road N.D.	D/W S/Ra/B	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 S P P	P P P P	P P P P	P P P P	P H 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								293 21 Days		5341/- 5341=00 2854	21 gms
22	Smt. BIMLA W/O SH. Natholi Ram F-16 Double Story Lodhi Colony N.D.	do	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 S P P	P P P P	P P P P	P P P P	P H P P	A	P P P P	P P P P	P S P P	A	P P P P	P P P P	P P P P	P P P P								190 days		Paid 2584	
23	SH. MANOJ S/O SH. Bela Ram 97-N.D.M.C. Housingh Complex Mandir Marg N.D.	do	P P P P	P P P P	P P P P	A 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	A S	P P P P	P P P P	P P P P	P H P P	P P P P	P P P P	A	S	A	P P P P	P P P P	P P P P	P P P P								17 days		Paid ~~2310=00~~ 2310	
24	SH. AJAY Kumar S/O SH. Ramawand 129 Balmiki Sadan Mandir Marg N.D.I	do	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	S	P P P P	P P P P	P P P P	H	A	A	P P P	S	P P P P	P P P P	P P P P	P P P P	P P P P								19 days		Paid 2584=00	
25	SH. Ajay S/O SH. Raj Pal 94 Balmiki Basthi Mandir Marg	do	P P P P	P P P P	P P P P	P S P P	P P P P	A	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	A	A	P P P	S	P P P P	P P P P	P P P P	P P P P	P P P P								18 days		Paid ~~2440=00~~ 2440	
	Daily Total		5	5	5	4	/	5	5	4	5	5	4	/	5	5	5	2	3	4	/	3	5	5	5	5								487	G. Total	66193=00	
	Initials of person marking the daily attendance						S							S				H			S																
	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, 24.2.07

(4)

HEALTH DEPARTMENT

MUSTER ROLL NO. 3726 (From 1-8-07 To 24-8-07)

(40) Sanitary worker S.K.S/L.B.S Const. Sheet No. 4.

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

In continuation of Muster Roll No. 3683

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. MAHESH S/O SH Suresh B-23 Palika Dham Grole market N.D.	LB, S/L	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/H	A	A	A	A	A	A	A	A	A	←							13 days		1767-00 paid	
17	SH. AMIT S/O SH. Balbir Singh. B-6. Palika Dham Grole market N.D.	do	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/H	P P P	P P P	P	S	P P P	P P P	P P P	P P P	P P P	←							21 days		2854-00 paid	
18	SH. MANOJ KUMAR S/O SH. Ram Chander. C-35/187 R.DIZ Agra sec-4 Raja Bazar N.D.	do	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/H	P P P	P P P	P	S	P P P	P P P	P P P	P P P	P P P	←							21 Days		2854 paid	
19	Smt. Kailesh wed. W/O SH. Premchand. 7/50 Satya Marg Chankyapuri N.D.	do	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/H	P P P	P P P	P	S	P P P	P P P	P P P	P P P	P P P	←							21 days		2856-00 paid	
20	SH. AJAY Kumar S/O Ramchander C-35/187 R. DI.2 Agra sec. 4 Raja Bazar N.D.	do	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/H	P P P	P P P	P	S	P P P	P P P	P P P	P P P	P P P	←							21 Days		2854 paid	
	Daily Total		५	५	५	५	/	५	५	५	५	५	५	/	५	५	५	५	५	५	/	५	५	५	५	५	←							393	G. Total	~~53415-00~~ 53415/-	
	Initials of person marking the daily attendance						S							S				H			S						←										
	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.

Sanitation Officer

	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		

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

HEALTH DEPARTMENT

MUSTER ROLL NO. 3726 (From 1-8-07 To 24-8-07)

(40) Dailywager S.K.S/L.R.S Contd. Sheet No. 3.

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

In continuation of Muster Roll No. 3683

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
11.	SH. GURMEET Kumar S/o RAVI Pal A-45 Indira Enclave Part 1 Kirari N.D. 41	Daily wager S/R, 4B	P P P P S P P P P P P S A P P H P P P P S P P P P P P

Approval No. 957/P8/Chairperson, dt. 24.2.07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3726 (From 1.8.07 To 24.8.07)

(40) Daily wager S/Ks/C.133 Cont. Sheet No. 2.

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

In continuation of Muster Roll No. 3683

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
6.	Sh. Lokesh Kr S/o Sh. Tek Chand R-20B/4 Gali No 2 Naim Sagar Pur N.D.	Daily wager S/R, C13	P P P A P P P P P P P P S P P P P P P P P S P P P P P P P P

Approval No. 951/PS/Chairperson, dt - 24/8/07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3726 (From 1-8-07 To 24.8.07)

(40) Dailywager S.Ks/L.
Only Eight Sheets (47)

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

In continuation of Muster Roll No. 3688

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 ... (41) 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. Sarita w/o Sh. Vinod S-9 Lodhi Road N.D.	D/W SK/L	19 days	133.45 + CA @ 6.66	~~2584=00~~ paid 2584/-	
2	Smt. Munni w/o Sh. Brijesh Kr. 817/10 I. Gandhi Camp Sewa Nagar N.D.	do	20 days	do	paid 2718	
3	Sh. Naresh Kumar S/o Sh. Krishan Kr. 10/2 Dabash Nagar M. Pur N.D.	do	20 Days	do	paid 2718	
4	Sh. Devender Kr S/o Sh. Mahar Singh 10 Balmiki Basti Sultan Puri N.D.	do	21 days	do	paid 2854=00	
5	Smt. Rani w/o Sh. Pappi 593/2 T Hutts Yusuf Sarai N.D.	do	21 Days		paid 2854	
	Daily Total		101	G. Total	13728=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.