

Page No: 39
SL No: 12

Cont

Contingent Bill Number : 30310091000058

Disbursement Type: Cash

Bill Type: ImprestBills

Fund: NDMC Municipal General Fund

Bill Date: 08-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-417/CMO(HQ) dated: 04.09.09 vide approval of Chairman No. 171/D/PS dated: 17.08.09

Bill Status: CREATED

Narration:

Payment 25 daily wagers S/K in circle No. -07 w.e.f. 05.09.09 to 30.09.09 @Rs151+CA per day

37/n
9/10/09

Remarks:

Code	Payable To	Function	Account Code	Account Head	Amount
		Public Health	2308003	GARBAGE REMOVAL CLEARANCE	82453
Gross Amount					82453

Deductions:

Code	Payable To	Function	Account Code	Account Head	Amount
Total Deduction					0
Net Amount					82453

Net Payable in Words :

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

HEALTH DEPARTMENT

Sheet - III

MUSTER ROLL NO. 853 (From 5/9/09 To 30/9/09)

Circle No. 7 Voucher No. 1000 Dated

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From		To		Total	Ready Rate	Amount	Sign, authority impression of payee and dated initials of paying officer made at the time of payment
			1	2	3	4				
21	Ahem Kumar, Sr. M. Conkerkhin Div. K. M. 149 Jubbilim Deyarakh. Su Sarai Rahula. aah.	—	/	/	/	/	/	1175	3378-00	21
22	Deephale KS S. S. M. Conkerkhin Div. K. M. 149 Jubbilim Deyarakh. Su Sarai Rahula. aah.	—	/	/	/	/	/	1175	3378-00	22
23	Dawlat Ram S. S. M. Conkerkhin Div. K. M. 149 Jubbilim Deyarakh. Su Sarai Rahula. aah.	—	/	/	/	/	/	1175	3378-00	23
24	Ah. A. R. A. H. A. Y. S. R. H. A. Z. A. D. A. H. K. M. 202 Green Lakeha. Lbh. Rahula. Sar. Benger. aah. f.	—	/	/	/	/	/	1175	3378-00	24
Daily Total									515200	
Initials of person marking the daily attendance										
Initials of Inspecting Officer										

Accountant (HG)
 CHIEF MEDICAL OFFICER

Pay Rs. (Rupees))

Grand Total of this Muster Roll ...)

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

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

Rs.	P.
-----	----

(85) clearly legible - See 1413 @ 15/1/04 Per. do

HEALTH DEPARTMENT

MUSTER ROLL NO.

853

(From 5/9/09

To 30/9/09)

Circle No. 7 Voucher No. 7

Dated 5/9/09

In continuation of Muster Roll No. 7

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																															Total	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			
14	M. Ramesh S/O. S/O. Rajaram Dora P. No. 811, Rajmudi, Howrah	Old																																		
15	A. Sathis S/O. R. Chakrabarty P. No. 811, Rajmudi, Howrah	do																																		
16	A. Ramesh S/O. S/O. Adhok P. No. 112, Jabbarpur, Howrah	do																																		
17	K. Suresh S/O. S/O. Ramesh P. No. 719, West Churni, Howrah	do																																		
18	M. Nikesh Kumar S/O. S/O. Suresh P. No. 487 B, Sankarapur, Howrah	do																																		
19	M. Sagar S/O. S/O. Vaidyanath P. No. 72, From Nagar, Howrah	do																																		
20	R. Manoj S/O. S/O. Jagga P. No. 251, Taluk, Puri, Howrah	do																																		

Pay Rs. (Rupees)

Grand Total of this Muster Roll ...

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

Rs. P.
Rs. P.

HEALTH DEPARTMENT

MUSTER ROLL NO.

858

(From

5/9/09

To 30/9/09

Circle No. 7 Voucher No. Fresh

Dated

Sheet-I

In continuation of Muster Roll No.

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	Rs.	P.	Rs.	P.	Signature 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						
7	Subhroto S/O Srin Chandra R. G. K. Road No. 2, Meheruli, N. P. K. S.	DR																																					
8	Dr. Sifenalar S/O S. Sathyan A. N. P. 17, Balu P. Ram, N. P. K. S.	DR																																					
9	Dr. Arimer S/O Rem Kishor R. S. S. 37, Negera, Balu P. Ram, A. N. P. 17	DR																																					
10	Dr. Samples S/O R. Rem Kishor R. S. S. 37, Negera, Balu P. Ram, A. N. P. 17	DR																																					
11	Dr. Memim S/O R. med R. S. S. 37, Negera, Balu P. Ram, Negera	DR																																					
12	Dr. Reminder S/O R. Som Nath R. S. S. N. 8, T. K. I. Lalp. Negera, Negera	DR																																					
13	Dr. Rajesh S/O R. Suresh R. S. S. 178, Balu P. Ram, Negera, Negera	DR																																					
Daily Total																																		2224y	119	66/10m	3378	00	2195
Initials of person marking the daily attendance																																							
Initials of Inspecting Officer																																							

Pay Rs. (Rupees)

Grand Total of this Muster Roll

Accountant (HG) M.O.H. S.R.A.O.

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

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.

Total amount paid (in words) Rupees. Balance Paid

Rs.	P.
-----	----

