

Contingent Bill Number : 30307091000014

Disbursement Type: Cash

Bill Type: ImprestBills

Fund: NDMC Municipal General Fund

Bill Date: 03-Jul-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: 15-May-2009

## SanctionDetails:

Office Order No. D-1295/CMO(MAL) dated: 28.05.09 vide approval of Chairman dated: 15.05.09

Bill Status: CREATED

## Narration:

Payment 14 daily wagers S/K in circle No. -3 &amp; 04 w.e.f. 01.06.09 to 30.06.09 @Rs151+CA per day

VNO-17/4  
6/7/09

## Remarks:

Code	Payable To	Function	Account Code	Account Head	Amount
		Public Health	3202011	STG.OF ANTI MALARIA OPERATION	55888
<b>Gross Amount</b>					55888

## Deductions:

Code	Payable To	Function	Account Code	Account Head	Amount
<b>Total Deduction</b>					0
<b>Net Amount</b>					55888

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>			

HEALTH DEPARTMENT

**MUSTER ROLL NO. 673**

Circle No. 3 & 4 (Med) Voucher No. 17/11  
 In continuation of Muster Roll No. 613/A  
 Dated 6/3/09

(From 1/6/09 To 30/6/09)  
 Accountant (HG),  
 U3912-CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From ..... To .....																															Total	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					
12	सुरेश मो अरुणराव राठवार A-11 चाणिक्या फोर्माटरांक आड्याभासा म.प.०१	अ.व.अभि																																				
13	विठ्ठल मो अरुणराव राठवार A-11/56 चाणिक्या फोर्माटरांक आड्याभासा	do																																				
14	अमराज मो अरुणराव राठवार आडा-पत्तळी. शीतळ अरुणराव नाड मोहाडा	do																																				
Daily Total			W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W		
Initials of person marking the daily attendance			W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W		
Initials of Inspecting Officer			W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W		
VERIFIED FOR PAYMENT			W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W		

Net payable Rs. 55,888-00  
 D-2-19-9 (P)

Pay Rs. 55,888-00 (Rupees) Fifty Five Thousand eight hundred eighty eight only  
 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  
 Total amount paid (in words) Rupees

This bill has been fully paid S.No 14014  
 01/7/09  
 Signatures: 6/3/09, 6/3/09, 6/3/09, 6/3/09

Rs.	P.
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# HEALTH DEPARTMENT

Sheet-I

**MUSTER ROLL NO.** 673

From 1/6/09 To 30/6/09

Circle No. 3 P 4 (Med) Voucher No. 17/4

6/3/A

Dated 6/5/09

In continuation of Muster Roll No. ....

PART-NOMINAL-ROLL

Accountant (HG),

23952-02 CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From..... To.....		Total	Rate		Amount		Sign: or thumb impression of payee and dated initials of paying officer made at the time of payment
			From	To		Rs.	P.	Rs.	P.	
7.	विजयराज नाम शि. श्री राम प्रकाश नाम 22 E. कमलना गार्ड भेड शिवरस लखावाडी गा. वि. मा. वड. 1/10.	शुभमग.	6/6/09	30/6/09	26 days	157.14A	66	3992-00	00	[Signature] Paid
8.	हेमंत शिंदे शि. श्री विठ्ठल शिंदे 9340 कटरा गोगा विधान, गोकुळाळा भगवा विधान गा. वि. 6.	do -	6/6/09	30/6/09	26 days	157.14A	66	3992-00	00	[Signature] Paid
9.	सुप्रकाश सुभाष शि. श्री सुप्रकाश सुभाष A 78/28 जी. वी. गंगली संजयगंगी वि. 9/2	do	6/6/09	30/6/09	26 days	157.14A	66	3992-00	00	[Signature] Paid
10.	विनय सुभाष शि. श्री सुप्रकाश सुभाष 26/1452 गंगीक सुपर वि. 9/1	do	6/6/09	30/6/09	26 days	157.14A	66	3992-00	00	[Signature] Paid
11.	शुक्रेश शि. सुप्रकाश शिंदे 69 पाणिना गा. वि. भा. भा. भा. भा. भा. भा. भा. भा. भा. भा. भा. भा.	do	6/6/09	30/6/09	26 days	157.14A	66	3992-00	00	[Signature] Paid
			Daily Total			G. Total		43912.00	00	

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

Initials of person marking the daily attendance  
Initials of Inspecting Officer

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

