

**Contingent Bill Number :** 30304091000056

**Disbursement Type:** Cash **Bill Type:** ImprestBills  
**Fund:** NDMC Municipal General Fund **Bill Date:** 13-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:** 08-Sep-2008

**SanctionDetails:** Office Order No. D-538/CMO(HQ) dated: 11.12.08 vide approval of Chairman No. 6401/D/PS dated: 08.09.08

**Narration:** Payment to 14 daily wagers SKs/LBs in circle No. -06 w.e.f. 01.03.09 to 07.03.09 @142+CA per day

**Remarks:****Bill Status:** CREATED

*V.No 50/H*  
*15-4-09*

Code	Payable To	Function	Account Code	Account Head	Amount
		Public Health	3202027	MECH.OF GARBAGE REMOVAL	8816
<b>Gross Amount</b>					8816

**Deductions:**

Code	Payable To	Function	Account Code	Account Head	Amount
<b>Total Deduction</b>					0
<b>Net Amount</b>					8816

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>			

No 50/H  
15-4-09

# HEALTH DEPARTMENT

SHEET-II

**MUSTER ROLL NO.** 499.

Circle No. VI Voucher No. 433. Dated 1/3/09 To 7/03/09

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.....																															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			
11. Sr. R. J.	Ramkishan S. Sr. Saran 7/302 Hanjani Basti N 97	Officer	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	21 day	Rs. 145-00	[Signature]	
12. Sr. R. J.	Sachin S. Sr. Ramkishan 5/213 Balika Bhawan N 97	do	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	NIL	Rs. Nil	[Signature]
13. Sr. R. J.	Sham S. Sr. B. B. Ram 125/56 Sarang Wihar N 97	do	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	5 days	Rs. 578-00	[Signature]
14. Sr. R. J.	Anis S. Sr. Ambarish 190/D/Black Sultanpuri N 97	do	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	5 days	Rs. Nil	[Signature]
Net Payable Rs. 8816-00																																			Rs. 8816-00	
Daily Total			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	61 days	Rs. 8816-00	

Pay Rs. 8816-00 (Rupees Eight thousand eight hundred six Ten only)

Accountant (HG) M.O.H. Released for Payment

duct-Payment made, as per details transferred to Regd. Dept of Unpaid Wages

Rs. P.

# MUSTER ROLL NO.

# HEALTH DEPARTMENT

Circle No. VI Voucher No. 499 Dated 1/3/09

In continuation of Muster Roll No. 433 (From 1/3/09 To 7/03/09)

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.....																															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				
6	ST. Mrs. S. S. Sai Bhagwan No. 7/14 Sawai Kalam Khan	SI	P	P	P	P	P	P	P	P																									867-00	867-00	(Signature)
7	ST. Smt. Smt. Smt. Kanchi No. 75/sect IV/DI2 Barsi	SI	P	P	P	P	P	P	P	P																									878-00	878-00	(Signature)
8	ST. Mr. Raj. K. S. Nandkumar No. B-1311 Sangam Vihar N. Delhi	SI	P	P	P	P	P	P	P	P																									867-00	867-00	(Signature)
9	ST. Mr. Kinku S. S. S. S. S. No. 19326 T. P. m.	SI	P	P	P	P	P	P	P	P																									867-00	867-00	(Signature)
10	ST. Mrs. Mrs. Mrs. Nareddy No. N. M. S. Health Centre Vilegodi, Bengaluru	SI	P	P	P	P	P	P	P	P																									867-00	867-00	(Signature)
Daily Total																																			56 days total	8087-00	(Signature)

Pay Rs. (Rupees)

Initials of person marking the daily attendance  
Initials of Inspecting Officer

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.

