3030 70800 0298

Confirm Contingent Bill

Disbursement Type*	Cash	Bill Type*	Petty Cash
Reference Number for Cash Branch	30309070800050		
Fund *	NDMC Municipal General Fund	Bill Date*	14/09/2007
Segment*	GENERAL FUND	Sub Segment*	CASH IN H/
Field*	PUBLIC HEALTH ACCOUNTS BRANCH	Sub Field*	(PUBLIC HE
Functionary*	NDMC		
Sanction By*	MOH	Sanctioned On *	6/07/2007
Sanction Details	sanctioned by chairperson dated 11.6.2007,oo no.d-542 pa to moh dated 6.7.2007		
Created By	ajay.mathur	Verified By	rakesh.batt
Confirmed By		Approved By	
Final Approved By		Bill Status	VERIFIED
Narration	payment to 20 daily wages AMG circle no.3 & 4 @ 133.45 ps per day + RS.66/- CA		
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 Seventy Three Thousand T

*- Mandatory Fields

Back | Approve | Reject | Modify | Show GLEnt

O.O.N. D/542/PA/M.O.H, dt- 6.7.07.

HEALTH DEPARTMENT

MUSTER ROLL NO. 3752 (From 1-8-07 To 31-8-07) (20) Daily wager AMG, @ 183.45/+CA

Contd. sheet No. 4.

Circle No. III & IV (Mal) Voucher No. 561/4 Dated 18/9/07

In continuation of Muster Roll No. 3714

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	संजय कुमार पि० श्री बनारसी दास A11 पालिका निकेतन R.K. आश्रम न.दि.1	AMG. T.M.R.	P	P	P	P	S	P	P	P	P	P	P	S	P	P	H	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P		27 day	@183.45/+CA	5662.00	Sanjay Paid
17	राकेश पि० श्री सुरजीत सिंह 69 पालिका ग्राम मंडोली वाईनगर न.दि.23	"	P	P	P	P	S	P	P	P	P	P	P	S	P	P	H	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P		27 day	-do-	3669-00	Paid
18	विश्वास पि० श्रीराम प्रकाश 22/C कल्पना अपार्टमेंट सै.5 बैशाली UP.	"	P	P	P	P	S	P	P	P	P	P	P	S	P	P	H	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P		27 day	-do-	3669-00	Vishwas Paid
19	पुष्पेन्दर कुमार पि० श्री बुद्ध सैन A78/28 जोशी कालोनी मंडावली दि.92	"	P	P	P	P	S	P	P	P	P	P	P	S	P	P	H	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P		27 day	-do-	3669-00	पुष्पेन्दर कुमार Paid
20	सुनील कुमार पि० श्री सुरेश कुमार H.8 पालिका धाम गोल मार्केट	"	P	P	P	P	S	P	P	P	P	P	P	S	P	P	H	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P		27 day	-do-	3669-00	Sunil Paid
	Pay to Staff Rs 73244 B/F Rs Nil																																				
	Daily Total		20	20	20	20	S	20	20	20	20	20	20	S	20	20	H	20	20	20	S	20	20	20	20	20	20	S	20	20	20	19	20	539	G. Total	73244	Rs = Seventy Three Thousand Two Hundred Forty Four only.
	Initials of person marking the daily attendance						S							S			H				S							S									
	Initials of Inspecting Officer																																				

Pay Rs. 73244/- (Rupees Rs Seventy three thousand two hundred forty four only)

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

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

Certified that the work/duties 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. C. MISHRA) Deputy Commissioner N.D.M.C. Palika Kendra

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

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

VERIFIED FOR CASH/CHEQUE PAYMENT

CANCELLED Released on 17/9/07

All sign. attest.

Paid in full 20/9/07

Recd on 10/9/07 entry in page no 7 serial no 1149.

SO(HG)

O.O.No.D/542/PA/M.O.H/07, dt. 6.7.07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3752 (From 1-8-07 To 31-8-07)

(20) Daily wages A.M.A., @133.45%+CA
Cont. Sheet No. 3.

Circle No. III & IV Voucher No. ..... Dated .....

In continuation of Muster Roll No. 3714

Accountant (HG) CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

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)	कैलास चन्द W/o श्री बृज भूषण B-65 न्यू अशोक नगर दि.96	AMG T.M.R.	P	P	P	P	S	P	P	P	P	P	P	S	P	P	H	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	27 day	@133.45% +C.A.	3669-00	Paid
(12)	राजीव शर्मा W/o श्री अशोक कुमार 57 न्यू लाल पुर (नजदीक) सोम. बाजार दि.51	"	P	P	P	P	S	P	P	P	P	P	P	S	P	P	H	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	27 day	-do-	3669-00	Paid
(13)	तारा चन्द W/o श्री राम चन्द 425 कड़.कड़ डूमा इन्द्र पुरी दि.92	"	P	P	P	P	S	P	P	P	P	P	P	S	P	P	H	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	27 day	-do-	3669-00	Tara Chand Paid
(14)	सुनील कुमार W/o श्री बेदीराम शर्मा 58 न्यू लाल पुर सोम. बाजार दि.51	"	P	P	P	P	S	P	P	P	P	P	P	S	P	P	H	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	27 day	-do-	3669-00	Sunil Sharma Paid
(15)	ओम प्रकाश पाठक W/o शिव चरन 2/53 शिव विहार, करावल नगर दिल्ली	"	P	P	P	P	S	P	P	P	P	P	P	S	P	P	H	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	27 day	-do-	3669-00	Paid
	Daily Total		15	15	15	15	S	15	15	15	15	15	15	S	15	15	H	15	15	15	S	15	15	15	15	15	15	S	15	15	15	14	15	404	G. Total	54899	
	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.

