Com

Contingent Bill Number : 30303070800112

Disbursement Type: Cash
Bill Type: Contingency
Fund: NDMC Municipal General Fund
Bill Date: 18-Mar-2008
Segment: GENERAL FUND
Sub Segment: CASH IN HAND
Field: PUBLIC HEALTH ACCOUNTS BRANCH
Sub Field: PUBLICH HEALTH ACCOUNTS BRANCH
Functionary: NDMC
Payable To:
Sanction By: Chairman
Sanctioned On: 20-Nov-2007
SanctionDetails: Sanctioned By Chairman NDMC vide No. 7426/PS/CH dated 20/11/2007
Bill Status: CREATED
Narration: Payment of 32 daily wages SKs/LBs Circle No. 10 @ 133.45 plus CA Rs.66/-
Remarks:

Code	Payable To	Function	Account Code	Account Head	Amount
		Public Health	3202027	MECH.OF GARBAGE REMOVAL	106943
			Gross Amount		106943

Deductions:

Code	Payable To	Function	Account Code	Account Head	Amount
			Total Deduction		0
			Net Amount		106943

Net Payable in Words :

Created By	dharam.pal	**Verified By**	
Confirmed By		**Approved By**	
Final Approved By			

HEALTH DEPARTMENT

MUSTER ROLL NO. ~~4003~~ 3972. (From 1/01/08 To 31/01/08)

Contd Sheet-6

Circle No. X Voucher No. 47/4/3/08 Dated

In continuation of Muster Roll No. ~~3989~~ 3958

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
31.	Sh. Sagar S/o Sh. Raju 81 staff Quarter S.J. Hospital N.D.	D/W	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	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 P P	P P P	P	H	S	P P P	P P P	P P P	P P P	27 days	133.45 + C.A	99605 ~~99783~~ Paid 3669	27/1/08 sig Attested ASI
32.	Smt. Shiksha w/o Sh. Gopal J. No. 8/48 - 1st East of Kailash Gandhi Jaylal Nagar N.D.	D/W	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	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 P P	P P P	P	H	S	P P P	P P P	P P P	P P P	27 days	do	Paid 3669	P/ sig Attested ASI
33	Vaccant																																		do		
																																			do		
																																			do		
																																			do		
	Pay this bill Rs 106943 - BIFORE NIL SAME 106943																																				
		Daily Total	22222	-	22222	22	-	22222	22														22222	-	2222									~~788~~ ~~1313~~	G. Total	~~107120~~ 106943	
		Initials of person marking the daily attendance																																			
		Initials of Inspecting Officer																																			

Pay Rs. 106943/- (Rupees One lac six thousand nine hundred forty three only)

Accountant (HG) 19-3-8.

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.

CANCELLED Released for Payment M.O.H. Sr. A.O 19/3/08

Grand Total of this Roll ... fully paid Bill SNo 1 to 32

All RTI/LTI/Sig duly Attested

Deduct-Payment made per details transferred to Register of Unpaid Wages Excluding my SNo 33

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

Rs.	P.

Sanitation Officer Chief Sanitation Inspector Sanitation Inspector

VERIFIED FOR CASH/CHEQUE PAYMENT

Contd. sheet-V

HEALTH DEPARTMENT

MUSTER ROLL NO. ~~4003~~ 3972 (From 1/1/08 To 31/01/08)

Cycle No. X Voucher No. .... Dated ....

In continuation of Muster Roll No. ~~3989~~ 3958

PART-NOMINAL-ROLL

Accountant (HG), CHIEF MEDICAL OFFICER

Dates From .... To .... (Sundays: 6, 13, 20, 27; Holiday: 26)

