Contingent Bill Number : 30308091000020

Disbursement Type: Cash
Bill Type: ImprestBills
Fund: NDMC Municipal General Fund
Bill Date: 04-Aug-2009
Segment: GENERAL FUND
Sub Segment: CASH IN HAND
Field: PUBLIC HEALTH ACCOUNTS BRANCH
Sub Field: (PUBLIC HEALTH) ANTI MALARIA SURV
Functionary: DIRECTOR (PH)
Payable To: Secretary,NDMC
Sanction By: Chairman
Sanctioned On: 26-Nov-2008
SanctionDetails: Office Order No. D-1295/CMO(MAL) dated: 28.05.09 vide approval of Chairman dated: 26.11.08
Bill Status: CREATED
Narration: Payment 09 daily wagers A.M.G(M) in circle No. -2 w.e.f. 01.07.09 to 31.07.09 @Rs151+CA per day
Remarks:

UO/H
7/8/09

Code	Payable To	Function	Account Code	Account Head	Amount
		Public Health	2308043	ANTI MALARIA OPERATION	36827
			Gross Amount		36827

Deductions:

Code	Payable To	Function	Account Code	Account Head	Amount
			Total Deduction		0
			Net Amount		36827

Net Payable in Words :

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

O.O.No:- D/1295/CMO (Mal) Dt 28/5/09

(09) daily wager A.M.G @ 151+CA per day

(1+1) = 2 Sheet.

HEALTH DEPARTMENT

MUSTER ROLL NO. 708 (From 1/7/09 To 31/7/09)

Circle No. CMI - II Voucher No. 401 Dated

In continuation of Muster Roll No. 672 7/8/09

Accountant (HG) CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	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	श्री हँस राज S/o श्री बलबीर D/356, 57. इन्द्रा पार्क राजौरी गार्डन दिल्ली	(T.M.R A.M.G.)	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	27 days	~~[illegible]~~ 151-00 +CA	4143-00	Hans Raj attested M 10/8
7	" महेश S/o श्री धर्मवीर सिंह X/2187 रघुवर पुरी गांधी नगर दिल्ली-33	"	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	27 days	-do	4143-00	Mahesh Kr. attested M 10/8
8	" कमल चौधरिया S/o श्री दौलत राम B/613 पुष्प नगर इन्द्र पुरी जे.जे. कालोनी दिल्ली-12	"	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	~~27 days~~ 27 Days	-do	4143-00	Kamal Chaurasia attested M 10/8
9	" शिव कुमार S/o श्री अवन्ध नारायण B/2152 गली नं. 60/A शैल नगर बुराड़ी दिल्ली-84.	"	P	P	P	P	S	P	P	P	P	P	P	S	A	A	A	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	24 days	-do-	3683-00	Shiv Kumar attested M 10/8

Net Payable Rs 36,827-00

03/8/09

Recreation-3 Rs
Emp No Payee 53
Sanad No 1454

	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		
Daily Total	9	9	9	9	S	9	9	9	9	9	9	S	8	8	8	9	9	9	S	9	9	9	9	9	9	S	9	9	9	9	9	240 days	G. Total	36827-00
Initials of person marking the daily attendance																																		
Initials of Inspecting Officer													S							S							S						

Pay Rs. Rs 36,827-00 (Rupees Thirty six thousand eight hundred twenty seven only) Paid in full Signature attested. S.No (1) to (9)

Accountant (HG) AAO (P&H) 4/8/09 AO (HQ) M.O.H. Sr. A.O

CANCELLED
Released for Payment

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.

VERIFIED FOR CASH/CHEQUE PAYMENT

Grand Total of this Muster Roll ... ... Rs. P.

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

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

10/8/09

Sheet-I

HEALTH DEPARTMENT

MUSTER ROLL NO. 708 (From 1/7/09 To 31/7/09)

Circle No. II Voucher No. ..... Dated .....

In continuation of Muster Roll No. 672

Accountant (HG) CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped according 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
1 Paid	श्री. पप्पू सिंह S/o श्री श्यामलाल E/14/4 विजय विहार फेज II रोहिणी दिल्ली - 85	(T-M-R) A.M.G.	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	27 days	151-00 +CA	4143-00	Satish Kumar
2 Paid	" सतीश कुमार S/o श्री तारे राम 50/B.L-1-G. फ्लैट मादीपुर नई दिल्ली-63.	"	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	27 days	-do-	4143-00	
3 Paid	अमित S/o श्री राम किशन 148 No बाल्मीकी सदन मन्दिर मार्ग दिल्ली	"	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	27 days	-do	4143-00	
4 Paid	" सुरेन्द्र S/o श्री राम स्वरूप N-793 मंगोल पुरी दिल्ली 83	"	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	27 days	-do	4143-00	Surender
5 Paid	" राहुल S/o श्री राम अवतार 86 No डबल स्टोरी पृथ्वी राज लेन नई दिल्ली	"	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	27 days	-do	4143-00	Surender Rahul
	Daily Total		5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	135 days	G. Total	20715-00	
	Initials of person marking the daily attendance						S							S							S							S										
	Initials of Inspecting Officer						S							S							S							S										

Pay Rs. ..... (Rupees .....) Paid in full Signature Attested

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 ... ... Rs. P.

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

Total amount paid (in words) Rupees Balance Paid