Page 28
S.No. 6

Contr

Contingent Bill Number : 30310091000026

Disbursement Type: Cash
Bill Type: ImprestBills
Fund: NDMC Municipal General Fund
Bill Date: 07-Oct-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: 17-Aug-2009
SanctionDetails: Office Order No. D-360/CMO(HQ) dated: 18.08.09 vide approval of Chairman No. 4876/D/PS dated: 17.08.09
Bill Status: CREATED
Narration: Payment 20 daily wagers S/K in circle No. -05 w.e.f. 01.09.09 to 30.09.09 @Rs151+CA per day
Remarks:

37/12
9/10/09

Code	Payable To	Function	Account Code	Account Head	Amount
		Public Health	2308003	GARBAGE REMOVAL CLEARANCE	69397
				Gross Amount	69397

Deductions:

Code	Payable To	Function	Account Code	Account Head	Amount
				Total Deduction	0
				Net Amount	69397

Net Payable in Words :

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

Sheet-3.

31/1-1
9/10/09

HEALTH DEPARTMENT

MUSTER ROLL NO. 834. (From 1/9/09. To 30/9/09.)

Circle No. V Voucher No. .... Dated ....

In continuation of Muster Roll No. 792.

Accountant (HG).

CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

Dates From .... To ....

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	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
																																		357 day / 356 Days	147	~~54812-00~~ ~~Rs 53659-00~~	
16.	Sh. Rohit S/o Sh. Sundar, H.No-E-3 Convent of Jesus merry, Gole Market N.D.	Daily Wager SW	P	(A)	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	(A)	S	P	P	P	P	P	P	S	H	P	(A)		23 day		3531-00	Sig. Attd. CB-AM
17.	Sh. Sachin S/o Sh. Madanlal, H.No-142. Block-21. Trilok Puri Delhi.	-do-	P	P	P	P	(A)	S	P	P	(A)	P	(A)	P	S	P	P	P	P	P	P	S	P	P	P	P	P	(A)	S	H	P	P		22 day		3378-00	Sig. Attd. CB-AM
18.	Sh. Nitin S/o Babulal, H.No-38. N.D.M.C. Complex Balmiki Sadan N.D.	-do-	(A)	(A)	P	P	P	S	(A)	P	P	P	P	P	S	P	P	P	P	P	(A)	(A)	S	P	P	P	(A)	(A)	S	H	(A)	(A)		17 day / 16 Days		~~2610-00~~ 2456-00	Sig. Attd. CB-AM
19.	Sh. Satish Kr. S/o Kishan, H.No-B-7/103 Mangolpuri N. Delhi-83.	-do-	P	P	(A)	P	P	S	P	P	(A)	(A)	(A)	(A)	S	P	P	P	P	P	(A)	S	P	(A)	P	P	(A)	P	S	H P	P	(A)		17 days / 16 Days		~~2610-00~~ Rs. 2456-00	Sig. Attd. CB-AM
20.	Sh. Sony S/o Sh. Daulatram, H.No-B.334. D.T.O. Sanjay Amar Colony N. Delhi.	-do-	~~X~~	~~X~~	~~X~~	~~X~~	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	(A)	P	P	(A)	P	S	P	P	(A)		19 day		2917-00	Sig. Attd. CB-AM
	Daily Total		17	15	17	17	16	S	19	20	16	17	16	17	S	20	18	20	20	17	14	S	19	20	18	19	18	16	S	20	19	13		452 Days / 455 day	G. Total	69,397-00 / 67858-00	
	Initials of person marking the daily attendance																																				
	Initials of Inspecting Officer																																				

Net Payable Rs. 69,397-00

Entry has been made on page 57 at Sr. No. 1567.
06/10/09

S.O. (H.S.)
6-10-09

Pay Rs. 69,397-00 (Rupees Sixty nine thousand three hundred ninety seven only)

AAO (PH)
7/10/09

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.

CANCELLED
Released for payment
VERIFIED FOR PAYMENT
Cashier

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. 834. (From 1/9/09. To 30/9/09.)

Circle No. V Voucher No. .... Dated ....

In continuation of Muster Roll No. 792.

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
11.	Sh. Raja S/o Sh. Ramkishan H.No-G-5, Gali No-5, Wazirabad Village Delhi-84	Daily Wager	P	P	P	P	A	S	P	P	P	A	P	P	S	P	P	P	P	A	A	S	P	P	P	P	P	P	S	P	P	P		22 dy		3378-00	Sign [illegible]
12.	Sh. Jagbir Singh S/o Tarachand H.No-75, Village Jharoda Mazara Burari Delhi	-do-	A	A	P	P	P	S	P	P	P	P	A	A	S	P	P	P	P	P	A	S	P	P	P	A	A	P	S	P	P	A		18 dy		2764-00	Jagbir Singh
13.	Smt. Reena W/o Somprakash H.No-38, Block-A, Ayur Vigyan Nagar N.D.	-do-	P	P	P	P	P	S	P	P	A	P	P	P	S	P	P	P	P	P	A	S	P	P	P	P	P	P	S	P	P	A		23 dy		3531-00	Reena
14.	Smt. Santosh W/o Sunder H.No-E-3, Palikadham Bangla Sahib Rd. N.D.	-do-	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P		26 dy		3982-00	R.T.I. (thumb impression)
15.	Sh. Sachin S/o Ramkishan H.No-G-5, Gali No-5, Wazirabad Village Delhi-84	-do-	P	P	P	P	A	S	P	P	P	A	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P		~~25 dy~~ 24 Days		~~3838-00~~ 3685-00	Sign [illegible]
																																		356 Days		Rs 54659-00	
	Daily Total		14	13	14	13	12	S	15	15	13	13	13	13	S	15	13	15	15	13	12	S	14	15	14	14	14	15	S	15	15	12		~~357 dy~~	G. Total	54812-00	
	Initials of person marking the daily attendance																																				
	Initials of Inspecting Officer																																				

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

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

Rs.	P.

