

Contingent Bill Number : 30303080900047

Disbursement Type: Cash  
Fund: NDMC Municipal General Fund  
Segment: GENERAL FUND

Bill Type: ImprestBills  
Bill Date: 06-Mar-2009  
Sub Segment: CASH IN HAND  
Sub Field: (PUBLIC HEALTH) SANITATION CIRCLE 5  
Payable To: Secretary, NDMC  
Sanctioned On: 04-Dec-2008

Field: PUBLIC HEALTH ACCOUNTS BRANCH  
Functionary: DIRECTOR (PH)  
Sanction By: Chairperson

SanctionDetails: Sanctioned By Chairman NDMC vide No. 8022/PS/CH dated 04/12/2008 vide OO D/535/CMO(HQ) dt. 10/12/2008

Bill Status: VERIFIED

Narration: Payment of 20 daily wages SKs/LBs Circle No. 5 @ 140 per day plus CA Rs.66/- Per Month w.e.f. 01/02/2009 to 12/02/2009

Remarks:

60/H  
9/3/09

Code	Payable To	Function	Account Code	Account Head	Amount
		Public Health	3202027	MECH.OF GARBAGE REMOVAL	21275
Gross Amount					21275

Deductions:

Code	Payable To	Function	Account Code	Account Head	Amount
Total Deduction					0
Net Amount					21275

Net Payable in Words :

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

# मस्टर रोल नं० MUSTER ROLL NO.

445 (से From.....)

01/02/09 तक To.....

08/02/09

12/02/09

प्रभाग Division.....  
कार्य का नाम Name of work.....  
मस्टर रोल नं० के अनुक्रम में In continuation of Muster Roll No.....

Health प्रभाग Sub-Division.....

C No - V

वाउचर नं० Voucher No.....

दिनांक Dated.....

## हाजिरी रोल PART-NOMINAL ROLL

क्रम सं. S. No.	नाम पिता/पति का नाम एवं पता (बीस के अनुसार गुण) Name, Father's/Husband's Name & Address grouped according to chasses	पदनाम Designation	दिनांक Dates from..... To.....																															दर Rate	राशि Amount	भुगतान प्राप्त करने वाले कर्ता का अंगूठा निशानी और भुगतान के समय भुगतान करने वाले अधिकारी के हस्ताक्षर या भुगतान के समय भुगतान करने वाले अधिकारी के हस्ताक्षर व दिनांक 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	Dr. Rajesh Soni, Ramkisan H.No. C-9, Palikadham Gole MKT No. 10	Daily wages																																		
17	Dr. Jhonorjeet So. Baskara H.No. D-3, Palikadham No. 10	—																																		
18	Dr. Manjit D/o. Sude Ram H.No. E-18, Badmiki Bazar Mandi Moha No. 10	—																																		
19	Smt. Pushpa M/o. Heerashank H.No. A-331, Dakin Jwari Delhi-62	—																																		
20	Dr. Jitender D/o. Nandakandari H.No. A-113, Gaudandari No. 10	—																																		
दैनिक योग/Daily Total																																				
दैनिक हाजिरी लेने वाले व्यक्ति के हस्ताक्षर Initials of person making the daily attendance																																				
निरीक्षण अधिकारी के हस्ताक्षर Initials of Inspecting officer																																				

रु. Pay Rs. 21,275-00 (Rupees) *one thousand seven hundred seventy five only*

इस मस्टर रोल का सहायक Grand Total of this Muster Roll कर्ता-विवरण के अनुसार किया गया भुगतान स्थानांतरित किया Deduct-Payment made, as per details

रु. Rs. से. P.

अधिकारी के हस्ताक्षर मलभूषण इजीनियर Assistant Engineer

Signature of Officer Assistant Engineer

प्रमाणित किया जाता है कि इस रोल में उल्लिखित कामगार वास्तव में मेरे द्वारा नॉटिफाइंग कार्ड (कार्यों) पर लगाए गए थे और उन्हें वास्तव में मेरा पहचान से मेरे सामने भुगतान किया गया है।

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.

संतुलन भुगतान Balance Paid

Signature of Officer Assistant Engineer

Signature of Officer Assistant Engineer





