

*CONF*

**Contingent Bill Number :** 30310091000077

**Disbursement Type:** Cash  
**Fund:** NDMC Municipal General Fund  
**Segment:** GENERAL FUND  
**Field:** PUBLIC HEALTH ACCOUNTS BRANCH  
**Functionary:** DIRECTOR (PH)  
**Sanction By:** Chairman

**Bill Type:** ImprestBills  
**Bill Date:** 09-Oct-2009  
**Sub Segment:** CASH IN HAND  
**Sub Field:** (PUBLIC HEALTH) SANITATION CIRCLE  
**Payable To:** Secretary, NDMC  
**Sanctioned On:** 17-Aug-2009

**Sanction Details:** Office Order No. D-360/CMO(HQ) dated: 18.08.09 vide approval of Chairman No. 4876/D/PS dated: 17.08.09

**Narration:** Payment 19 daily wagers S/K in circle No. -13 w.e.f. 01.09.09 to 30.09.09 @Rs151+CA per day

**Remarks:**

*66/H  
13/10/09*

**Bill Status:** CREATED

Code	Payable To	Function	Account Code	Account Head	Amount
		Public Health	2308003	GARBAGE REMOVAL CLEARANCE	71546
<b>Gross Amount</b>					71546

**Deductions:**

Code	Payable To	Function	Account Code	Account Head	Amount
<b>Total Deduction</b>					0
<b>Net Amount</b>					71546

Net Payable in Words :

<b>Created By</b>	neelam.uniyal	<b>Verified By</b>	
<b>Confirmed By</b>		<b>Approved By</b>	
<b>Final Approved By</b>			

*10/2*

[http://172.16.100.156:8480/EGF/HTML/NDMC/Cbill\\_voucherview.htm?billNumber=30...](http://172.16.100.156:8480/EGF/HTML/NDMC/Cbill_voucherview.htm?billNumber=30...) 10/10/2009

*614  
2400  
1500  
158  
466*





# HEALTH DEPARTMENT

Sheet-I

## MUSTER ROLL NO. XIII

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

Circle No. .... Voucher No. 800. Dated .....

In continuation of Muster Roll No. ....

### PART-NOMINAL-ROLL

Accountant (HG) *[Signature]*

CHIEF MEDICAL OFFICER *[Signature]*

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	Rate		Amount		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				Total	Rs.	P.	Rs.		P.																								
6.	Sr Kamlaksho Subhachari R/o Shugoini 27 Central R/o 15 yards Rd Khand N.D.	Sr	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	2645	151.66	+	3992-00	00	<i>[Signature]</i>																											
7.	Sr. Subay Singh 40 Haidi Bha R/o 15 yards Rd Khand N.D.	-260-	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	2645	-	-	3992-00	00	<i>[Signature]</i>																											
8.	Sr. Sonu 40 Bin Sen R/o H.N. 68, 15 <sup>th</sup> yrs Rajbhaiya 2 N.D.	-260-	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	2645	-	-	3992-00	00	<i>[Signature]</i>																											
9.	Sr. Anurag 90 Ramani A-160 Trwala Puri N.D. 87	-260-	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	2645	-	-	3992-00	00	<i>[Signature]</i>																												
10.	Sr. Rohit Kopalai Sora, R/o 9/1483 Galim 1, Ganesh, Nages N.D.	-260-	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	2645	-	-	3992-00	00	<i>[Signature]</i>																												
			G. Total																															240			36,848-00																													

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.

020 No D 360 cm/10 18/8/09

# HEALTH DEPARTMENT

19 daily 362 212 413 15/100 Per day

## MUSTER ROLL NO. 842

From 19/09 To 30/9/09

143 = 4 sheet

Circle No. XIII Voucher No. 802

In continuation of Muster Roll No. 802

### 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		Amount		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		Rs.	P.	Rs.	P.																																
1	Sr Laxmi Charan yd Subhad Charan No 15 Akbar Rd N.D	SM	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	P	P	2645	15.66	TC4	3992	00	Big B																													
2	Sr. Naseeb Ks 60 Dm Rakash No 549 P.K. Rd Balamiki Road, Mandi May N.D.	-	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	P	2645	-	-	3992	00	Big B																														
3	Sr Sumita 100 Ravinder R/O 535 Gulabi Bugh N.D	-	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	1845	-	-	2764	00	Big B																															
4	Sr. Vinod 90 Ram Swaroop R/O 10/52 Trilok Puri N.D.	-	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	2545	-	-	3838	00	Big B																															
5	Sr. Ashok 40 Stwari No 7 Thuggi N. 26 Conhal work shop Tehal and N.D.	-	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	120	G. Total	18424	00	00																																
Daily Total																																																																						
Initials of person marking the daily attendance																																																																						
Initials of Inspecting Officer																																																																						

Pay Rs. (Rupees)

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.