

**Contingent Bill Number :** 30303070800114

<b>Disbursement Type:</b> Cash	<b>Bill Type:</b> Contingency
<b>Fund:</b> NDMC Municipal General Fund	<b>Bill Date:</b> 18-Mar-2008
<b>Segment:</b> GENERAL FUND	<b>Sub Segment:</b> CASH IN HAND
<b>Field:</b> PUBLIC HEALTH ACCOUNTS BRANCH	<b>Sub Field:</b> PUBLIC HEALTH ACCOUNTS BRANCH
<b>Functionary:</b> NDMC	<b>Payable To:</b>
<b>Sanction By:</b> Chairman	<b>Sanctioned On:</b> 20-Nov-2007
<b>SanctionDetails:</b> Sanctioned By Chairman NDMC vide No. 7426/PS/CH dated 20/11/2007	<b>Bill Status:</b> CREATED
<b>Narration:</b> Payment of 19 daily wages SKs/LBs Circle No. 13 @ 133.45 plus CA Rs.66/-	
<b>Remarks:</b>	

Code	Payable To	Function	Account Code	Account Head	Amount
		Public Health	3202027	MECH.OF GARBAGE REMOVAL	65550
<b>Gross Amount</b>					65550

**Deductions:**

Code	Payable To	Function	Account Code	Account Head	Amount
<b>Total Deduction</b>					0
<b>Net Amount</b>					65550

Net Payable in Words :

<b>Created By</b>	dharam.pal	<b>Verified By</b>	
<b>Confirmed By</b>		<b>Approved By</b>	
<b>Final Approved By</b>			

**View Contingent Bill**

Help

Disbursement Type\*  Bill Type\*

Reference Number for Cash Branch  Voucher Number

Fund\*  Bill Date

Segment\*  Sub Segment

Field\*  Sub Field\*

Functionary\*

Sanction By\*  Sanctioned On\*

Sanction Details

Created By  Verified By

Confirmed By  Approved By

Bill Status

Narration

Confirm/Approve Remarks

Reference JV  SubLedger Type

Function Name	Account Code*	Account Head	Amount*	Details
Public Health	3202027	MECH.OF GARBAGE REMOVAL	65500	Click
<b>Gross</b>			65500	

Deductions			
Account Code	Account Head	Amount	Details
		0	Click

<b>Deductions</b>	0
<b>Net Payable</b>	65500

Sixty Five Thousand Five Hundred Rupees Only

Net Payable in words

\* - Mandatory Fields



# HEALTH DEPARTMENT

**MUSTER ROLL NO.**

4006 3975

(From

1/1/08

To

31/01/08

Genl. Sheet - II

Circle No. XII Voucher No. 3998, 3961

Dated

In continuation of Muster Roll No. ....

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 .....																															Rate	Amount	Sign. or thumb impression of payee and dated initials of paying officer made at the time 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			
11	Amita W/o Sundar Karmar	Blw.	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	27/01
12	Munni W/o Dharmendra E-2-63 Madan Ghat Nuzvid - 62.	Blw.	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	27/01
13	Vipin Pal S/o Bebhulal	Blw.	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	27/01	
14	Suresh K S/o Raju Chandra 199/10 Amriti Puz' R-Gasik New Delhi.	Blw.	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	27/01		
15	Rajender S/o Khem Chand Block-10/11/12/13/14 Puz' Delhi - 91	Blw.	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	27/01	
		Daily Total																																Rs.	P.	

Pay Rs. .... (Rupees)

Accountant (HG)

M.O.H.

Sr. A.O

Grant Total of this Muster Roll ...

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 .....

Rs.	P.



# MUSTER ROLL NO.

# HEALTH DEPARTMENT

Circle No. XII Voucher No. 3998, 3961 Dated 20/02/07  
 In continuation of Muster Roll No. 3998, 3961 (From 1/01/08 To 31/01/08)

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.....																															Total	Rate	Amount	Sign. or thumb impression of payee and dated initials of paying officer made at the time 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					
1	Robin Sharma P A-68 SFS Staff Quarters New Delhi-65	Deputy Inspector	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	2745	Rs. 1345	3664	Paid S. Anand
2	Smt. Shalu W/o Nand Lal A-89 DDA Flat Gait Bar of Kailash New Delhi-65	-	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	2745	-	3669	Paid S. Anand
3	Sanjay K/o Malar Lal 4908 Anja Pura Sabz Mandi Delhi-7	-	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	2545	-	3345	Paid S. Anand
4	Chander Mohan S/o Jagjit 3523 4th NQ 38-Blast Gate ngr Delhi-84	-	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	2745	-	3669	Paid S. Anand	
5	Renu Devi S/o Ram Charan C-23 Palika Dhara N.D. VICE Seema W/o Ajay	-	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	1945	-	2584	Paid S. Anand	
5-A	N.D.M.C. Flat No 25 Dilli Haat N. Delhi	-	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	1345	G. Total	18075	Paid S. Anand	

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

Accountant (HG) M.O.H. Sr. A.O.

Grand Total of this Muster Roll ...

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

Rs. P.

(173) Total sheet = 4

(19) ...