Contingent Bill Number : 30312091000034

Disbursement Type: Cash
Bill Type: ImprestBills
Fund: NDMC Municipal General Fund
Bill Date: 08-Dec-2009
Segment: GENERAL FUND
Sub Segment: CASH IN HAND
Field: PUBLIC HEALTH ACCOUNTS BRANCH
Sub Field: (PUBLIC HEALTH) SANITATION CIRCLE 3
Functionary: DIRECTOR (PH)
Payable To: Secretary,NDMC
Sanction By: The Chairman
Sanctioned On: 17-Aug-2009
SanctionDetails: Office Order No. D-595/CMO(HQ) dated: 12.11.09 vide approval of Chairman No. 4876/D/PS dated: 17.08.09
Bill Status: CREATED
Narration: Payment 35 Daily wagers S/K in circle No.-03 w.e.f. 17.11.09 to 30.11.09 @Rs151+CA per day
Remarks:

43/n
9/12/09

Code	Payable To	Function	Account Code	Account Head	Amount
		Solid Waste Management	2308003	GARBAGE REMOVAL CLEARANCE	63155
			Gross Amount		63155

Deductions:

Code	Payable To	Function	Account Code	Account Head	Amount
			Total Deduction		0
			Net Amount		63155

Net Payable in Words :

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

HEALTH DEPARTMENT

Sheet-6

MUSTER ROLL NO. 960. (From 17/11/09. To 30/11/09.)

Circle No. 3 Voucher No. 43/H 9/12/09 Dated

In continuation of Muster Roll No. Form.

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	1–16	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
				30	29	29	30	30	x	29	29	29	27	29	30	x	30		351 days B/F	151+CA 06	53935=00	
31-	Sh. Shyam Kumar S/o Sukhveer 1/95 Trilok Puri Delhi 91	Daily Wages S.L		P	P	P	P	P	S	P	P	P	P	P	P	S	P		12 days		1844=00	Paid [thumb impression] L.T.I. Attested Shyam Kumar
32.	Sh. Amrinesh S/o Nanu Ram village Kash Hirati Delhi 36	-do-		P	P	P	P	P	S	P	P	P	P	P	P	S	P		12 days	"	1844=00	Paid Sig. Attested
33-	Sh. Laxmi Narain S/o Beer Singh C-9 Se-B, Block Tharvill N.P	-do-		P	P	P	P	P	S	P	P	P	P	P	P	S	P		12 days	"	1844=00	Paid Sig. Attested Laxmi Narayan
34-	Sh. Raj Kumar S/o Gulchand Ram T-91 Thareea village New Delhi	-do-		P	P	P	P	P	S	P	P	P	P	P	P	S	P		12 days	"	1844=00	Paid Sig. Attested Raj Kumar
35-	Sh. Anand Kumar S/o Leela Ram 364 Block-B Dakshan Puri Delhi-62	-do-		P	P	P	P	P	S	P	P	P	P	P	P	S	P		12 days	"	1844=00	Paid ANAND KR Sig. Attested Anand Kumar
	Daily Total			35	34	34	35	35	S	34	34	34	32	34	35	S	35		411 days	G. Total Rs.	63155=00	63,155-00
	Initials of person marking the daily attendance																					
	Initials of Inspecting Officer																					

Net payable = 63,155-00

Entry has been made in the register on page 63 at Sr. No. 1675. S.O. (H.S) 3-12-09

Pay Rs. 63,155-00 (Rupees Sixty three thousand one hundred fifty five only)

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

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

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.

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

CANCELLED

43/H 9/12/09

VERIFIED FOR CASH/CHEQUE PAYMENT

Balance Paid

HEALTH DEPARTMENT

Sheet 5

MUSTER ROLL NO. 960 (From 17/11/09 To 30/11/09)

Circle No. 3 Voucher No. .... Dated ....

In continuation of Muster Roll No. Green.

Accountant (HG), CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

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
																			25	24	24	25	25	S x	24	24	24	22	24	25	S x	25		BTP 291 days	157+CA 66	44715=00	
26.	Rahul S/o Mangal Singh 14/106 Lady Harding Staff QTR N.D-1	Daily Wages S.K.																	P P P	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	P P P	P P P	S	P P P		12 days		1844=00	Paid; LTI Attested Rahul
27-	Smt. Rishi W/o Vijay G-48 Balmiki Sadan Mandir Marg N.D-	-do-																	P P P	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	P P P	P P P	S	P P P		12 days	"	1844=00	Paid; RTI Attested Rishi
28-	Sh. Mehender Kumar S/o Sh. Ghan Shyam Dass 15/2 Kalayan Vas	-do-																	P P P	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	P P P	P P P	S	P P P		12 days	"	1844=00	Paid; Attested Mehender
29-	Sh. Ganga Ram S/o Mangal Ram 8/6/92 Indra Gandhi Camp Nehru Nagar	-do-																	P P P	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	P P P	P P P	S	P P P		12 days	"	1844=00	Paid; LTI Attested Ganga Ram
30	Sh. Balvinder Singh S/o Suresh S-37, Balmiki Sadan Mandir Marg N.D.	-do-																	P P P	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	P P P	P P P	S	P P P		12 days	"	1844=00	Paid; Attested Balvinder
	Daily Total																		30	29	29	30	30	S	29	29	29	27	29	30	S	30		351 days	G. Total	53935=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

HEALTH DEPARTMENT

Sheet-4.

