Contingent Bill Number : 30304091000091

Disbursement Type: Cash

Bill Type: ImprestBills

Fund: NDMC Municipal General Fund

Bill Date: 16-Apr-2009

Segment: GENERAL FUND

Sub Segment: CASH IN HAND

Field: PUBLIC HEALTH ACCOUNTS BRANCH

Sub Field: (PUBLIC HEALTH) SANITATION CIRCLE

Functionary: DIRECTOR (PH)

Payable To: Secretary,NDMC

Sanction By: Chairman

Sanctioned On: 12-Jan-2009

SanctionDetails: Office Order No. D-83/CMO(HQ) dated: 18.02.09 vide approval of Chairman No. 171/D/PS dated: 12.01.09

Bill Status: CREATED

Narration: Payment 28 daily wagers S/K in circle No. -06 w.e.f. 01.03.09 to 31.03.09 @142+CA per day

86/PH
17/4/09

Remarks:

Code	Payable To	Function	Account Code	Account Head	Amount
		Public Health	3202027	MECH.OF GARBAGE REMOVAL	94673
				Gross Amount	94673

Deductions:

Code	Payable To	Function	Account Code	Account Head	Amount
				Total Deduction	0
				Net Amount	94673

Net Payable in Words :

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

86/H 1274

HEALTH DEPARTMENT

Sheet-5

MUSTER ROLL NO. 485 (1/3/09 To 31/03/09)

Circle No. VI Voucher No. ..... Dated .....

In continuation of Muster Roll No. 472.

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 ... (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 days	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	Smt Kailash Wati W/o Sh. Mangal Singh R/o H/No 207 Harijan Basti M/Marg NDM	D/Wagar SK	S P P P P P P S P P H 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	26 days	145-00 + CA	3758-00	27 CA 1/21
26	Smt Seema W/o Sh. Sadhulal R/o H No 104/N 8 MC Flat Balmiki Basti NDM	do	S P A P P P A S P P H A P P P P P P P S P P P P P P S P P	23 days	4	3324-00	सीमा
27	Smt Raj Kumari W/o Sh. Rahul R/o H No 10/A 1084, Block 10 10A Karol Bagh NDM	do	S P P P P P S P P H A A A S P P P P P A S A P P P P P S P P	21 days	4	3035-00	Raj Kumari
28	Sh. Narender S/o Sh. Ferry Ram R/o HNo 2/2 10 B/H/2 Resthal Mohan Colony Bhalswa D-42	do	S P P P P P S A A H P S P P P P P S P P P A P S P P	23 days	11	3324-00	नरेन्द्र

Daily Total 5 20 20 21 23 22 22 5 21 21 22 20 21 22 5 23 23 23 23 22 22 5 20 22 23 23 23 5 23 21 | 625 days | G. Total 94673-00

Initials of person marking the daily attendance

Initials of Inspecting Officer

Pay Rs. 94673=00 (Rupees Ninety four thousand six hundred seventy three Only)

CANCELLED

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

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

Sheet-4

HEALTH DEPARTMENT

MUSTER ROLL NO. 485 (From 1/3/09 To 31/03/09)

Circle No. VI Voucher No. ..... Dated .....

In continuation of Muster Roll No. 472

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 days	Rate Rs. P.	Amount Rs. P.	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
20	Smt Rakhi w/o Sh. Amit R/o H.No 25 Mandir marg New Delhi	Beagar Sk.		26 days	145-00 + DA	3758-00	
21.	Sh Ghanshyam S/o Sh. Ajeej Kr R/o 16/465 Tilak Lane Delhi	do		24 days	"	3469-00	
22	Sh Rahul S/o Sh. Tilak Raj R/o H/No 3/13 Tilak Lane Delhi	do		26 days	"	3758-00	
23.	Sh. Pardeep S/o Sh. Dharam Pal R/o H/No. 140/151 Tha Tsi Mubarak Agh. Mebal Town Delhi	do		01 days	"	145-00	
24.	Smt Neetu w/o Sh. Hira Lal 164 NDMC Flat Balmiki Sadan Mandir Marg	do		14 days	"	2024-00	
24A	Sh. Selvaraj S/o Muthuswami 278, DDA Janta Flats M						
		Daily Total		56 2 days	Total	81232-00	
		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

Balance Paid

Sheet-3

HEALTH DEPARTMENT

MUSTER ROLL NO. 485 (From 1/3/09 To 31/03/09)

Circle No. VI Voucher No. ..... Dated .....

