78

Contingent Bill Number : 30306091000084

Disbursement Type:	Cash	**Bill Type:**	ImprestBills
Fund:	NDMC Municipal General Fund	**Bill Date:**	11-Jun-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-203/CMO(HQ) dated: 18.05.09 vide approval of Chairman No. 171/D/PS dated: 12.01.09	**Bill Status:**	CREATED
Narration:	Payment 20 daily wagers S/K in circle No. -10 w.e.f. 20.05.09 to 31.05.09 @Rs151+CA per day		
Remarks:			

78/H
12/6/09

Code	Payable To	Function	Account Code	Account Head	Amount
		Public Health	3202027	MECH.OF GARBAGE REMOVAL	27478
			Gross Amount		27478

Deductions:

Code	Payable To	Function	Account Code	Account Head	Amount
			Total Deduction		0
			Net Amount		27478

Net Payable in Words :

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

HEALTH DEPARTMENT

Sheet-III

MUSTER ROLL NO. 617 (From 20/5/09 To 31/5/09)

Circle No. V Voucher No. 78/H Dated

In continuation of Muster Roll No. Fresh. 12/6/09

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
16.	Sh. Harichand S/o Chhotelal H.No-16/354, Trilokpuri Dec 4-91	Daily wager	P P P P S P P P P P S P P P P P P P P P P	10 days		1995=00 1535=00	
17.	Sh. Deepak Kumar S/o Videshi H.No-5/61 Bapudham Chanakyapuri N.D.21	"	P P P P S P P P P P P S P P P P P P P P P P	10 days		1535=00	
18.	Sh. Mahesh S/o Suresh H.No-B-23, Palikadlam Gole Mkt. N.D-1	"	P P P S P P P P P P S A P P P P P P P P P	9 days		1382=00	
19.	Sh. Anil Kumar S/o Jaipal H.No-10/133, Bapudham Chanakyapuri N.D-21	"	P P P P S P P P P P S P P P P P P P P P P	10 days		1535=00	
20.	Smt. Sheela W/o Ramavtar H.No-86, Prathavi Raj Colo. Khan Mkt N.D-1	"	P P P P S P P P P P S P P P P P P P P P P	10 days		1535=00	
		Daily Total	16 18 18 19 S 17 19 16 18 19 19 S	179 days	G. Total	27478=00	
		Initials of person marking the daily attendance					
		Initials of Inspecting Officer					

Pay Rs. 27478=00 (Rupees Twenty Seven thousand four hundred Seventy eight)

Total of this Muster Roll ... Fully Paid

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

Amount paid (in words) Rupees

Rs.	P.

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.

M.O.H. Sr. A.O

CANCELLED

Date ... Released for Payment

VERIFIED FOR CASH/CHEQUE PAYMENT

Head Cashier

Pay to staff = 27478=00

Entry in the Page No 5 Serial No 1379

SO(HG)

Sheet-II

HEALTH DEPARTMENT

MUSTER ROLL NO. 617 (From 20/5/09 To 31/5/09)

Circle No. V 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 acccrding to classes	Designation	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
11.	Smt. Madhumo Rajinder H.No. C-22. Palikadham N.D-1	Daily wager Sk.	P P P

Sheet-I

HEALTH DEPARTMENT

MUSTER ROLL NO. 617 (From 20/5/09 To 31/5/09)

Circle No. V 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 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
6.	Sh. Nitin S/o Amar Singh H.No-31/380 Prem Nagar Lodhi Colony Delhi-3	Daily Wager Sm	A A A A A A A A A A A	42 days	Rs	6443=00	NIL
7.	Sh. Om Prakash S/o Mahader H.No-21/C Railway Colony Narella. Delhi-40	— do —	P P P P P P P P P P	10 days		1535=00	
8.	Sh. Pawan Kumar S/o Raju H.No-C-22 Palikadham Gole Mkt N.D-1	— do —	P P P P P P P P P P	10 days		1535=00	
9.	Sh. Ramesh S/o Ram Prasad H.No. 129, Balmiki Sadan Mandir Marg N.D-1	— do —	P P P P P P P P P P	10 days		1535=00	
10	Sh. Rajinder Singh S/o Om Prakash H.No. K-606. Dakin Puri Delhi-62	— do —	P P P P P P P P P P	10 days		1535=00	
	Daily Total		7 8 8 9 5 8 9 7 8 9 9 5	82 days	G. Total	12588=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

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

Rs.	P.

O.O. No:- D/203/CMO/HQ Dt. 18/5/09.

(20) daily wager Sk, L/B @ 151+CA per day.

(143) Total Sheet = 4.

HEALTH DEPARTMENT

MUSTER ROLL NO. 617 (From 20/5/09. To 31/5/09.)

Circle No. V 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 acccrding to classes	Designation	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.	Sh. Anil Kumar S/o Sri Charo H.No. 5/268. Trilok Puri Delhi-92	Daily wager Sk	A A P P P