Cafed 30307081000025 By

Help

ntingent Bill

Bill Type* Imprest / MR Bills

ursement Type* Cash

eference Number for Cash Branch 30310070800080

Bill Date* 12/10/2007

Fund * NDMC Municipal General Fund

Sub Segment* CASH IN HAND

Segment* GENERAL FUND

Sub Field* PUBLICH HEALTH ACCOUNTS BRANCH

Field* PUBLIC HEALTH ACCOUNTS BRANCH

Functionary* NDMC

Sanction By* Chairman

Sanctioned On * 11/06/2007

Sanction Details Sanctioned By chairman vide No. 2930/PS/Chairman dt. 11/06/2007

Created By dharam.pal

Verified By

Approved By

Confirmed By

Bill Status CREATED

Narration Payment to 11 Part Time Safai Karamchari/ LB Circle No. 1 @ Rs.133.45p. per day + Rs. 66/- CA

Remarks

Function Name	Account Code*	Account Head	Amount*	Details
Public Health	2101000	SALARIES,WAGES AND BONUS	36198	Click

Gross 36198

Deductions

Account Code	Account Head	Amount	Details
		0	Click

Deductions 0

Net Payable 36198

Net Payable in words Thirty Six Thousand One Hundred And Ninety Eight Rupees Only

*- Mandatory Fields

Back Modify

(11) daily wager S/K / LB. @ 133+45 +CA.

Sheet - II

HEALTH DEPARTMENT

MUSTER ROLL NO. 3756 (From 01/09/07 To 30/09/07)

Circle No. I Voucher No. 68/H Dated 15/10/07

In continuation of Muster Roll No. 3736.

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
(9)	Smt. Lalpadro Rajsingh D/o Babudham M/2 10/3	Daily wager	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	P	S		25	133.45 +CA	3402	
(10)	Sh. Vijay Kr S/o Raj Bir D/o Babudham M/2 Mkoj	DO	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	P	S		25	DO	3402	
(9)	Arun S/o Harikishan D/o Falikadham M/3	DO	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	P	S		25	DO	3402	ARUN Kr
(10)	Deepak S/o Surjeet Singh D/o B3 Falikadham M/3	DO	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	P	S		25	DO	3402	Deepak
(11)	Surjeet S/o Bhagwan D/o 10/50 Bijokhinen	DO	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	P	S		25	DO	3402	Surjeet Singh
	Daily Staff Rs 36198 BJR Dr NW																																				
	Daily Total																																	266	G. Total	36198	
	Initials of person marking the daily attendance																																				
	Initials of Inspecting Officer																																				

Pay Rs. 36198 (Rupees Thirty six thousand one hundred ninety Eight only)

Accountant (HG) C. MEHRA 07 Public Health Pafika Kendra

M.O.H. Sr. A.O. (V.K. GOEL) AO (PH)

CANCELLED Paid on 12/10/07

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 Head Cashier

Sanitation Officer

	Rs.	P.
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		

Fully paid S.No. - 1 to 11 Sign - attested

09/10/07 Received 9/10/07 at 2.15 P.M. entry in page 19 serial 207 Sd(HG)

Vide approval No. 2430/PS/ Chairman dt 11/6/07

(11) daily wager S/K, L/B @ 133.45 + CA.

(1+1) = 2 sheet.

HEALTH DEPARTMENT

MUSTER ROLL NO. 3756 (From 01/09/07 To 30/09/07)

Circle No. I Voucher No. ..... Dated .....

In continuation of Muster Roll No. 3736

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 ... 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	Brij Kishore S/o Lakhmichand, R/o Gali No. 17 Bij, PDD- Tri Colc Pur Delhi	D/Nagar	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	P	S		19	133.45 + CA	2586-	Brij Kishore Sign attd
2	Sh. Rajesh S/o Prakash Chand, PDD- Gali No. 1 Dhan Mandi	DO	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	P	S		25	DO	3402-	Rajesh Sign attd
3	Sh. Ranjeet S/o Ramesh, PDD- S-49 Harijan Basti Dhan Mandi	DO	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	P	S		25	DO	3402-	Ranjeet Sign attd
4	Sh. Ajay S/o Jai Bhagwan, PDD- 149 Ali Mustan Road M.V.	DO	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	A	A	P	P	P	A	S		22	DO	2994-	Ajay Sign attd
5	Sh. Anil S/o Ramesh, PDD- G- Vali Gali Dhan Mandi	DO	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	P	S		25	DO	3402	Anil Sign attd
6	Sh. Sonu S/o PDD- S-49 Harijan Basti M.V.	DO	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	P	S		25	DO	3402	Sonu Sign attd
	Daily Total																																	141	G. Total	19188	
	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.

Sanitation Officer Chief Sanitation Inspector