In continuation of Muster Roll No. 472

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	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
16,	Sh. Rajesh S/o Sh. Ramesh. R/o F/28 N.D.M.C Flat Balmiki Basti M/marg N.D.	Safai Kar.	29 days	145-00	3469-00	Sd/-
17.	Smt Sheela W/o Sh. Bikam R/o 3/33 N.D.M.C Flat Bapu Dham N.D.	do	26 days	"	3758-00	Sd/-
18	Smt Kishan W/o Sh. Anil R/o A-243 Sanjay Camp Dakshinpuri N.D.	do	26 days	"	3758-00	Sd/-
19.	Smt Leena W/o Sh. Mahesh R/o H/No. 3249 Gali Sarowalan Pahar Ganj N.D.-55	do	25 days	"	3614-00	Sd/-
		Daily Total	471 days	Grand Total	68078-00	
		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

Balance Paid

(28) clearly Oeyer S/12, 4/B @ 140 FCA

Sheet-II

HEALTH DEPARTMENT

MUSTER ROLL NO. 485 (From 1/3/09 To 31/03/09)

Circle No. VI Voucher No. ..... Dated .....

In continuation of Muster Roll No. 472.

PART-NOMINAL-ROLL

Accountant (HG), CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped accrding 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. R/o	Rajesh S/o Sh Nanhe 77/ Mandir Marg NDM Balmiki Basti	D/Nagar Sk.		25 days	125.00 Ex	3035-00	Sy Ally
12. Sh. R/o	Vijay Pal S/o Dharam Pal B-35 Gandars Nagar Bhatti Mines NDM	do		26 days	4	3758-00	Sy Ally
13. Sh. R/o	Rakesh S/o Sh. Hargulal 5-15 Dubley Stand. R.K. Puram NDM	do		26 days	4	3758-00	Sy
14. Smt R/o	Meena W/o Sh Deepak 7/93 NDMC flat Bapa Nagar N. Delhi	do		26 days	4	3758-00	Sy
15 Smt R/o	~~[illegible]~~ Sh Manju S/o Surender E/104 Papu Colony G/Beat (W.P.)	do		20 days	4	2891-00	Sy Ally
	Daily Total		5 13 14 14 15 14 15 5 13 14 14 14 14 15 5 15 15 15 14 15 13 5 13 14 15 15 14 15 5 15 13	370 days	G. Total	53479-00	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer						

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

Rs.	P.

HEALTH DEPARTMENT

Sheet-I

MUSTER ROLL NO. 485 (From 1/3/09 To 31/03/09)

Circle No. VI Voucher No. ..... Dated .....

In continuation of Muster Roll No. 472

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 days	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. Deepak S/o Sh. Moti Lal A/15 Palika Dham G/Market N. Delhi	S/wagon Sfk.		24 days	145-00	3469-00	Sy Ally
7.	Sh. Raju S/o Sh. Ram Parshad R/o 129 Balmiki Basti M/Marg N.D.	do		26 days	4	3758-00	Sy Ally
8.	Sh. Parveen S/o Sh. Beer Singh R/o E/778 Gali No 5 Pappu Colony Shahid Nagar G.B.D.	do		23 days	4	3324-00	Sy Ally
9.	Sh. Rajesh S/o Radhey Shayam R/o 49 M/S Flat Ali City M.D.	do		26 days	4	3758-00	Sy Ally
10	Sh. Rajesh S/o Sh. Lallan I/81 Block PH-II Seelam Pur Delhi	do		~~28 days~~ 23 Days	4	3324-00	Sy Ally
	Daily Total		5 8 10 9 10 10 10 5 9 10 11 10 10 10 5 10 10 10 10 10 8 5 8 9 10 10 10 10 5 10 10	251 days	G. Total	36279-00	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer						

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

Rs.	P.

O.O. No:- D/83/CMO/HQ Dt 18/2/09.

(98) clearly Wager 8½, 4B @ 140 PCA

(175) Total Sheet = 6

HEALTH DEPARTMENT

MUSTER ROLL NO. 485 (From 1/3/09 To 31/03/09)

Circle No. VI Voucher No. ..... Dated .....

In continuation of Muster Roll No. 478

Accountant (HG) CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation Wager	Dates From ..... To ..... (1–31)	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. Smt	Sonu W/o Kundan Lal. H No-10785 Jhandewalan Road Ram Nagar N.D.	Sk.		26 days		3758-00	सोनू
2. Smt	Pooja W/o Sh. Amit H/No 148 N.D.M.C Flat Balmiki Basti M/Marg	do		26 days		3758-00	Pooja
3. Smt	Asha Rani W/o Sh. Ram Kishan H/No 145 N.D.M.C Flat Balmiki Basti N.D.7	do		26 days		3758-00	आशा
4. Smt	Prem Watti W/o Sh. Pal. 50 Block J-2 Madan Giri Dr Ambedkar Nagar D-62			26 days		3758-00	
5. Sh.	Sanjay S/o Mahesh R/o 5/63 Bapu Dham N.D.	do		26 days 25 days		3614-00	
	Daily Total			129 days	G. Total	18646-00	
	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