Contingent Bill Number : 30309091000169

Disbursement Type: Cash
Bill Type: ImprestBills
Fund: NDMC Municipal General Fund
Bill Date: 22-Sep-2009
Segment: GENERAL FUND
Sub Segment: CASH IN HAND
Field: PUBLIC HEALTH ACCOUNTS BRANCH
Sub Field: (PUBLIC HEALTH) SANITA
Functionary: DIRECTOR (PH)
Payable To: Secretary,NDMC
Sanction By: Chairman
Sanctioned On: 12-Jan-2009
SanctionDetails: Office Order No. D-233/CMO(HQ) dated: 04.06.09 Vide approval of Chairman dated: 12.01.09
Bill Status: CREATED
Narration: Payment 25 daily wagers S/K in circle No. -07 w.e.f. 01.09.09 to 04.09.09 @Rs151+CA per day
Remarks:

173/12
23/9/09

Code	Payable To	Function	Account Code	Account Head	Amount
		Public Health	2308003	GARBAGE REMOVAL CLEARANCE	15350
			Gross Amount		15350

Deductions:

Code	Payable To	Function	Account Code	Account Head	Amount
			Total Deduction		0
			Net Amount		15350

Net Payable in Words :

Created By	neelam.uniyal	**Verified By**	
Confirmed By		**Approved By**	
Final Approved By			

Sheet-IV

HEALTH DEPARTMENT

MUSTER ROLL NO. 810 (From 1/9/09 To 4/9/09)

Circle No. VII Voucher No. 173/H Dated

In continuation of Muster Roll No. 767. 25/9/09

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 ... 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	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
25	Sh. Sudar Pal S/o Sh. Peoray Pal R/o H.No. Thadi Vihar Colony Tajpur Pahari Badarpur	DLW	✓	✓	✓	✓																												4 day	107 CA GCL	614-00	5941M Paid
			✓	✓	✓	✓																															
		Daily Total																																100%	G. Total	15350-00	
		Initials of person marking the daily attendance																																			
		Initials of Inspecting Officer																																			

VERIFIED FOR CASH/CHEQUE PAYMENT
Head Cashier

08/8/09

Received on 7/9 Entry has been made on page 57 Sr. No. 1543

Net payable Rs 15,350-00

S.O (HG)

Pay Rs. 15,350-00 (Rupees Fifteen thousand three hundred fifty only.)

SNO 1 to 27 R79 and signatures attested
Paid in full
Balbir Singh 4/11/09
S/VI AO/VI

CANCELLED
Cashier for Payment

Accountant (HG) M.O.H. Sr. A.O

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.

Grand Total of this Muster Roll ... ...

Deduct-Payment made, as per details transferred to Register of Unpaid Wages L.A No. 4412

Total amount paid (in words) Rupees ..... Balance Paid

Rs.	P.

Sheet-III

HEALTH DEPARTMENT

MUSTER ROLL NO. 810 (From 1/9/09 To 4/9/09)

Circle No. VII Voucher No. ..... Dated .....

In continuation of Muster Roll No. 767

Accountant (HG) CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From ... To ... (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)	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
19	Sh Aram S/o Lata S/o Om Parkash Rb K-306 Pakshim Puri	DLW SK		4 day	153.75 CA 661.25	614.00	Paid Aram (19)
20	Sh Jugal Kishor S/o Khushi Ram Vill Ritbasi Kalla	—		4 day	—	614.00	Paid (20)
21	Sh Rahul S/o Mangal Rb 1/1336 A Gali No 2 Gali Mohtashim Nagar Balmiki Basti	—		4 day	—	614.00	Paid (21)
22	Sh Giri Raj S/o Babu Lal Rb 487 Lal Kuan Badar Pur	—		4 day	—	614.00	Paid (22)
23	Sh Dinesh S/o Jai Chand Rb 6/58 Tughlak Puri	—		4 day	—	614.00	Paid (23)
24	Sh Nitin Kumar S/o Raju Rb 1/179 Tughlak Puri	—		4 day	—	614.00	Paid (24)
	Daily Total			96 day	G. Total	14,738.00	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer						

Pay Rs. ..... (Rupees .....)

Accountant (HG) M.O.H. Sr. A.O

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.

Grand Total of this Muster Roll ... ... Rs. P.

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

Total amount paid (in words) Rupees ..... Balance Paid

Sheet II

HEALTH DEPARTMENT

MUSTER ROLL NO. 810 (From 1/9/09 To 4/9/09)

Circle No. VII Voucher No. ..... Dated .....

