30

Contingent Bill Number : 30304080900065

Disbursement Type: Cash
Bill Type: ImprestBills
Fund: NDMC Municipal General Fund
Bill Date: 15-Apr-2008
Segment: GENERAL FUND
Sub Segment: CASH IN HAND
Field: PUBLIC HEALTH ACCOUNTS BRANCH
Sub Field: (PUBLIC HEALTH) SANITATION CIRCLE 6
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 24 daily wages SKs/LBs Circle No. 6 @ 133.45 plus CA Rs.66/-
Remarks:

Code	Payable To	Function	Account Code	Account Head	Amount
		Public Health	3202027	MECH.OF GARBAGE REMOVAL	39712
			Gross Amount		39712

Deductions:

13

Code	Payable To	Function	Account Code	Account Head	Amount
			Total Deduction		0
			Net Amount		39712

Net Payable in Words :

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

Approval Chairman No- 7426/D/Rs Dt. 20/11/07
D.O.No- 1226/D/PA/MOH Dt. 20/12/07.

HEALTH DEPARTMENT

Contd. Sheet-4.

MUSTER ROLL NO. 4086 (From 01/03/08 To 15/03/08)

Circle No. VI Voucher No. 80/H 23/4/08 Dated

In continuation of Muster Roll No. 4015

PART-NOMINAL-ROLL

Accountant (HG), CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped accrding 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
21	Sh. Sanjay Kr S/o Sh. Ashok Kr R/o C/452 F.S Colony, Model Bur Delhi	D/Wager Sk.	16	11 days	133.45	1496.00	
22	Smt Sheela W/o Sh Hari Kishan R/o 29/P/44 Sultanpuri Delhi	do	16	—	—	—	
23	Sh. Tinku S/o Sh Satish Kr R/o 20/470 T/Puri Delhi	do	16	12 days	4	1632.00	
24	Smt Rama W/o Sh Raj Kr. V/S	do	16	11 day	4	1496.00	
25 A	Smt Sashi W/o Sh Naresh R/o 20/2 T Puri Delhi						
22 A	Smt Bobby W/o Mukesh. 20/272 T. Puri	do	16	10 day	4	1360.00	
	Pay this Sum Rs 39712 B/Rle Delhi	Daily Total		92 days	G. Total	39712.00	
		Initials of person marking the daily attendance					
	SHA 39712	Initials of Inspecting Officer					

Pay Rs. 39712/= (Rupees Rs Thirty Nine thousand seven hundred twelve only)

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

Accountant (HG) M.O.H. Sr. A.O. (V.K. BELL) AO (PH)

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

Bill fully Recd. DHS. CT & RE Dare Delhi

HEALTH DEPARTMENT

MUSTER ROLL NO. 4086 (From 01/03/08 To 15/03/08)

Circle No. VI Voucher No. ..... Dated .....

In continuation of Muster Roll No. 4015

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	Smt Archana W/o Sh. Jagkaran R/o 22 D/Story Ali Ganj	D/Weeder SK	16	12 days	133.45 + CD	1632-00	
17.	Smt Sunita W/o Sh Ashok Kr R/o 78 P.R. Lane N. Delhi	do	16	13 days	4	1768-00	
18.	Smt Premlata W/o Sh Subhash R/o 28/34. T/Puri Delhi	do	16	13 days	4	1768-00	
19	Sh. Sanjeev S/o Sh Karam Singh Kr R/o A/1/88 Sector 18 Rohini Delhi	do	16	08 days	4	1088-00	
20	Sh. Pardeep Kr S/o Sh. Raj Pal R/o 16/382 T/Puri Delhi-91	do	16	13 days	4	1768-00	
	Daily Total			248 days	G. Total	33728-00	
	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 ... ... Rs. P.

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

Total amount paid (in words) Rupees Balance Paid

Received on 10/4/08 at 11.20 AM Entry No 536

HEALTH DEPARTMENT

MUSTER ROLL NO. 4086 (From 01/03/08 To 15/03/08)

Contd Sheet - II

Circle No. VI Voucher No. ..... Dated .....

In continuation of Muster Roll No. 4015

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	Sh Ravi S/o Sh. Chiranji Lal R/o K.272 Dakshinpuri N Dl	D/Wagar Sh.	16	12 day	133-45 + CA	1632-0	210 Sd/-
12	Sh Ravi S/o Sh. Kishan Lal R/o B.372 old Sadar Pur Gali No-7 Dl	do	16	12 day	4	1632-0	Ravi Kumar Sd/-
13	Sh. Rajender Kr S/o Sh Om Parkash R/o 22/234 T/Par Dl	do	16	13 days	4	1768-0	Sd/-
14	Sh. Raj Kamal S/o Sh. Ramesh R/o 197 Belaniki Basti M/marg N. Delhi	do	16	13	4	1768-0	Raj Kamal Sd/-
15	Smt Meera W/o Sh. Vinod Kr One 110 mandir marg R/o N Delhi	do	16	10 days	4	1360-0	Sd/-
	Daily Total			189	G. Total	25704-00	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer						

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

MUSTER ROLL NO. 4086 (From 01/03/08 To 15/03/08)

Cover-sheet I

Circle No. VI Voucher No. ..... Dated .....

In continuation of Muster Roll No. 4015

PART-NOMINAL-ROLL

Accountant (HG) CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped accrding 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	Sh. Sunil S/o Sh. Ramesh Kr R/o 21/272 T/Puri Al-51	O/Nagar Sfd	16	13 days	133.48 + CA	1768-00	
7.	Sh. Samit S/o Sh. Jai Parkash R/o Q No. 12 O/S A.R. Lane N-01	do	16	13 days	4	1768-00	
8.	Sh. Pervinod S/o Sh. Hukum Chand R/o Q No. 8 Sarojini Nagar Allopathic Dis Pansari APO	do	16	13 days	4	1768-00	
9.	Sh. Neeraj S/o Sh. Balkishan R/o 173 Narada Village Delhi	do	16	13 days	11	1768-00	
10	Sh. Vinod S/o Sh. Paluram R/o 70 Gandhi Sadan M/Marg N-01	do	16	13 days	4	1768-00	
	Daily Total			129 days	G. Total	17544-00	
	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

Rs.	P.

O.O. No – 1226/D/PA/MOH Dt 20/12/07.

(24) daily wages S/K, C/B @ 133.45 + CA

HEALTH DEPARTMENT

MUSTER ROLL NO. 4086 (From 01/03/08 To 15/03/08)

(174) total sheet = 5

Circle No. VI Voucher No. ..... Dated .....

In continuation of Muster Roll No. 4015

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
1	Sh Sunil S/o Sh Sultan R/o 1B-21 Pankha Dham	Sk.	P P P P P P P P S A P
2	Sh Pervez S/o Sh Surinder HNo 1080 Gali No 4	do	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 P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P P ... P ... P P P P P P ... P ... P ... Pay Rs. ..... (Rupees .....)

Accountant (HG)

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.

M.O.H. Sr. A.O

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

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

Rs.	P.