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.

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

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

Sheet-I

HEALTH DEPARTMENT

MUSTER ROLL NO. 834. (From 1/9/09 To 30/9/09)

Circle No. V Voucher No. ..... Dated .....

In continuation of Muster Roll No. 792.

PART-NOMINAL-ROLL

Accountant (HG) CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped acccrding 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
6.	Sh. Manoj Kumar S/o Rameshwar H.No-12. Block-B. Palikadlan, New Delhi.	Daily Wages	P P	P P	P P	P P	P P	S	P P	P P	P P	P P	P P	P P	S	P P	P P	P P	P P	P P	P P	S	P P	P P	P P	P P	P P	P P	S	P P	P P	P P		26 dy		3992=00	Manoj Kumar Sig Attested CMO AIIMS
7.	Sh. Anil Kr S/o Madanlal H.No-B-95. Block-31 Trilok Puri Delhi.	do	P P	P P	P P	P P	P P	S	P P	P P	P P	P P	P P	P P	S	P P	P P	P P	P P	P P	P P	S	P P	P P	P P	P P	P P	P P	S	P P	P P	P P		26 dy		3992=00	Anil Kumar Sig Attested CMO AIIMS
8.	Sh. Vikram Kr S/o Ramkr H.No-D5/303 Block-D5. P.K. Road New Delhi.	do	P P	P P	P P	P P	P P	S	P P	P P	P P	P P	A	P P	S	P P	P P	P P	P P	P P	P P	S	P P	P P	P P	P P	P P	P P	S	P P	P P	P P		25 dy		3838=00	Sig Attested CMO AIIMS
9.	Sh. Sunil Kr S/o Dharm Pal H.No WZ-280. Harijan Colony Tilak Nagar New Delhi.	do	P P	P P	P P	A	S	P P	P P	P P	P P	A	P P	S	P P	P P	P P	P P	A	S	A	P P	P P	P P	P P	P P	S	P P	P P				22 dy		3378=00	Sunil Kumar Sig Attested CMO AIIMS
10.	Sh. Manish S/o Dharm Pal H.No-183. Labour Camp Humayun Rd New Delhi-3.	do	P P	P P	P P	P P	P P	S	P P	P P	A	P P	P P	P P	S	P P	P P	P P	P P	P P	P P	S	P P	P P	P P	P P	P P	P P	S	P P	P P	P P		25 dy		3838=00	Sig Attested CMO AIIMS
	Daily Total		10	9	9	8	9	S	10	10	9	10	9	9	S	10	8	10	10	10	9	S	9	10	9	10	10	10	S	10	10	9		243 dy	G. Total	37309=00	
	Initials of person marking the daily attendance							S							S							S							S									
	Initials of Inspecting Officer							S							S							S							S									

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

OO-No :- D/360/CMO/AP Dt 18/8/09.

(20) daily wager 8hr, HB @ 151+CA per day

HEALTH DEPARTMENT

MUSTER ROLL NO. 834. (From 1/9/09 To 30/9/09)

(143) = 4 Sheet

Circle No. V Voucher No. ..... Dated .....

In continuation of Muster Roll No. 792

Accountant (HG), CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped acccrding 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
1.	Sh. Deepak S/o Sh. Ramkishan H.No-16/456, Block-16, Trilokpuri Delhi-93	Daily wager	P P P P P S P P P P P P S P P P P P P S P P P P P P S P P P P P	26 dy		3992=00	Sig Attd
2.	Sh. Dalip S/o m Rohtash H.No-4/168 Dakshin Puri New Delhi-62	—do—	P P P P P S P P P (HA) P S P P P P P P S P P P P P P S P P P P P	24 dy		3685=00	Sig Attd
3.	Sh. Harish S/o m Rajinder Kr H.No-C-53 Palikakunj Karwala N.D-1	—do—	P P P P P S P P P P P P S P P P P P P S P P P P P P S P P P P P	26 dy		3992=00	Sig Attd
4.	Sh. Raghav Sikhota S/o Ramkishan H.No-1.A. Palikadham Gole Market N.D-1	—do—	P P P (A) P S P P P P P P S P (A) P P P P S P P (A) P P P S P P P P P P H P P	23 dy		3531=00	Sig Attd
5.	Sh. Sukhbir S/o Ramkumar H.No-63 G.J.J. Colony Phase-II, Block-B, Nagloi	—do—	P (A) (A) (A) (A) S P P P P P P S P (A) P P P P S P P P P P P S P P P (A) P P	20 dy		3071=00	Sig Attd
	Daily Total		5 4 4 3 4 S 5 5 5 5 4 5 S 5 3 5 5 5 5 S 5 5 4 5 5 5 S 5 5 4	119 dy	G. Total	18271=00	
	Initials of person marking the daily attendance		S / / / / S / / / / / S / / / / / / S / / / / / / S / / /				
	Initials of Inspecting Officer		R C R S R S R				

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 ... Serial No. 1 to 20 bill sig and Thumb attested paid fully.

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

H-128 S.I (T) 20/X/09 19/X/09

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

Rs.	P.