

102

View Contingent Bill

Help

Disbursement Type* Bill Type*

Reference Number for Cash Branch Bill Date*

Fund* Sub Segment*

Segment* Sub Field*

Field*

Functionary* Sanctioned On*

Sanction By*

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
	<input type="text" value="3202011"/>	<input type="text" value="STG.OF ANTI MALARIA OPERATION"/>	<input type="text" value="4278"/>	<input type="text" value="Click"/>
Gross			<input type="text" value="4278"/>	

Deductions			
Account Code	Account Head	Amount	Details
<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="Click"/>

Deductions	<input type="text" value="0"/>
Net Payable	<input type="text" value="4278"/>

Four Thousand Two Hundred And Seventy Eight Rupees Only

Net Payable in words

Payable To *

* - Mandatory Fields

new



NEW DELHI MUNICIPAL COUNCIL

Payer's Copy

SR. NO. D

RECEIPT

99097

Receipt No.: CH080909NDMC036416

Date: 26-Sep-2008

Challan Number: 10/422

Field: PUBLIC III ACCOUNTS BRANCH

Sub-Field: (PUBLIC HEALTH) HEALTH GENERAL BRANCH

Function: Public Health

Functionary: NDMC

Received From: R S Meena ST Sanitation Circle No.

On Account of: D 2 16 12 (P)

Address: Deposit of unpaid salary in respect of Rani w/o Rohanish 2008 salary for the month of June 2008

RMR 5Ks Vrn Non 102/H dated 14-08

Account Code	Description	Amount
370707	MICILOI GARBAGI RI MOVAI	507
Total Amount:		507

Payment Mode: Cash

Total Amount in Words: Five Hundred And Seven Rupees Only

Cheque/DD No.:

Cheque/DD Date:

Name of the Operator: bimai ekka

NDMC

Bank:

Counter No: PK COUNTER 1

नई दिल्ली नगर पालिका परिषद

Signature of Authorised Officer

RECEIPT IS SUBJECT TO REALISATION OF CHEQUE/DRAFT/PAY ORDER.

Amount

List of R.M.R. S/B + L/B in C-NO 2

B/F = 45 Rs. month. June 2008.

- ① Qambar S/o Sh. Ram Lal ——— 45
 - ② Smt. Rani w/o late of Sh. Raktash ——— 45
 - ③ ~~Sh. Jashwant S/o Sh. Ram Singh ——— 45~~
 - ③ Sh. Anil Ks S/o Sh. Laxman ——— 45
- Total ——— 135

RS
SE

फॉर्म नंबर २-१
PWMA-21

मस्टर रोल नं० MUSTER ROLL NO. R.M.R. 15K/11/1

कार्य का नाम Name of work... ३४ प्रयाग Sub-Division... Health
मस्टर रोल नं० के अनुक्रम में In continuation of Muster Roll No.
वाउचर नं० Voucher No. दिनांक Dated

हार्जिरी रोल PART-NOMINAL ROLL

Table with columns: क्रम सं., नाम पिता/पति का नाम एवं पता, Designation, Dates from, से, तक, दर, राशि, and Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment.

Pay/Rs. (रुपये) मास (मास) भुगतान
इं० () डी० ()
E.E. ()
प्रमाणित किया जाता है कि इस रोल में उल्लिखित कामगार वास्तव में मेरे द्वारा नॉडिन्ग-ऑफ-कार्य (कार्य) पर लगाए गए थे और उन्हें वास्तव में मेरे पदचान से मेरे सामने भुगतान किया गया है।
Certified that the workers mentioned in the muster roll were actually employed by me on NDMC work(s) and they were actually

इस मस्टर रोल का सहयोग
Grand Total of this Muster Roll
कटौती-विवरण के अनुसार किया गया भुगतान
स्थानांतरित किया
Deduct-Payment made, as per details of
Required to Register or Unpaid Wages

रु. Rs. पै. P.
अधिकारी के हस्ताक्षर
सहायक इंजीनियर
Signature of Officer
Assistant Engineer

प्लो डो नुव

श्री १४/१२/०८
A.S. १/१२