

Contingent Bill Number : 30308091000030**Disbursement Type:** Cash**Bill Type:** ImprestBills**Fund:** NDMC Municipal General Fund**Bill Date:** 05-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 11 daily wagers A.M.G(M)
in circle No. -5 w.e.f. 01.07.09 to
31.07.09 @Rs151+CA per day**Remarks:**36/H
7/8/09

Code	Payable To	Function	Account Code	Account Head	Amount
		Public Health	2308043	ANTI MALARIA OPERATION	45573
Gross Amount					45573

Deductions:

Code	Payable To	Function	Account Code	Account Head	Amount
Total Deduction					0
Net Amount					45573

Net Payable in Words :

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

HEALTH DEPARTMENT

MUSTER ROLL NO. 710

Dated: 36/11/89

(From 1/7/89 To 31/7/89)

To: 31/7/89

Circle No. Mel-5 Voucher No. 674 Dated: 36/11/89
 In continuation of Muster Roll No. 674 PART-NOMINAL-ROLL

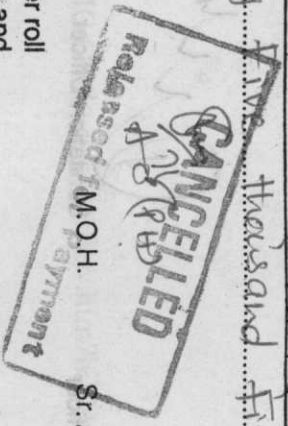
Accountant (HG)

CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From..... To.....																															Total days	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										
9.	श्री. श्री. स/० लक्ष्मी देविका G-I श्री. श्री. म. श्री. श्री.	T.M.R	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	27 days	151+0.14	4143=00 Rs. Paid	श्री. श्री. म. श्री. श्री.		
10.	श्री. श्री. स/० स/० लक्ष्मी देविका 19/275 श्री. श्री. म. श्री. श्री. श्री. श्री. म. श्री. श्री.	T.M.R	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	27 days	151+0.14	4143=00 Rs. Paid	श्री. श्री. म. श्री. श्री.	
	श्री. श्री. स/० स/० लक्ष्मी देविका L-89 श्री. श्री. म. श्री. श्री.	T.M.R	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	27 days	151+0.14	4143=00 Rs. Paid	श्री. श्री. म. श्री. श्री.	
	श्री. श्री. स/० स/० लक्ष्मी देविका Net Payable Rs 45,573-00																																								297 days	45573=00 Rs.	

Initials of person marking the daily attendance

Initials of Inspecting Officer



Grand Total of this Muster Roll: 297 days

S.No. 1 to 11, all signatures are attested & paid in full. Bal. is Nil.

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

Total amount paid (in words) Rupees: Balance Paid

Rs.	P.
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HEALTH DEPARTMENT

MUSTER ROLL NO. 7/0

(From 1/7/09 To 31/7/09)

Sheet-I

Circle No. Med-5 Voucher No. 674 Dated 1/7/09

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					
5.	श्रीरत्न कुमार S/O श्री हरिप्रताप H.N. 81 बालगोविन्द प्रवरा शक्ति भागा नई दिल्ली-1	T.M.R Am.G.	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	27 days	17+e.A.	4143=00Rs. Paid	[Signature]
6.	दलीप कुमार S/O श्री राजसिंह 21-5089. पी. एडा कुम्हार वाराणसी, नैन शार श्याम, नई दिल्ली-110021	"	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	27 days	17+e.A.	4143=00Rs. Paid	[Signature]	
7.	राजेश S/O श्री राजपाल सिंह 19/295 आर्य समाज-वाराणसी न.दि.	"	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	27 days	17+e.A.	4143=00Rs. Paid	[Signature]	
8.	विनीत S/O श्री रमेश H.No-6-33 बालगोविन्द प्रवरा शक्ति भागा नई दिल्ली-1	"	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	27 days	17+e.A.	4143=00Rs. Paid	[Signature]		
Daily Total			8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	216 days		G. Total	33144=00Rs.		
		Initials of person marking the daily attendance	[Handwritten Initials]																																			
		Initials of Inspecting Officer	[Handwritten Initials]																																			

Accountant (HG)

CHIEF MEDICAL OFFICER

Pay Rs. (Rupees) 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 ... Balance Paid

Rs.	P.
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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.

HEALTH DEPARTMENT

(15) daily wages A.M.G @ 15/- CA per day

(14) = 35/- per

MUSTER ROLL NO. 710

(From 1/7/09 To 31/7/09)

Circle No. Med-5 Voucher No. 674
In continuation of Muster Roll No. 674

PART-NOMINAL-ROLL

Accountant (HG),

CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates																															Total	Rate Rs. P.	Amount Rs. Paid	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.	पिताम स/० श्री आजाद H.No-57 बालीक, सदन आदि मोडा नई दिल्ली-1	T.M.R A.M.G	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	27 days	15/-+e.A.	4143-00/-	[Signature]
2.	राकेश कुमार स/० श्री रामनाथ K-1516 अंतरा मितानी बोरोबादु दिल्ली-41	"	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	27 days	15/-+e.A.	4143-00/-	[Signature]	
3.	हर्षवर्धन स/० श्री मदन लाल H.No-186 बालीक, सदन आदि मोडा नई दिल्ली-1	"	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	27 days	15/-+e.A.	4143-00/-	[Signature]	
	श्रीमान गजान स/० श्री इन सिंह H-5 - E.W.E. बालीक, मोडा नो 150	"	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	27 days	15/-+e.A.	4143-00/-	[Signature]		
		Daily Total	P																															108 days	G. Total	16572-00/-		

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.
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