107

Contingent Bill Number : 30304080900070

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 13
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 19 daily wages SKs/LBs Circle No. 13 @ 133.45 plus CA Rs.66/-
Remarks:

Code	Payable To	Function	Account Code	Account Head	Amount
		Public Health	3202027	MECH.OF GARBAGE REMOVAL	28696
			Gross Amount		28696

Deductions:

16

Code	Payable To	Function	Account Code	Account Head	Amount
			Total Deduction		0
			Net Amount		28696

Net Payable in Words :

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

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

HEALTH DEPARTMENT

Contersheet III

MUSTER ROLL NO. 4093 (From 01/03/08 To 15/03/08)

Circle No. XIII Voucher No. 107/H 23/04/08 Dated

In continuation of Muster Roll No. 4022

Accountant (HG) CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From ... To ... (1–31)	Totals	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. Suresh Kr S/o Ram Chandra 199/10 Amrit Puri Gali No. 10, Garih E.O. Kailash N.D.	Daily wages SIK	P S P P P P P P S P P P P P P

HEALTH DEPARTMENT

MUSTER ROLL NO. 4093 (From 01/3/08 To 15/03/08)

Cont. Sheet-II

Circle No. XII Voucher No. ..... Dated .....

In continuation of Muster Roll No. 4022.

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
11	Sh. Rajender S/o Khem Chand C-22 Bangla Sahib Road Palika Dham N.D. 01.	Daily wages SK	P P P P P P P A P P P P P / P P P P P P / P P P P P P P	12 Days	133.45 + CA	1632-00	Paid Sign Attested
12	Smt Madhu w/o Rajender C-22 Bangla Sahib Road Palika Dham N.D-01.	-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	13 Days	-do-	1768-00	Paid Sign Attested
13	~~Sh Amarjeet s/o Ramesh Chand L-625 Soma Nagar New Delhi-03~~ Smt. Uma w/o Sh. Truswami B-135 Rd No.3 Andrezyanj ND.	-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	13 days	-do-	1768-00	Paid Sign Attested
14	Smt Bimla w/o Praveen Kr 16/252 Trilok Puri Delhi-110091.	-do-	P P P P P / P P P P P / P P P P P	05 Days	-do-	0680-00	Paid Sign Attested
15	Smt Manju w/o Ramkishanlal D-29 East Kidwai Ngr New Delhi-110023.	-do-	A A A P P P P P P P P P P P P / P P P P P P / P P P P P P P	11 days	-do-	1496-00	Paid Sign Attested
	Daily Total		11 5 11 14 13 11 11 11 5 11 15 14 15 15 14	168 days	G. Total	22,848-00	
	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.

HEALTH DEPARTMENT

MUSTER ROLL NO. 4093 (From 01/03/08 To 15/03/08)

Cont'd. Sheet-I

Circle No. XIII Voucher No. ..... Dated .....

In continuation of Muster Roll No. 4022

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. Parvinder Singh S/O Chhallar Singh S-81/86 Sunlight Colony Indira Gandhi Camp Ashram N.D-14	Daily wages SIK	A S A P P P P P S A P A P P P P P P P P P P P P P P P P P P P P P P P P P 16	~~16 days~~ 8 days	133.45 + CA	8024-00 Paid 1088-00	Sign Attested B AO
7.	Sh. Sanjeev S/O Chhallar Singh S-81/86 Sunlight Colony I.G. Camp Tyagi's Ashram N. Delhi-14	-do-	A S A P A P P P S A P P P P A P P P P P P P P P P P P P P P P P P P P 16	08 days	-do-	1088-00 Paid	Sign Attested B AO
8.	Sh. Lalit Kumar S/O Nathu Ram K-630 Block-K Sewa Ngr New Delhi-110003.	-do-	P S 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 18	13 days	-do-	1768-00 Paid	Sign Attested B AO
9.	Sh. Sanny S/O Sh. Lal Chand H-4906 Arya Pura Sabzi Mandi Delhi-7	-do-	P S 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 18	13 days	-do-	1768-00 Paid	Sign Attested B AO
10.	Smt Mumni W/O Dharam Pal E-15/63-64 Madan Gir N. Delhi-62.	-do-	P S 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 18	13 days	-do-	1768-00 Paid	Sign Attested B AO
	Daily Total		8 5 8 10 9 7 7 7 5 8 10 9 10 10 9	~~80 days~~ 114 days	G. Total	15,504-00	
	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.

(173) daily wager S/K. c/B @ 133.45 do.

HEALTH DEPARTMENT

MUSTER ROLL NO. 4093 (From 01/03/08 To 15/03/08)

(173) Total Sheet = 4.

Circle No. XIII Voucher No. ..... Dated .....

In continuation of Muster Roll No. 4022.

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
1	Sh. Rohit Panwar S/o Sh. Dharam Pal A-68 SFS Staff Quarter East of Kailash N.D.	Daily wages S/K	P S P P P A A 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	11 Day	133.45 + CA	1496-00	Paid Sign Attested
2	Smt Shalu W/o Sh. Nand Kishor A-89 D.D.A Flat Double Story Garhi East of Kailash N.D.	do-	P S P P P A 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	12 Day	do-	1632-00	Paid Sign Attested
3	Sh. Chander Mohan S/o Jagdish Niranjan H-No. 3523 Gali No. 93 B-Block Sant Nagr Delhi-84	do-	P S P P P A A 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	11 Day	do-	1496-00	Paid Sign Attested
4	Smt Seema W/o Ajay 14/348 Dakshin Puri N. Delhi-110062.	do-	P S 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	13 Day	do-	1768-00	Paid Sign Attested
5	Sh. Satish Chand S/o Sh. Chander Pal Singh CS-8 Nelaji Nagar N. Delhi-21.	do-	P S P P P P A 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	12 Day	do-	1632-00	Paid Sign Attested
	Daily Total		5 5 5 5 5 2 2 5 5 5 5 5 5 5	~~46 d~~ 59 d.	G. Total	8024-00	
	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 ... ... 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.

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