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Attendance, days 1–31	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.	Smt. Pushpa Rani W/o Sh. Brij A-23 D.D.A. Flats Garhi D/S East of Kailash N.D.	D/W	P P P P P (S) P P P P P P (S) P P P P P P (S) P P P P P H (S) P P P P	27 days	133.45 + C.A	paid 3669.—	(signature) 21/1 Sig. Attested ASI JES
✓ 27.	Sh. Brij Kishore S/o Sh. Laxmi Chand. 417 T. Huts Kali Mata Mandir Minto Road N.D.	D/W	P P P P P (S) P P P P P P (S) P P P P P P (S) P P P P P H (S) P P P P	27 days	do	paid 3669.—	Brij Kishor Sig. Attested ASI JES
28.	Sh. Arun Kumar S/o Sh. Rattan Lal B-82 DDA Flats Garhi East of Kailash New Delhi	D/W	(A) P P P (A) (A) (A) (A) (A) (A) — transfer to CNO IV	04 days		544	(signature) Sig. Attested ASI JES; Sig. Attested (ASI) JES
✓ 28A	Rajjo W/o Sh. Satish C-24 Palica Dham Gole Mkt N.D.		from CNO IV → P P (S) P P P P P P (S) P P P P P H (S) P P P P	~~17 days~~ 17 days	do	~~2310~~ 2310 paid	
✓ 29.	Smt. Rekha D/o Sh. Har Lal 17 Double Story Ali Ganj Lodhi Road N.D.	D/W	P P P P P (AS) P (A) P P P P (A) (S) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A)	08 days	do	~~1087~~ 1087	Rekha JES Attested ASI JES
✓ 30.	Sh. Sammi S/o Sh. Prem Chand. A-319 Minto Road N.D.	D/W	P P P P P (S) P P P P P P (S) P P P P P P (S) P P P P P H (S) P P P P	27 days	do	paid 3669	(signature) Sig. Attested ASI JES
	Daily Total		4 5 5 5 3 – 4 3 3 5 4 5 – 4 4 4 4 4 4 – 4 4 4 4 4 4 – 4 4 4 4	~~1649~~ 6282; ~~759~~ 734; 133	G. Total	~~84831~~ 84657; ~~99782~~ 99605	
	Initials of person marking the daily attendance		(initials)				
	Initials of Inspecting Officer		(initials)				

Pay Rs................. (Rupees.................................)

Grand Total of this Muster Roll ... ...

Rs.	P.

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.

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

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

HEALTH DEPARTMENT

Contd. Sheet-IV

MUSTER ROLL NO. ~~4002~~ 3972 (From 1/01/08 To 31/01/08)

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

In continuation of Muster Roll No. ~~3987~~ 3958

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 ... (1–31)	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. Rajeev S/o Sh. Ram Chand. H.No. 30/8 Gali-2 Amin Pur Delhi-31	D/W		~~24 days~~ 23 day	133.45 + C.A	~~6757~~ 67128 Paid ~~3364-45~~ 3125	Sig. Attested ASI
22.	Smt. Suneena W/o Sh. Jawan Kumar 6065 Gali Sat Narain Mandir Navi Kasim Pahar Ganj N.D.	D/W		27 day.	do	Paid 3669-~~45~~ =	Suneena Sig. Attested ASI
23.	Smt. Rani W/o Sh. Rajesh H.No-170 Gurgaon Tehshil Gurgaon (H.P)	D/W		26 day	do	Paid 3533 ~~3536-45~~ =	Sig. Attested ASI
24.	Sh. Shiv Akash S/o Sh. late Hori Lal H.No-12 P.K. Road Balmiki Basti Mandir Marg N.D.	D/W		26 day	do	Paid 3533 ~~3536-45~~ =	Shivakash Sig. Attested ASI
25.	Smt. Kiran W/o Sh. Vinay D6 Type I S.J. N.D.	D/W		27 day	do	Paid 3669-~~45~~ =	Sig. Attested ASI
	Daily Total		5 5 5 5 4 – 5 5 5 5 5 4 – 5 5 5 5 5 5 – 5 5 5 4 5 5 – 4 3 5 5	~~624~~ ~~1649~~	G. Total	~~84831~~ 84657	
	Initials of person marking the daily attendance			623			
	Initials of Inspecting Officer						

Pay Rs. ..... (Rupees .....)

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.

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.

