

Com ✓

61/4
15/7/08

Contingent Bill Number :	30307080900059
Disbursement Type: Cash	Bill Type: ImprestBills
Fund: NDMC Municipal General Fund	Bill Date: 11-Jul-2008
Segment: GENERAL FUND	Sub Segment: CASH IN HAND
Field: PUBLIC HEALTH ACCOUNTS BRANCH	Sub Field: (PUBLIC HEALTH) SANITATION CIRCLE 7
Functionary: NDMC	Payable To: Secretary,NDMC
Sanction By: Chairman	Sanctioned On: 16-Jan-2008
SanctionDetails: 27daily wager safai karamchair in circle no. 7 @ rs. 135.25 for the month of june 08	Bill Status: CREATED
Narration: vide no. 462/D/PS/Chairman dt. 16/01/2008	
Remarks:	

Code	Payable To	Function	Account Code	Account Head	Amount
		Public Health	3202027	MECH.OF GARBAGE REMOVAL	88796
Gross Amount					88796

Deductions:

Code	Payable To	Function	Account Code	Account Head	Amount
Total Deduction					0
Net Amount					88796

Net Payable in Words :

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

HEALTH DEPARTMENT

MUSTER ROLL NO. 4279

(From 1/6/08 To 30/6/08)

Comet Sheet - 10 Chy

97 check page 812, 418 @ 135.25 + 284

Circle No. VIII Voucher No. 6114 Dated 15/7/08

In continuation of Muster Roll No. 4938

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From To																															Rate per day RS.	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			
23	Mr. Aruns S/O Sh. Om Bakhshi No. 15706 Dakshin Purani N. Delhi	DLW	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP			
			S																														592	3300	[Signature]	
24	Mr. Nitin Pradeep S/O Arun Bakhshi No. 31/380 Bem Nagar N. Delhi	DLW	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP			
			S																														592	3445.00	[Signature]	
25	Mr. Paragod Kumar S/O Mangal Ram No. 151211 Konalli N. Delhi	K. R. G. S.	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP				
			S																														592	3034.00	[Signature]	
26	Mr. Somyay Sh. S/O B. Bhandari No. D-192 Katurwaha Sarani N. Delhi	K. R. G. S.	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP				
			S																														592	3447.00	[Signature]	
27	Mr. Suman Prakash N. Delhi No. 817 Toloek Purani Delhi	K. R. G. S.	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP				
			S																														592	3447.00	[Signature]	
	Pay Rs. 88796																																			

Accountant (HG)

CHIEF MEDICAL OFFICER

Sign, or thumb impression of payee and dated initials of paying officer made at the time of payment

Initials of person marking the daily attendance

Initials of Inspecting Officer

Pay Rs. 88796

Accountant (HG) S. M. O. GOEL

Accountant (HG)

VERIFIED FOR CASHIERED

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.

VERI 120 FOR CASHIERED

Total of this Muster Roll

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

Rs.

P.

HEALTH DEPARTMENT

MUSTER ROLL NO. 4299

Circle No. VII Voucher No. 4298 Dated 1/6/08 To 30/6/08
 In continuation of Muster Roll No. 4298

Center Sheet - III

PART-NOMINAL-ROLL

Accountant (HG)

CHIEF MEDICAL OFFICER

Signature and thumb impression of Chief Medical Officer (3) *[Signature]*
 CMC (M) on leave

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From..... To.....																															Total	Rate per day	Amount	Signature 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				
17	M. Teran S.S.R. Kanika's m... 20.11.14 Balnika's m... mug. r or	DLW	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	10 days	1352	13520	<i>[Signature]</i> 17
18	M. Aray S.H. Senor 81/85 R. H. 19 Dalniri's m... mug. r or		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	25 days		5417.50	<i>[Signature]</i> 18	
19	M. Saunary S.H. Regabir m... R. 14 321 Oaktunluri m... mug. r or		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	20 days		2158.00	<i>[Signature]</i> 19	
20	M. Ulicey S.H. Vifareta R. H. 14-123/1m... mug. r or		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	20 days		3309.00	<i>[Signature]</i> 20	
21	M. Vicky S.H. Madan Lal R. 300-11 Blok Mangla m... mug. r or		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	20 days		3309.00	<i>[Signature]</i> 21	
22	M. Rajesh Kumar S.H. Ram m... R. Vikas m... mug. r or		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	20 days		2158.00	<i>[Signature]</i> 22	
Pay Rs.		Rupees																																7211200			

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 works 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. 4979

Circle No. VII Voucher No. 4938

Dated 1/6/08 (From 1/6/08 To 30/6/08)

Contd. Sheet

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From To																															Total	Rs.	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				
12	Smt Anita W. J. Sanjay R/o 12/1415 Mangal Kri Delhi Cant. Pn	DLW Gr	[Attendance marks]																															135.00	3447.00		[Signature]
13	Smt Kalya Devi W. D. Dharam Prad R/o 12/1415 Mangal Kri New Kham Market Nn	-	[Attendance marks]																															135.00	3447.00		[Signature]
14	Smt Sumitha Devi W. S. S. Saikrishnan R/o 12/1415 Mangal Kri	-	[Attendance marks]																															135.00	3447.00		[Signature]
15	Smt Smita Devi W. S. S. Saikrishnan R/o 12/1415 Mangal Kri	-	[Attendance marks]																															135.00	3447.00		[Signature]
16	Smt Kapil S. S. Kamal Tiwari R/o 11/254 Dongra Market Ran Bazar Pn	-	[Attendance marks]																															135.00	3447.00		[Signature]
Pay Rs. (Rupees)		Initials of person marking the daily attendance		Initials of Inspecting Officer		Daily Total		Total		Rs.		P.		Sign, or thumb impression of payee and dated initials of paying officer made at the time of payment																							

Accountant (HG) [Signature]
 CHIEF MEDICAL OFFICER [Signature]
 On Leave

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.

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.

HEALTH DEPARTMENT

MUSTER ROLL NO. 4879

(From 1/6/08 To 30/6/08)

Corner Sheet I

Circle No. VII Voucher No. 4838

In continuation of Muster Roll No. 4838

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From..... To.....																															Daily Total	Initials of person marking the daily attendance	Initials of Inspecting Officer	Pay Rs.
			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				
7	M. Vijay Kumar S/O B. Jesh Kumar A/57-190 Moha Lakshmi Camp New Kenna Market Belkalya	D/W	[Handwritten attendance marks]																															257.00	[Handwritten initials]	[Handwritten initials]	257.00
8	Smt. Kamla W/O S. Sridhar A/57-190 Moha Lakshmi Camp		[Handwritten attendance marks]																															257.00	[Handwritten initials]	[Handwritten initials]	257.00
9	Smt. Nethy W/O S. Kamal Pillai A/57-190 Moha Lakshmi Camp		[Handwritten attendance marks]																															257.00	[Handwritten initials]	[Handwritten initials]	257.00
10	Smt. G. Srida W/O S. S. Sridhar A/57-190 Moha Lakshmi Camp		[Handwritten attendance marks]																															257.00	[Handwritten initials]	[Handwritten initials]	257.00
11	S. Nithya S/O S. S. Sridhar A/57-190 Moha Lakshmi Camp		[Handwritten attendance marks]																															257.00	[Handwritten initials]	[Handwritten initials]	257.00
			Total																															257.00			257.00

Accountant (HG) [Signature] CHIEF MEDICAL OFFICER (S) [Signature]

Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment

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.

