

Confine by OMRPH

Confirm Contingent Bill

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

Final Approved By Bill Status

Narration

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

Eighty Three Thousand Fiv

*- Mandatory Fields

HEALTH DEPARTMENT

MUSTER ROLL NO. 3753

Circle No. V & VI (Med) Voucher No. 3715 Dated 1-8-04

In continuation of Muster Roll No. 3715

(From 1-8-04 To 31-8-04)

Accountant (HG)

CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped according to phases	Designation P.M.G.	Dates From..... To.....																															Total (July)	Rate Rs.-P.	Amount Rs.	Sign. or thumb impression of payee and dated initials of paying officer made at the date of payment			
			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							
16	गुलशन हे स/ह अणु-5 हे RZ-II/143 नरेश-स-मराठा गवली अरवि	do	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	P	P	P	P	P	P	27 days	400x	Rs. 136-	3669	Sign. of payee and dated initials of paying officer
17	एच अणु स/ह अणु- 9356-357 रसत नाना अरवि	do	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	P	P	P	P	P	27 days	400x	Rs. 136-	3669	Sign. of payee and dated initials of paying officer	
18	अणु नाना स/ह अणु- P 1159 कानन नाना	do	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	P	P	P	P	27 days	400x	Rs. 136-	3669	Sign. of payee and dated initials of paying officer		
19	अणु अणु स/ह P 5089 अणु-41H अणु नाना अणु अणु-35	do	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	P	P	P	P	27 days	400x	Rs. 136-	3669	Sign. of payee and dated initials of paying officer		
20	अणु स/ह अणु- P 9975 अणु- अणु अणु	do	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	P	P	P	27 days	400x	Rs. 136-	3669	Sign. of payee and dated initials of paying 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.

Sign. of payee and dated initials of paying officer made at the date of payment

O.S. No. 542/14/M.O.H/07, dt-6.7.07

HEALTH DEPARTMENT

MUSTER ROLL NO. 5453

(From 1-8-07 To 31-8-07)

Dr. Baibhargya A.M.S., (C) 2014/5/10/15 + CD
Cand. Amed No. 3.

Circle No. V.P.VI (Med) Voucher No. 2915

Dated

In continuation of Muster Roll No. 2915

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.....		Daily Total	Initials of person marking the daily attendance	Initials of Inspecting Officer	Rate	Amount payable and dated	Sign. or thumb impression of payee and dated Initials of paying officer made at time of payment
			1	2						
19	Chhannu Singh G-19 Govt Dist Mt Jalaini	A.M.H.	1	2	4	u u u u		400 x	Rs. 54363	Sign. of payee
18	Chhannu Singh G-19 Govt Dist Mt Jalaini	A.M.H.	1	2	4	u u u u		400 x	Rs. 54363	Sign. of payee
15	Chhannu Singh G-19 Govt Dist Mt Jalaini	A.M.H.	1	2	4	u u u u		400 x	Rs. 54363	Sign. of payee

Pay Rs. (Rupees)

Accountant (HG) M.O.H. S.R.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.
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O.O. No. 21542/104/M.O.H. dt-6-7-04

HEALTH DEPARTMENT

MUSTER ROLL NO. 2153

(From 1-8-04 To 31-8-04)

Dr. Balakrishna M.A., @ 155/45/1-1-14
 Cdr. Ajeet H.R.

Circle No. V P VII Voucher No. 3715 Dated 31-8-04

In continuation of Muster Roll No. 3715

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.....		Daily Total	Initials of person marking the daily attendance	Initials of Inspecting Officer	Rate	Amount	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
			1	2						
6	34000 गुण्डे स/0 एड्डाडा	A.M.G.	1	2	66			132x	Rs. 17945-00	33077 Paid
7	34000 गुण्डे स/0 एड्डाडा	-do-	3	4	66			136-00	3402-00 Paid	33077 Paid
8	34000 गुण्डे स/0 एड्डाडा	-do-	5	6	66			136-00	3669-00 Paid	33077 Paid
9	34000 गुण्डे स/0 एड्डाडा	-do-	7	8	66			136-00	3669-00 Paid	33077 Paid
10	34000 गुण्डे स/0 एड्डाडा	-do-	9	10	66			136-00	3669-00 Paid	33077 Paid
11	34000 गुण्डे स/0 एड्डाडा	-do-	11	12	66			136-00	3669-00 Paid	33077 Paid
12	34000 गुण्डे स/0 एड्डाडा	-do-	13	14	66			136-00	3669-00 Paid	33077 Paid
13	34000 गुण्डे स/0 एड्डाडा	-do-	15	16	66			136-00	3669-00 Paid	33077 Paid
14	34000 गुण्डे स/0 एड्डाडा	-do-	17	18	66			136-00	3669-00 Paid	33077 Paid
15	34000 गुण्डे स/0 एड्डाडा	-do-	19	20	66			136-00	3669-00 Paid	33077 Paid
16	34000 गुण्डे स/0 एड्डाडा	-do-	21	22	66			136-00	3669-00 Paid	33077 Paid
17	34000 गुण्डे स/0 एड्डाडा	-do-	23	24	66			136-00	3669-00 Paid	33077 Paid
18	34000 गुण्डे स/0 एड्डाडा	-do-	25	26	66			136-00	3669-00 Paid	33077 Paid
19	34000 गुण्डे स/0 एड्डाडा	-do-	27	28	66			136-00	3669-00 Paid	33077 Paid
20	34000 गुण्डे स/0 एड्डाडा	-do-	29	30	66			136-00	3669-00 Paid	33077 Paid
21	34000 गुण्डे स/0 एड्डाडा	-do-	31	31	66			136-00	3669-00 Paid	33077 Paid
Total					292x			1556-00	39692-00	

Accountant (HG)

M.O.H.

Sr. A.O

Grand Total of this Muster Roll ...

Balance Paid

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

Rs.	P.