HEALTH DEPARTMENT

Cover sheet-III

MUSTER ROLL NO. ~~4003~~ 3972. (From 1/1/08 To 31/01/08)

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

In continuation of Muster Roll No. ~~3989~~ 3958

PART-NOMINAL-ROLL

Accountant (HG) CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped accc rding 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. Bijender S/o Sh. Tashvir Singh. H.No-13A Harijan Basti village Gauri Randhola Delhi	D/W		~~380~~ ~~1405~~ 27 days	133.45	paid 3669-~~45~~	Bijender sig. Attested ASI JES
17.	Sh. Satish Chander S/o Sh. Ramjilal B-2/64 Lalita Park Laxmi Nagar New Delhi.	D/W		17 days	do	paid 2310-~~45~~ 2310	sig. Attested ASI JES
18.	Smt. Kiran W/o Sh. Deepak Kr H.No-32 Rakshai Bhawan Ashoka Road N.D-	D/W		24 days	do	paid 3264-~~45~~ 3261	RTI Attested ASI JES
19.	Sh. Deepak S/o Sh. Meer Singh. H.No-33 Rakshai Bhawan Ashoka Road N.D-	D/W		20 days	do	paid 2718-~~45~~ 2718	sig. Attested ASI JES
20.	Sh. Tarun S/o Sh. Karan Singh H.No-112 Balmiki Basti Mandir Marg N.D-	D/W		26 days	do	paid 3533 ~~3536~~ ~~45~~	Tarun sig. Attested ASI JES
				494			
	Daily Total		44345-444455-545555-555445-3333	~~1579~~	G. Total	~~67157~~ 67128	
	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.

HEALTH DEPARTMENT

MUSTER ROLL NO. ~~4003~~ 3972. (From 1/01/08 To 31/01/08)

Contep-sheet-II

Circle No. X Voucher No. Dated

In continuation of Muster Roll No. ~~3989~~ 3958

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. Mahesh S/o Sh. Jagdish Chand. D-616 Chhtta Ram Pahari N.D -	D/W	P P P P P S P P P P P P S P P P P P S P P P P P H S P P P P P	~~27~~ 27 day	133.45 C.A	paid ~~3669-45~~ 3669 = Mahesh	sig. Attested ASI JCO
12.	Sh. Sandeep S/o Sh. Amarjeet F-148 Aram Bagh Pahar Ganj D/W N.D -		P P P P P S P P P P P P S P P P P P S P P P P P H S P P P P P	27 days	do	paid 3669-45 = संदीप	sig. Attest ASI JCO
13.	Smt. Ranjeela W/o Sh. Manoj Kr DI/see-4 Diz Area Raja Bazar D/W Yale Market N.D -		P P P P P S P P P P P P S P P P P P S P P P P P H S P P P P P	27 Days	do	paid 3669-45 = रंजीला	sig. Attested ASI JCO
14.	Sh. Manoj Kumar S/o Sh. Ram Chander DI/See-4 Diz Area Raja Bazar Yale Market N.D -	D/W	P P P P P S P P P P P P S P P P P P S P P P P P H S P P P P P	26 days	do	paid 3533 ~~3536~~ -45 = Manoj	sig. Attested ASI JCO
15.	Sh. Sumit Kr S/o Sh. Randhir Singh. B-41 J.J. Colony Nangloi Camp No-2 N.D -	D/W	D D D D D S D D D D D D S D D D D D S D D D D D H S D D D D D	25 days. 380	do	paid 3397 ~~3400~~ -45 =	Sumit Kr sig. Attested ASI JCO
	Daily Total		5 5 5 5 5 – 5 5 5 5 5 5 – 5 5 5 5 5 5 – 4 5 5 4 5 5 – 5 4 5 5	~~1405~~	G. Total	~~51656~~ 51637	
	Initials of person marking the daily attendance		S S S S S S S S S S S S S S S S S S S S S S S S S H S S S 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.

