

SLNo. 34

ca

Contingent Bill Number : 30307091000080**Disbursement Type:** Cash**Bill Type:** ImprestBills**Fund:** NDMC Municipal General Fund**Bill Date:** 08-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:** 12-Jan-2009**SanctionDetails:**

Office Order No. D-233/CMO(HQ) dated: 04.06.09 vide approval of Chairman No. 171/D/PS dated: 12.01.09

Bill Status: CREATED**Narration:** Payment 01 daily wagers S/K in circle No. -02 w.e.f. 08.06.09 to 30.06.09 @Rs151+CA per day**Remarks:**78/4
9/10/09

| Code | Payable To | Function | Account Code | Account Head | Amount |
|---------------------|------------|---------------|--------------|-------------------------|--------|
| | | Public Health | 3202027 | MECH.OF GARBAGE REMOVAL | 3071 |
| Gross Amount | | | | | 3071 |

Deductions:

| Code | Payable To | Function | Account Code | Account Head | Amount |
|------------------------|------------|----------|--------------|--------------|--------|
| | | | | | |
| Total Deduction | | | | | 0 |
| Net Amount | | | | | 3071 |

Net Payable in Words :

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

HEALTH DEPARTMENT

51 daisy open sheet. @ 15/7/24. Only one sheet.

MUSTER ROLL NO. 698.

Circle No. II Voucher No. 78/4 Dated 31/7/29
 In continuation of Muster Roll No.

(From 9/6/29 To 30/6/29)

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 | | | | | | |
| ① | Nitin kr. S/o Ramkishan G-47, Bahmiki - Sadan, Mandir Mary. Molla-E | Offr. | 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 | 20 days | IS+ CA | 3071 | 3071 = 00 | Sig. Attached 13/7/29 A-1-2 | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Three thousand Seventy one Rupees only. | |

Accountant (HG),

CHIEF MEDICAL OFFICER

Handwritten notes:
 Reorder from 4/10/29
 Reorder from 4/10/29
 General No 1/1/21

Pay Rs. 3071-00
 Rupees Three thousand Seventy one only

Grand Total of this Muster Roll ...

Accountant (HG) Sr. A.O.

Chief Medical Officer

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.

RECEIVED
 VERI

Rs. P.

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