MUSTER ROLL NO. 960 (From 17/11/09 To 30/11/09)

Circle No. 3 Voucher No. .... Dated ....

In continuation of Muster Roll No. Fresh.

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.	Rate P.	Amount Rs.	Amount P.	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
																			20	19	19	20	20	S x	19	19	19	17	19	20	S x	20							
																																		231days B/F	157+CA 66		35495=00		
21-	Smt. Anita w/o Sat Pal H-23 Harijan Basti Ant Ram Dairy Delhi-	Daily wages S.K																	P	P	P	P	P	S	P	P	P	P	P	P	S	P		12days			1844=00		Paid; अनिता; Sig Attested Anita
22-	Smt. Sunita w/o Ram Pal 187-CN-10 Block Jhagi Puri Delhi	-do-																	P	P	P	P	P	S	P	P	P	P	P	P	S	P		12days	"		1844=00		Paid; R.T.I. Attested Sunita
23-	Smt. Raj Kumari w/o Sanjay H.330 Dakshin Puri Delhi-62	-do-																	P	P	P	P	P	S	P	P	P	P	P	P	S	P		12days	"		1844=00		Paid; राजकुमारी; Sig Attested Raj Kumari
24-	Smt. Geeta Rani w/o Ganga Ram S/61/52 Camp Block 10	-do-																	P	P	P	P	P	S	P	P	P	P	P	P	S	P		12days	"		1844=00		Paid; R.T.I. Attested Geeta Rani
25-	Smt. Lalita w/o Ravidas Sf C.27 Netaji Nagar N.D.1	-do-																	P	P	P	P	P	S	P	P	P	P	P	P	S	P		12days	"		1844=00		Paid; ललिता; Sig Attested Lalita
	Daily Total																		25	24	24	25	25	S	24	24	24	22	24	25	S	25		291days	G. Total		44715=00		
	Initials of person marking the daily attendance																																						
	Initials of Inspecting Officer																							S							S								

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

HEALTH DEPARTMENT

Sheet-II

MUSTER ROLL NO. 960 (From 17/11/09 To 30/11/09)

Circle No. 3 Voucher No. .... Dated ....

In continuation of Muster Roll No. Fresh.

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	Attendance (dates 17–31)	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
			Figures written above the date columns 17–31: 15 15 15 15 15 5 14 14 15 14 15 15 5 15 15	B/F 177 days	151+CA 66	27198=00	
16	Smt. Sushma W/o Bablu, E-54 New Ranjeet Nagar N.D	Daily wages S.K	P marks (S on some days)	12 days		1844=00	Paid; [signature]; Sig. attested Sushma
17	Smt. Sunita W/o Rajesh, P4/110 Mongol Puri Delhi	-do-	P marks (S on some days)	12 days	"	1844=00	Paid; [signature]; Sig. attested Sunita
18	Sh. Chander Sekhar S/o Jagdish, E-21 Palika Dham N.D.1	-do-	P marks, (A) on some days, S	10 days	"	1536=00	Paid; [signature]; Sig. attested Chander Sekhar
19	Sh. Ajay S/o Sh. Hari Singh, 76, Balmiki Sadan Mandir Marg N.D.1	-do-	P marks, (A) on some days, S	08 days	"	1229=00	Paid; Ajay; Sig. attested Ajay
20	Smt. Lata W/o Om Pal, 632, Dilsad Garden, Tahir Pur Saray Delhi	-do-	P marks (S on some days)	12 days	"	1844=00	Paid; [signature]; Sig. attested Lata
	Daily Total		20 19 19 20 20 5 19 19 19 17 19 20 5 20	231 days	G. Total	35495=00	
	Initials of person marking the daily attendance		[initials]				
	Initials of Inspecting Officer		[initials]				

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-II

HEALTH DEPARTMENT

MUSTER ROLL NO. 960 (From 17/11/09. To 30/11/09.)

Circle No. 3 Voucher No. ..... Dated .....

In continuation of Muster Roll No. Fresh.

