

Contingent Bill Number :

30305091000027

Disbursement Type: Cash

Fund: NDMC Municipal General Fund

Segment: GENERAL FUND

Field: PUBLIC HEALTH ACCOUNTS BRANCH

Functionary: DIRECTOR (PH)

Sanction By: Chairman

SanctionDetails:

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

Narration:

Payment 51 daily wagers S/K in
circle No. -07 w.e.f. 01.04.09 to
30.04.09 @Rs151+CA per day

Remarks:

Bill Type: ImprestBills

Bill Date: 08-May-2009

Sub
Segment: CASH IN HAND

Sub Field: (PUBLIC HEALTH) SANITATION CIRCLE

Payable To: Secretary,NDMC

Sanctioned
On: 12-Jan-2009

Bill Status: CREATED

Code	Payable To	Function	Account Code	Account Head	Amount
		Public Health	3202027	MECH.OF GARBAGE REMOVAL	197294
Gross Amount					197294

Deductions:

Code	Payable To	Function	Account Code	Account Head	Amount
Total Deduction					0
Net Amount					197294

Net Payable in Words :

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

To 30/4/09

CHIEF MEDICAL OFFICER

Rs.

Unpaid Wages
1-A-109

Sheet-8

30/4/09

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CHIEF MEDICAL OFFICER

P.

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

542

(From 1/4/09)

To 30/4/09

2

Circle No. VII Voucher No

Voucher No.

.Dated

.Dated

In continuation of Muster Roll No

Myct

PART-NOMINAL-ROLL

Accountant (HG)

CHIEF MEDICAL OFFICER

P.	R.s.
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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

Accountant (HG)

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.

542

(From..... 1/4/09..... To..... 30/4/09.....)

30/4/09.

.Dated

Dated.....

486

.....

Accountant (HG)

CHIEF MEDICAL OFFICER

RS

P.

M.O.H.

Sr. A.O

Grand Total of this Muster Roll ..

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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

Sheet-5

25

To 30/4/09

..Dated

486

Accountant (HG)

CHIEF MEDICAL OFFICER

Voucher No

..Dated

Accountant (HG)

CHIEF MEDICAL OFFICER

[illegible]

.(Rupees

M.O.H.

Sr. A.O.

Grand Total of this Muster Roll ..

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Rs.

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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) Rupee

..Balance Paid

Sheet-3

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(From

1/4/09

To 30/4/09

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Circle No. VII Voucher No.

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..Dated

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In continuation of Muster Roll No

PART-NOMINAL-ROLL

Accountant (HG),

CHIEF MEDICAL OFFICER

[illegible]

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

Accountant (HG)

M.O.H.

Sr. A.O

Grand Total of this Muster Roll ..

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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

Sheet-2.

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(From

1/4/09

To 30/4/09

VII

..Voucher No

Dated

.....

473

486

Dated

.....

PART-NOMINAL-ROLL

Accountant (HG)

CHIEF MEDICAL OFFICER

[illegible]

Pay Rs..... (Rupees)

.. (Rupees

Accountant (HG)

M.O.H.

Sr. A.O

Grand Total of this Muster Roll ...

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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

HEALTH DEPARTMENT

Sheet-I

MUSTER ROLL NO.

542.

(From 1/4/09.

To 30/4/09.

Circle No. VII Voucher No.

Dated

In continuation of Muster Roll No. 473-486.

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.	Amount Rs./P	Sign or thumb impression of payee and dated initials of paying officer made at the time of payment																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
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Pay Rs. (Rupees)

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

Total amount paid (in words) Rupees ... Balance Paid

(149) Total Sheet = 10

1

3

CHIEF MEDICAL OFFICER

Rs. _____ P

..Balance Paid