

Contingent Bill Number : 30303070800070

Disbursement Type: Cash
Fund: NDMC Municipal General Fund
Segment: GENERAL FUND
Field: PUBLIC HEALTH ACCOUNTS BRANCH
Functionary: NDMC
Sanction By: Chairman

Bill Type: Contingency
Bill Date: 18-Mar-2008
Sub Segment: CASH IN HAND
Sub Field: PUBLIC HEALTH ACCOUNTS BRANCH
Payable To:
Sanctioned On: 01-Nov-2007
SanctionDetails: Sanctioned by Chairman vide No. 6797/PS/Ch dt.01-11-2007
Narration: Payment of 4daily wages SKs/LBs Circle No. 13 @ 133.45 plus CA Rs.66/-
Remarks:

Bill Status: CREATED

| Code | Payable To | Function | Account Code | Account Head | Amount |
|---------------------|------------|---------------|--------------|-------------------------|--------|
| | | Public Health | 3202027 | MECH.OF GARBAGE REMOVAL | 48648 |
| Gross Amount | | | | | 48648 |

Deductions:

| Code | Payable To | Function | Account Code | Account Head | Amount |
|------------------------|------------|----------|--------------|--------------|--------|
| | | | | | |
| Total Deduction | | | | | 0 |
| Net Amount | | | | | 48648 |

Net Payable in Words :

| | | | |
|--------------------------|-------------|--------------------|--|
| Created By | ajay.mathur | Verified By | |
| Confirmed By | | Approved By | |
| Final Approved By | | | |

HEALTH DEPARTMENT

G.M. Sheet - II

MUSTER ROLL NO. 3976

Voucher No. 3976

From 01/01/08

To 31/01/08

Circle No. VIII

Dated 10/1/08

In continuation of Muster Roll No. 3918

PART-NOMINAL-ROLL

Accountant (HG), S

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 | | | | |
| 14 | Dr. Poojesh Sph Kishan | DMO | [Diagonal Line] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 2705 | Rs. 133.45 | Rs. 3669-00 | [Signature] |
| 15 | Vacant | | [Diagonal Line] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | Vacant | | [Diagonal Line] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Daily Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 358 | G. Total | 48648-00 | |

Order No. 11/2-108
30th N. Estor No. 111
No. 18 Service No. 111

Pay Rs. 48648 (Rupees) Fourty Eight thousand six hundred and forty eight
Initials of person marking the daily attendance: [Signature]
Initials of Inspecting Officer: [Signature]

Accountant (HG) [Signature]
Sr. A.O. [Signature]
Released for Payment

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.

Debit-Payment made as per details transferred to Register of Unpaid Wages
Total amount paid (in words) Rupees: [Signature] fully paid roll

| | |
|-----|----|
| Rs. | P. |
| | |

HEALTH DEPARTMENT

MUSTER ROLL NO. 3776 (From 4004 To 01/01/08) 31/01/08

Circle No. XII Voucher No. 3918 Dated 31/01/08

In continuation of Muster Roll No. 3918

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 | |
|-------|---|-------------|-------------------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------------|---|--------------------------------|--|
| | | | 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 | | | | |
| 8 | Raj Kumar Sb Umari Raw | Daily wdg. | 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 | P | |
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| 9 | Dewender Sipl Sg Mahasibi | 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 | | |
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| 10 | Meena W/o Sanyu | 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 | | |
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| 11 | Rajwanshi | 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 | | |
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| 12 | Abdullason Madras | 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 | | |
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| 13 | S. Jitender Sanyu | 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 | | |
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Pay Rs. (Rupees)

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

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. | |

MUSTER ROLL NO.

2976-4004

(From 01/01/08 To 31/01/08)

31/01/08

HEALTH DEPARTMENT

178 Total Sheet = 3

Circle No. XIII Voucher No. 3118 Dated 31/01/08

In continuation of Muster Roll No. 3118

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 | St. Subhagy S/o St. Krishna | Daily Wage SK | 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 | P | P | P | |
| 2 | St. Sant Ram S/o St. Rammal | 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 | P | P | P | |
| 3 | St. Bhagwan Chand S/o Bulget | | 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 | P | P | P | |
| 4 | St. Rakesh S/o Tilak Ray | | 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 | P | P | P | |
| 5 | St. Sai Karans, Ram Krishna | | 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 | P | P | P | |
| 6 | St. Banshidul S/o Ram Sahai | | 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 | P | P | P | |
| 7 | St. Vijaykr S/o Ram Parvad | | 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 | P | P | P | |
| | | Daily Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Initials of person marking the daily attendance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Initials of Inspecting Officer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Pay Rs. (Rupees) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

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. |
| | |

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.