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	17/10	18/10	19/10	20/10	21/10	22	23/09	24/10	25/10	26/10	27/10	28/10	29	30/10	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	Smt. Santosh W/o Munnalal 13 Talkatora Road N.D-1	Daily wages S.K.		P	P	P	P	P	S	P	P	P	P	P	P	S	P		12 days	151 + CA 66	18286=00	Paid R.T. Attested Sig. Santosh
				P	P	P	P	P		P	P	P	P	P	P		P				1844=00	
				P	P	P	P	P		P	P	P	P	P	P		P					
12	Smt. Geeta W/o Sh. Sunil 69 Balmiki Sadan, Mandir Marg N.D.	do		P	P	P	P	P	S	P	P	P	P	P	P		P		12 days	"	1844=00	Paid Sig. Attested Geeta
				P	P	P	P	P		P	P	P	P	P	P	S	P					
				P	P	P	P	P		P	P	P	P	P	P		P					
13	Smt. Lata D/o Raj Singh 1/3 Bapu Dham N.D.	-do-		P	P	P	P	P		P		P	P		P		P		10 days	"	1536=00	Paid Sig. Attested Lata
				P	P	P	P	P	S	P	A	P	P	A	P	S	P					
				P	P	P	P	P		P		P	P		P		P					
14	Smt. Geeta W/o Kuldeep B-820 Inder Puri J.J. Colony N.D.	do		P	P	P	P	P		P	P	P	P	P	P		P		12 days	"	1844=00	Paid Sig. Attested Geeta
				P	P	P	P	P	S	P	P	P	P	P	P	S	P					
				P	P	P	P	P		P	P	P	P	P	P		P					
15	Sh. Kuldeep S/o Shyam 122, Balmiki Sadan Mandir Marg N.D.1	-do-		P	P	P	P	P		P	P	P	P	P	P		P		12 days	"	1844=00	Paid Sig. Attested Kuldeep
				P	P	P	P	P	S	P	P	P	P	P	P	S	P					
				P	P	P	P	P		P	P	P	P	P	P		P					
		Daily Total		15	15	15	15	15	S	14	14	15	15	14	15	S	15		177 days	G. Total	27198=00	
		Initials of person marking the daily attendance							S							S						
		Initials of Inspecting Officer							S							S						

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. 960. (From 17/11/09. To 30/11/09.)

Circle No. 3 Voucher No. ..... Dated .....

In continuation of Muster Roll No. Foresh.

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
6.	Smt. Raj Mala W/o Ravinder 26, Balmiki Sadan Mandir Marg N.D.-1	Daily wages S.K.	P P P P P S P P P P P S P P P P P S P P P P P S P	12 days	151+CA 66	9220=00 / 1844=00	Paid RT-I Attested Raj mala
7.	Sh. Mahesh S/o Premchand B/171 Budh Nagar J.J. Colony Inder Puri N.D.-12	-do-	P P P P P S P P P P P S P P P P P S P P P P P S P	12 days	"	1844=00	Paid Passed Sy Attested Mahesh
8.	Smt. Sunita W/o Sh. Vijay B/35 Indra Nagar Bhatti	-do-	P P P P P S P P P P P S P P P P P S P P P P P S P	12 days	"	1844=00	Paid RT-I Attested Sunita
9.	Sh. Ajay S/o Man Singh 161, Balmiki Sadan Mandir Marg N.D.-1	-do-	P P P P P S A P P P P P S P P P P P S P P P P P S P	11 days	"	1690=00	Paid RT-I Sy Attested Ajay
10.	Sh. Deepak S/o Narpin 111 Balmiki Sadan Mandir Marg N.D.-1	-do-	P P P P P S P P P P P S P P P P P S P P P P P S P	12 days	"	1844=00	Paid Sy Attested Deepak
	Daily Total		10 10 10 10 10 S 09 10 10 10 10 10 S 10	119 days	G. Total	18286=00	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer						

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

	Rs.	P.
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		

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.

O.O. No :- D/595/CMO/HQ dt. 12/11/09.

(35) daily wager Sik, 1/13 @ 151+CA

(1+6) = 7 Sheet

HEALTH DEPARTMENT

MUSTER ROLL NO. 960 (From 17/11/09 To 30/11/09)

Circle No. 3 Voucher No. ..... Dated .....

In continuation of Muster Roll No. Fresh.

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
1	Sh. Sonu S/o Devishai H.No-99 Balmiki Sadan Mandir Marg N.D.-1	Daily wages S.K	P P P P P S P P P P P S P P P P P S P P P P P S P P P	12 days	151+CA 66	1844=00	Paid Sonu Sig Attested Sonu
2	Smt. Anju W/o Sh. Chander Pal 64, Balmiki Sadan Mandir Marg N.D.-1	do	P P P P P S P P P P P S P P P P P S P P P P P S P P P	12 days	"	1844=00	Paid Sig Attested Anju
3	Smt. Anita W/o Subash 1/13 D.D.A Flats East of Kailish N.D.	-do-	P P P P P S P P P P P S P P P P P S P P P P P S P P P	12 days	"	1844=00	Paid Sig Attested Anita
4	Smt. Usha D/o Tilak Raj T/313 Hill Marg Near M.C.D School Baljeet Nagar N.D.	-do-	P P P P P S P P P P P S P P P P P S P P P P P S P P P	12 days	"	1844=00	Paid Sig Attested Usha
5	Smt. Asha W/o Sanjay 21/128 Trilak Puri Delhi-91	-do-	P P P P P S P P P P P S P P P P P S P P P P P S P P P	12 days	"	1844=00	Paid Sig Attested Asha
		Daily Total	5 5 5 5 5 S 5 5 5 5 5 5 S 5	60 days	G. Total	9220=00	
		Initials of person marking the daily attendance					
		Initials of Inspecting Officer					

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

Fully Paid Bill Sig Attested, RT-1 & ET-1 Attested

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.

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.