

81

| | |
|---|---|
| Contingent Bill Number : 30304080900066 | |
| 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 | 31752 |
| Gross Amount | | | | | 31752 |

Deductions:

14

| Code | Payable To | Function | Account Code | Account Head | Amount |
|------------------------|------------|----------|--------------|--------------|--------|
| | | | | | |
| Total Deduction | | | | | 0 |
| Net Amount | | | | | 31752 |

Net Payable in Words :

| | | | |
|--------------------------|------------|--------------------|--|
| Created By | dharam.pal | Verified By | |
| Confirmed By | | Approved By | |
| Final Approved By | | | |

0-0-No-69/D/Cmo/402 1/13/08
 approved Chair man no-7426/D/S. 20/11/08
HEALTH DEPARTMENT
MUSTER ROLL NO. 4187

Circle No. VI Voucher No. 811H Dated 31/11/08
 In continuation of Muster Roll No. Fresh 31/11/08
 (From 14/03/08 To 31/03/08)
 Chief Medical Officer
 Accountant (HG) 25988

PART-NOMINAL-ROLL

| S.No. | Name, Father's/Husband's Name & Address grouped according to classes | Designation | Dates From..... To..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Total | Rate | Amount | Initials 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 | | | | |
| 21st | Ranjay K. G. S. Ashok C/452 S.J. Colony Kazipur no 52 | Officer | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 16 | 1360/- | <i>[Signature]</i> | |
| 22 | Smt Sneha K. S. Hanthol PO 29/11/04 Sathakari W. 200/- | Asst | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | M. Tinku S. Sh. Sathakari PO 20/11/07 7/Mani A/S. | Asst | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | Smt Rang. M. S. K. Sathakari V/S. M. S. Sathakari W/o M. S. Sathakari H.No. 20/12 Mani A/S. | Asst | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22A | Smt Babbar W/o M. S. Sathakari 16/272 Mani A/S. | Asst | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GABZ | | Initials of person marking the daily attendance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pay Rs. 31752/- (Rupees) | | Initials of Inspecting Officer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Remedon 10/11/08
 cut 11.20th entry
 140 pages 20 crossed
 No. 537
 Accountant (HG) 16/11/08
 M.O.H. S.A.O.

Certified that the workes mentioned in the muster roll were actually employed by me on NDMC work 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
 Rule 149/18
 All pay of 18 DTI are actual

| Rs. | P. |
|-------|------|
| 31752 | 1496 |
| 31854 | 1496 |

Tinku Sathakari
 Babbar Sathakari

12 @ 133.45
 404

HEALTH DEPARTMENT

MUSTER ROLL NO. 4127

(From 19/03/08 To 31/03/08)

Contd. Sheet VII

Circle No.
 Voucher No.
 Dated
 In continuation of Muster Roll No.

PART-NOMINAL-ROLL

| S.No. | Name, Father's/Husband's Name & Address grouped according to classes | Designation | Dates From..... To..... | | Total Days | Rate P. | Amount Rs. | Sign, or thumb impression of Daye 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 |
| 16. Smt | Arachang No 51 Jy Ram | Chhagan | | | | | | | 18 | | 103 days | 153.45 | 1408-00 | (Signature) | | | | | | | | | | | | | | | | |
| 17. Smt | Senits W/ S. Athak Ka | Chhagan | | | | | | | 18 | | 4 days | | 1496-00 | (Signature) | | | | | | | | | | | | | | | | |
| 18. Smt | Brem Veti W/ S. Subhesh | Chhagan | | | | | | | 18 | | 9 days | | 1224-00 | (Signature) | | | | | | | | | | | | | | | | |
| 19. Smt | Sanyal W/ S. Karansingh | Chhagan | | | | | | | 18 | | 05 days | | 0680-00 | (Signature) | | | | | | | | | | | | | | | | |
| 20. Smt | Pandey W/ S. Raj Lal | Chhagan | | | | | | | 18 | | 10 days | | 1360-00 | (Signature) | | | | | | | | | | | | | | | | |
| Pay Rs. Rupees | | | | | Initials of person marking the daily attendance | | | | | Initials of Inspecting Officer | | | | | | | | | | | | | | | | | | | | |
| | | | | | Grand Total of this Muster Roll ... | | | | | | | | | | | | | | | | | | | | | | | | | |

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

Grand Total of this Muster Roll ...