O.O.No.D/542/PA/M.U.H./07, dt. 6-7-07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3750 (From 1-8-07 To 31-8-07) (20 Dailywager AM.G., @ 133.45/+CA Contd. Sheet No. 2.

Circle No. III & IV Voucher No. ..... Dated .....

In continuation of Muster Roll No. 3714

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
6	रवी कुमार पि० श्री किशन देव 9 D/S अलीगंज N.D.3 Name क्या.	AM G T.M.R.	P	P	P	P	S	P	P	P	P	P	P	S	P	P	H	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	27 day	@133.45/+C.A.	3669-00	रवि कुमार Paid
7	राहुल पि० श्री राम अवतार 86 D/S P.R. लेन N.D.3	"	P	P	P	P	S	P	P	P	P	P	P	S	P	P	H	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	27 day	-do-	3669-00	Rahul Paid
8	मनोज कुमार पि० श्री चर्मपाल A-68 D/S ईस्ट आफ कैलाश	"	P	P	P	P	S	P	P	P	P	P	P	S	P	P	H	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	27 days	-do-	3669-00	Manoj Paid
9	रमेश पि० श्री सुरेश B/23 पालिका चाम गोल मार्केट	"	P	P	P	P	S	P	P	P	P	P	P	S	P	P	H	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	27 days	-do-	3669-00	Ramesh Paid
10	मनीष कुमार पि० श्री मनोहर लाल B-185 पांडव नगर नजदीक मदर डेरी फ्लैट 92	"	P	P	P	P	S	P	P	P	P	P	P	S	P	P	H	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	27 days	-do-	3669-00	मनीष कुमार Paid
		Daily Total	10	10	10	10	S	10	10	10	10	10	10	S	10	10	H	10	10	10	S	10	10	10	10	10	10	S	10	10	10	9	10	269	G. Total	36554	
		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.

O.O.M.. D/542/PA/M.O.H/07, dt- 6-7-07

HEALTH DEPARTMENT

MUSTER ROLL NO. 3752 (From 1-8-07 To 31-8-07)

(20) daily wager A.M.G. @133.45/+C.A.
Only Four sheets (1+1=4)

Circle No. III & IV Voucher No. ..... Dated .....

In continuation of Muster Roll No. 3714

PART-NOMINAL-ROLL

Accountant (HG) CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped accccrding 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	विकाश पु० श्री जय प्र काश R.Z. 153/345 शिव पुरी गली नं 2 ईस्ट सागर पुर दिल्ली 46	AMG T.M.R.	P	P	P	P	S	P	P	P	P	P	P	S	P	P	H	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	27 day	@133.45 + C.A.	3669.00	Vikas 19/09/07 Paid
2	विक्रम पु० श्री दलीप सिंह M.I D/S पृथ्वीराज लेन खान मार्केट	"	P	P	P	P	S	P	P	P	P	P	P	S	P	P	H	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	27 day	-do-	3669.00	Paid
3	मुकेश कुमार पु० श्री राम चन्द्र G16 P.R. लेन खान मार्केट	"	P	P	P	P	S	P	P	P	P	P	P	S	P	P	H	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	27 day	-do-	3669.00	Paid
4	रंजीत सिंह पु० निहाल सिंह 9340 कटरा गंगा विशन, गऊशाला मार्ग किशन गंज दि. 6.	"	P	P	P	P	S	P	P	P	P	P	P	S	P	P	H	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	27 day	-do-	3669.00	Paid
5	मनीष कुमार पु० श्री रामराम 16/232 बापू धाम चाणक्यपुरी दि. 21	"	P	P	P	P	S	P	P	P	P	P	P	S	P	P	H	P	P	P	S	P	P	P	P	P	P	S	P	P	P	A	P	26 day	-do-	3533.00	मनीष कुमार Paid
		Daily Total	S	S	S	S	/	S	S	S	S	S	S	/	S	S	H	S	S	S	/	S	S	S	S	S	S	/	S	S	S	4	S	134	G. Total	18209	
		Initials of person marking the daily attendance					S							S			H				S							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.

Receation 16/9/07 entry No page No 7 Scroll No 149 dt 16/9/07

50(H.C.)