

मॉडल सं० 47 आर ई० वर्ग घर गेहूँ खाद्य श्रेणी मिट्टी का तेल कार्ड सं० APL47480442

मुखिया का नाम सोराज सिंह  
 पिता/पति का नाम राम स्वरूप  
 पता डी-730/54 ए. गली न०-12  
 अशोक नगर शाहदरा  
 दिल्ली-110093

ईकाइयों अनाज 16 चीनी 8 मिट्टी का तेल 8

उ.द.दु.सं. 4748

उ.द.दु. का नाम व पता मै० मावी स्टोर  
 ए-119, अशोक नगर  
 दिल्ली

मिट्टी के तेल के डिपो का ला० न० 4136/97  
 मिट्टी के तेल के डिपो का नाम व पता मै० नीतिन के.ओ.डी.  
 ए 94/1 वेस्ट नत्थू कालोनी  
 दिल्ली

30/07/2005 ए 94/1 वेस्ट नत्थू कालोनी  
 जारी करने की तिथि दिल्ली

जे० पी० मित्तल  
 खाद्य संभरण अधिकारी का नाम एवं प



जे० पी० मित्तल

डी. फार्म सं० 732859 परिवार के सदस्यों का विवरण कार्ड सं० APL47480442

क्रम सं०	नाम	जन्म वर्ष	पिता/पत्ने का नाम	मुखिया से संबंध
1	सोराज सिंह	1959	राम स्वरूप	स्वयं
2	रूषा देवी	1962	सोराज सिंह	पत्नी
3	नीरज	1981	सोराज सिंह	पुत्र
4	धीरज	1980	सोराज सिंह	पुत्र
5	नीरू	1987	सोराज सिंह	पुत्री
6	मनोज	1989	सोराज सिंह	पुत्र
7	पूजा	1983	धीरज	पुत्रवधु
8	सिमरन	1985	नीरज	पुत्रवधु

1576566 20447232-87

ह० खाद्य संभरण अधिकारी

**Contingent Bill Number :** 30305080900050

**Disbursement Type:** Cash **Bill Type:** ImprestBills  
**Fund:** NDMC Municipal General Fund **Bill Date:** 09-May-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:** 07-Jan-2008

**SanctionDetails:** Sanctioned By Chairman NDMC vide No. 155/PS/CH dated 07/01/2008 **Bill Status:** CREATED  
**Narration:** Payment of 4 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	6664
<b>Gross Amount</b>					6664

**Deductions:**

Code	Payable To	Function	Account Code	Account Head	Amount
<b>Total Deduction</b>					0
<b>Net Amount</b>					6664

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>			

**HEALTH DEPARTMENT**

Only one sheet -  
 (24) clearly signed - 8/12, 4/13 @ 133-15  
 204

**MUSTER ROLL NO.**

Circle No. VI Voucher No. 63104 Dated 12/15/08  
 In continuation of Muster Roll No. 4135 (From 1/4/08 To 30/4/08)

**PART-NOMINAL-ROLL**

S.No.	Name/Father's/Husband's Name & Address grouped according to classes	Designation	Dates From..... To.....																															Total	Rate Rs. Per Day P.	Amount Rs.	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	Smt. Suresh 4/8 Karambal R/o J. H. E. Madalavici No. 7-62	Stn. Asst.	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	
2	Smt. Nitya D/s. Sat Pal R. S. No. 65/13 Railway Colony, Bhopal D-2.	Stn. Asst.	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00		
3	Smt. Manoj So Sonj Sun D/s. 1/5th C.A. No. 12 R/o H.R. College Bhopal	Stn. Asst.	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00		
4	Smt. Vipin S. S. Vice Smt. Amit K. S. July 8/08 Pulwani.	Stn. Asst.	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00		
Beanta Singh Khatua			00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00			
B. R. S. S. S. S. S.			00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00			
Initials of person marking the daily attendance			W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W			
Initials of Inspecting Officer			W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W			
Pay Rs.	6664	Rs. 6664																																4999	Rs. 6664	6664	

Accountant (HG)

CHIEF MEDICAL OFFICER

Handwritten signature and initials of the Chief Medical Officer.

Need Full Domic. Photo copy of  
 Domic. Loan also submitted.  
 Not having payment of recording  
 of 21/1/08.  
 Complete loss of record.  
 1/10  
 1/1/08

Handwritten note: "Memo by Mr..."

Section 157 of 1947  
 Page No. 155  
 No. 592  
 Reason  
 M/S  
 1/10/08

**CANCELLED**  
 (YEKSSSEY)  
 Released for (PH)

Grand Total of this Muster Roll ...  
 Deduct-Payment made, as per details transferred to Register of Unpaid Wages

Rs. P.