In continuation of Muster Roll No. 767

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 ... 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	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
13	Sh Rohit S/o Sh Chunni Lal R/o D-32 Central Zeet Kot Hari Nagar	D/W SK	P P P P	4 day	BH + CA 612.00	614.00	Paid (13)
14	Sh Vinod S/o Sh Bagatram R/o 11/407 Tri Nagar	do —	P P P P	4 day	do —	614.00	Paid (14)
15	Smt Babita W/o Sh Satbir R/o I-11/79 Madan Gir	do —	P P P P	4 day	do —	614.00	Paid (15)
16	Sh Ravi S/o Sh Chander Bhan R/o Babla Dhar No	do —	P P P P	4 day	do —	614.00	Paid (16)
17	Sh Lokesh Kr S/o Sh Om Parkash R/o 1/120 Dakshin Puri	do —	P P P P	4 day	do —	614.00	Paid (17)
18	Sh Om Pal S/o Sh Krishan Kr R/o 11/41 B Bhai Asar Nagar Bamnoli Kirari Nr	do —	P P P P	4 day	do —	614.00	Paid (18)
	Daily Total		18 18 18 18	72 day	G. Total	11,052.00	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer						

Pay Rs. ..... (Rupees .....)

Accountant (HG) M.O.H. Sr. A.O

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.

Grand Total of this Muster Roll ... ...

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

Rs.	P.

Sheet-I

HEALTH DEPARTMENT

MUSTER ROLL NO. 810 (From 1/9/09 To 4/09/09)

Circle No. VII Voucher No. ..... Dated .....

In continuation of Muster Roll No. 767.

Accountant (HG) CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From ... To ... (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)	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
7	Sh Arjun Singh S/o Bhar Lal R/o 17 D/Story Aliganj	DIW Sq	P P P P	4 day	157+ CA 66/2 DA	614.00	Arjun Singh (7)
8	Smt Mithlesh w/o Sh Ravi R/o C-215 Dakshin Puri N Delhi	do	P P P P	4 day	do	614.00	(illegible) (8)
9	Sh Amar S/o Sh Omvir R/o D-15/62 Bhalswa Jhuggi	do	P P P P	4 day	do	614.00	Charap (9)
10	Sh Modhay S/o Sh Karan Vir R/o 17/1-9 Kalyan Puri Delhi	do	P P P P	4 day	do	614.00	(illegible) (10)
11	Sh Dinesh S/o Sh Sohan Lal R/o Pocket Khichari Puri	do	P P P P	4 day	do	614.00	(illegible) (11)
12	Smt Usha w/o Sh Raj Kumar R/o 14/11 Dakshin Puri	do	P P P P	4 day	do	614.00	USHA (12)
	Daily Total		12 12 12 12	48 day	G. Total	7368-00	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer						

Pay Rs. ..... (Rupees .....)

Accountant (HG) M.O.H. Sr. A.O

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.

Grand Total of this Muster Roll ... ...

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

Total amount paid (in words) Rupees ..... Balance Paid

Rs.	P.

O.O. No:- D/233/CMO/HQ Dt 4/6/09.

(25) doi wages 8/k, 4/B @ 15/- each per day

(1+4) = 5 Sheet.

MUSTER ROLL NO. 810 (From 1/9/09 To 4/9/09)

Circle No. VII Voucher No. ..... Dated .....

In continuation of Muster Roll No. 767

Accountant (HG) CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From ... To ... 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	Total	Rate Per day Rs. P.	Amount Rs. P.	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
1	Sh. Amit S/o Sh. Suresh Chand R/o B-8 Pehlika Dham New	DW SK		4 day	151+CA 66/2 DM	614-00	Amit (1)
2	Smt Asha W/o Sh. Raju R/o 2/4 Rajasthan State Rel.	do		4 day	do	614-00	31/21 (2)
3	Smt Shaly W/o Sh. Nand R/o A 59 DDA Flats Gazi	do		4 day	do	614-00	(3)
4	Sh Neetu W/o Sh Kamal Kishor R/o 3M Pehlika Gram Sarojini Nagar	do		4 day	do	614-00	(4)
5	Sh Surender S/o Sh Kishan Lal R/o 1/1 Ind Flats Malkaganj	do		4 day	do	614-00	(5)
6	Sh Ramesh S/o Sh Jai Pal R/o Thyagi Camp Gandhi Smriti I.T.O. Delhi.	do		4 day	do	614-00	(6)
	Daily Total			24 day	G. Total	3684-00	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer						

Pay Rs..... (Rupees.....)

Accountant (HG) M.O.H. Sr. A.O

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.

Sanitation Officer Chief Sanitation Inspector Sanitation Inspector

Grand Total of this Muster Roll ... ...

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

Total amount paid (in words) Rupees.....Balance Paid

Rs.	P.

Asstt. Sanitation Inspector