

View Contingent Bill

104 Help

Disbursement Type* Bill Type*

Reference Number for Cash Branch

Fund* Bill Date*

Segment* Sub Segment*

Field* Sub Field*

Functionary*

Sanction By* Sanctioned On*

Sanction Details

Created By Verified By

Confirmed By Approved By

Bill Status

Narration

Remarks

Reference JV SubLedger Type

Function Name	Account Code*	Account Head	Amount*	Details
	3202011	STG.OF ANTI MALARIA OPERATION	6804	Click
Gross			6804	

Deductions				
Account Code	Account Head	Amount	Details	
		0	Click	

Deductions	<input type="text" value="0"/>
Net Payable	<input type="text" value="6804"/>

Net Payable in words

Payable To *

* - Mandatory Fields

new

सेवा में श्री मानव वर्यु जाहीकारी जी
श्री दिपचन्द शमाई समिती संकलन
पॉस्ट संसद मार्ग नं 14 मना

विषय भ्रमण का पता बदलने हेतु प्रार्थना पत्र

निवेदन इस प्रकार से है कि मैं संजय डी
श्री दिपचन्द शमाई समिती संकलन
में पद सं 5/5 कांती गंज लोदी कालानी
में रहता था। जहाँ मैं सदा आजाद पान
में भ्रमण नं 1317 में किराये पर रहता हूँ
आपसे दाय जोड़ कर प्रार्थना करता हूँ
कि मेरा पता ठीक हो

सचिवालय

मानव वर्यु
संजय

दि 6/8/88
22-8-88

नाम संजय डी श्री दिपचन्द
समाई समिती
संकलन नं - 5

List of B. K. R. M. R. Salaitkaramchan (no. 1)
for the month June 2008

- ① Sh Sanjay S. Sh Deepchand. R.M.R. = 45.00
SK
- ② Sh Anil S. Sh Beer Simsh - do = 45.00
- ③ Sh Rajan S. Sh Peoran - do = 45.00
- ④ Shat Sharda W. Sh Pasender - do = 45.00
- ⑤ Sh Hari Ram S. Sh Payretal - do = 45.00

Total R.S. = 225.00

~~S. P. V.~~
1/7/08

N.A.O (H.G.)

HEALTH DEPARTMENT

MUSTER ROLL NO.

(From 1-6-2008 To 30-6-2008)

Circle No. V Voucher No. 9411 Dated 18/8/08

In continuation of Muster Roll No. 9411

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.....																															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	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	Amel 810 Beers 810/810 C-281/Amali NO 10 NED Ushwanam Par NO	Rme Sik	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 days	135.95	3171.00	3171.00 - 45.00 = 3126.00 Ail/Am
2	Rajan 810 Poozan C NO 333 Barba Lewis		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 days	11	3111.00 - 45.00 = 3126.00 Seymus	
3	Smt Sharada. C. Rijada 16/298 Trilok Pun NED		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 days	11	3171.00 - 45.00 = 3126.00 Seymus	
4	Moni Ran 810 Dugra 4NO38 Saras' Siam Park NO.		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	22 days	11	3034.00 - 45.00 = 2989.00 Seymus	
5	Sanjay 810 Deepch 131, Park maini, Sakti Nagar Sakti		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	19 days	11	2620.00 - 45.00 = 2575.00 Seymus	
6	GALE 15447 DO BIRLA 235-5 14514 19442		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	110 days	15169.00	225.00 = 14944.00 Seymus	

Pay Rs. 19442

Initials of person marking the daily attendance
Initials of Inspecting Officer

Accountant (HG)

M.O.H.

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.

CANCELLED
Sr. A.O.
Released for Payment

Grand Total of this Muster Roll ...

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

Rs. P.