

Contingent Bill Number : 30307080900074**Disbursement Type:** Cash**Bill Type:** ImprestBills**Fund:** NDMC Municipal General Fund**Bill Date:** 14-Jul-2008**Segment:** GENERAL FUND**Sub Segment:** CASH IN HAND**Field:** PUBLIC HEALTH ACCOUNTS BRANCH**Sub Field:** (PUBLIC HEALTH) SANITATION CIRCLE 1**Functionary:** NDMC**Payable To:** Secretary,NDMC**Sanction By:** Chairman**Sanctioned On:** 07-May-2008**SanctionDetails:** Sanctioned By Chairman NDMC vide No. 3430/PS/CH dated 07/05/2008**Bill Status:** CREATED**Narration:** Payment of 32 daily wages SKs/LBs Circle No. 1 @ 135.25 plus CA Rs.66/-**Remarks:**

Code	Payable To	Function	Account Code	Account Head	Amount
		Public Health	3202027	MECH.OF GARBAGE REMOVAL	96793
Gross Amount					96793

Deductions:

Code	Payable To	Function	Account Code	Account Head	Amount
Total Deduction					0
Net Amount					96793

Net Payable in Words :

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

D.O.No: 185/DCM/40 12/5/08 R.O.T. 38 clerkly wages 818/218 @ 135-25% etc.

Under approval Class No. 3430/01/30 2/5/08 HEALTH DEPARTMENT (175) Total sheet 6

MUSTER ROLL NO. 4260 (From 1/6/08 To 30/6/08)

Circle No. I Voucher No. 4219 In continuation of Muster Roll No. 4219 Dated

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From..... To.....		Total	Payable Rs.	Amount Rsi	Sign. or thumb impression of paying officer made at the time of payment																																		
			1	2					3	4																																
1	Ajit Kuro Reiker Add - 17301 TRIKER Kasid	P10-	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	45	13525 6400 3497-25	6400	Signature					
2	Sri Subbu Vaidya Kamalid Add - P. R. Lane Miy Kibek	---	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	45	3447-25	3447	Signature					
3	Smt. Laxmi Devi Komath Add - 333 Kammaly H. Devi	---	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	45	3447-25	3447	Signature					
4	Si. Reikis De. nokan Add - 2/220 Bedudom H. Devi	---	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	45	3447-25	3447	Signature					
5	Smt. Seema Devi Komath Add - 16/4567 Rikid Devi	---	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	45	3300-25	3300	Signature					
6	Smt. Laxmi Devi Komath Add - S-46 Bedudom Devi	---	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	45	19999-25	19999	Signature					
		Daily Total																																								
		Initials of person marking the daily attendance																																								
		Initials of Inspecting Officer																																								

Accountant (HG) CHIEF MEDICAL OFFICER (S)

Sign. or thumb impression of paying officer made at the time of payment (two) on leave

Handwritten signatures and amounts in the bottom right section of the table.

Pay Rs. (Rupees)

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.
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