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		

HEALTH DEPARTMENT

Contg. Sheet - I

MUSTER ROLL NO. ~~4003~~ 3972. (From 1/01/08 To 31/01/08)

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

In continuation of Muster Roll No. ~~3984~~ 3958

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 ... (1–31)	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. Deepak S/o Sh. Om Prakash. N-149/50 RPF line Shiv Mandir Daya Basti N.D.	D/W		~~1160~~ 135 days 25 days.	133.45 + C.A	3397=00 3400-45	Paid Sign Attested AS7 JES
7.	Sh. Vikash S/o Sh. Om Prakash N-149/50 RPF line Shiv Mandir Daya Basti N.D.	D/W		25 days.	do	3397=00 ~~3400-45~~	Paid Sign Attested AS7 JES
8.	Sh. Arun S/o Sh. Om Prakash. N-149/50 RPF line Shiv. Mandir Daya Basti N.D.	D/W		22 days	do	2990-45 = 3720 2990	Paid Sign Attested AS7 JES
9.	Sh. Rajeev S/o Sh. Ram Kishan A-182 D.D.A Flats New Ranjeet Nagar N.D.	D/W		17 days	do	2310-45 = 2310	Paid Rajeev Sign Attested AS7 JES
10.	Sh. Dinesh S/o Sh. Jagan Nath 1/5845 East Rohtash Nagar Balmiki Basti Shadra N.D.	D/W		24 days 248	do	3261-45 = 3261 3337	Paid Sign Attested AS1 JES
	Daily Total		3 4 5 2 5 – 5 4 5 4 5 4 – 4 3 4 4 5 4 – 5 5 4 3 5 5 – 4 4 5 4	~~1273~~	G. Total	33700	
	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 - 1226 | D | PA | MOH Dt. 20/12/07

(33) ... (176) Total Sheet - 7.

HEALTH DEPARTMENT

MUSTER ROLL NO. ~~4003~~ 3972 (From 1/1/08 To 31/01/08)

Circle No. X Voucher No. Dated.

In continuation of Muster Roll No. ~~3989~~ 3958

PART-NOMINAL-ROLL

Accountant (HG), CHIEF MEDICAL OFFICER

Dates From .... To ....

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	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.	Rate P.	Amount Rs.	Amount P.	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
								S							S							S						H	S										
1.	Smt. Indira Bala W/o Sh. Subhash Chand. 565 Ali Ganj Lodhi Road N.D -	D/W	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	H	S	P	P	P	P	~~1025~~ 27 days	13345 + C.A		3669-	45	इंदिरा बाला sig. Attested ASI JEQ
2.	Sh. Akash S/o Sh. Jai Kishan. H.No-5 Manak Bhawan B.S.J. Marg N.D-	D/W	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	H	S	P	P	P	P	27 days	-do-		3669-	45	Paid = आकाश sig. Attested ASI JEQ
3.	Smt. Sobha W/o Sh. Raja C-32/B-58 Gole Market Udyan Marg N.D -	D/W	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	H	S	P	P	P	P	27 days.	-do-		3669-	45	Paid = शोभा sig. Attested ASI JEQ
4.	Sh. Seth Ram S/o Sh. Ram Garib. A-B/12 Air Force Station Palam N.D -	D/W	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	H	S	P	P	P	P	27 days	-do-		3669-	45	Paid = [illegible] sig. Attested ASI
5.	Smt. Sarita Rani W/o Sh. Vinod Kumar S-9 Ali Ganj Lodhi Road N.D -	D/W	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	H	S	P	P	P	P	27 days	-do-		3669-	45	Paid = सरिता sig. Attested ASI JEQ
	Daily Total		5	5	5	5	5	–	5	5	5	5	5	5	–	5	5	5	5	5	5	–	5	5	5	5	5	5	–	5	5	5	5	~~140~~ 135	G. Total		18345		
	Initials of person marking the daily attendance		✓	✓	✓	✓	✓	S	✓	✓	✓	✓	✓	✓	S	✓	✓	✓	✓	✓	✓	S	✓	✓	✓	✓	✓	H	S	✓	✓	✓	✓						
	Initials of Inspecting Officer				(initials)									(initials)					(initials)								(initials)					(initials)							

Pay Rs.................... (Rupees...)

Grand Total of this Muster Roll ... ...

Rs.	P.

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.

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

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