Rs. P.

HEALTH DEPARTMENT

MUSTER ROLL NO. 4127

(From 19/03/08 To 31/03/08)

Contd. Sheet-II

Circle No. VI Voucher No. Dated. In continuation of Muster Roll No. Fresh.

PART-NOMINAL-ROLL

| 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 | | | | |
| 11 | Ravi G. A. Chaurasi Cerf No. 272 Dakshinbari N. B. S. S. | Mr. | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 06 days | 133.45 | 816.00 | [Signature] |
| 12 | Ravikumar S. Kishan leaf No. 1372 old Seelambar Gadinar 7 | do | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 9 days | 1224.00 | [Signature] | |
| 13 | Rajender Kr. S. Bhan Pantak No. 22/2334 T/Ban 21-81 | do | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 9 days | 1496.00 | [Signature] | |
| 14 | Raj Kamal S. S. Panerh No. 197 Belaniki Batti N. B. S. S. | do | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 11 days | 1496.00 | [Signature] | |
| 15 | Ant Mess W. S. Vinodkar No. 110 Mandimang road | do | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 11 days | 1496.00 | [Signature] | |
| Daily Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 153 days | 20736.00 | 20808.00 | [Signature] |
| 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
 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.

Accountant (HG)

CHIEF MEDICAL OFFICER

Rs. P.

HEALTH DEPARTMENT

MUSTER ROLL NO. 4187

Circle No. **VI** Voucher No. **Fresh** Dated **19/03/08** To **31/03/08**

Part Sheet-I

In continuation of Muster Roll No.

PART-NOMINAL-ROLL

| S.No. | Name, Father's/Husband's Name & Address grouped according to classes | Designation | Dates From..... To..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Rate | Amount P. | 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 | | | |
| 68 | Smilpa Sa Ramani Ar No. 24/227/2 of S, | of Ngun str. | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 135 RS + | 1224 | |
| 7 | St. Sumit G. Sai Parakash No. DN. 12 of S. P. Lane 287-3 | do | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 4 | 1496 | |
| 8 | St. Permody G. S. Madamath No. 8 No 8 Sarpani Nagar M. Alapattie N. 21- | do | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 4 | 1496 | |
| 9 | St. Vinod G. S. P. K. Kom No. 70 Gandhi Sankar NR | do | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 4 | 1496 | |
| 10 | St. Neeraj G. S. Bellur No. 123 Naray village N. Odli - | do | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 4 | 1496 | |
| Daily Total | | | 105 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 105 RS | 1444 | |
| Initials of person marking the daily attendance | | | [Handwritten initials] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Initials of Inspecting Officer | | | [Handwritten initials] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Pay Rs. Rupees

Accountant (HG)

CHIEF MEDICAL OFFICER

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

Rs. P.

HEALTH DEPARTMENT

MUSTER ROLL NO. 4187

Circle No. VI Voucher No. Fresh Dated 19/03/08 To 31/03/08

PART-NOMINAL-ROLL

| 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 | | | | |
| 1 | A. Sami G. A. Salton R/o 1-15-21 Ballas Khan A. 97 | P/Wagon | 18 | 18 | 18 | 135.40 | 1360.00 | Segmuller |
| 2 | M. Veer K. S. Sainder R/o No 108/Seelmeery | Stk | 18 | 18 | 18 | 1496.00 | 1496.00 | Segmuller |
| 3 | Ram H. S. Richarder Akem R/o F 12 Saffar Khan N. al | do | 18 | 18 | 18 | 1496.00 | 1496.00 | Segmuller |
| 4 | Kam L. J. S. R. Kamesh R/o 9/213 Akorah Pari Della - | do | 18 | 18 | 18 | 1360.00 | 1360.00 | Segmuller |
| 5 | Shekher G. A. Torceland R/o 8/100 O. O. A. Flat 7/Pari | do | 18 | 18 | 18 | 1294.00 | 1294.00 | Segmuller |
| Daily Total | | | | | 57 | | 7072.00 | |
| Initials of person marking the daily attendance | | | | | | | 591 | |
| Initials of Inspecting Officer | | | | | | | 591 | |
| Pay Rs. (Rupees) | | | | | | | 591 | |

Accountant (HG)

CHIEF MEDICAL OFFICER

24 daily wages Rs. 2/13 @ 133.40
174 Total sheet = 5.1

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

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