Comfd- 30307008/000245

## View Contingent Bill

Help

| | | | |
|---|---|---|---|
| Disbursement Type* | Cash | Bill Type* | Imprest / MR Bills |
| Reference Number for Cash Branch | 30310070800062 | | |
| Fund * | NDMC Municipal General Fund | Bill Date* | 11/10/2007 |
| Segment* | GENERAL FUND | Sub Segment* | CASH IN HAND |
| Field* | PUBLIC HEALTH ACCOUNTS BRANCH | Sub Field* | PUBLICH HEALTH ACCOUNTS BRANCH |
| Functionary* | NDMC | | |
| Sanction By* | Chairman | Sanctioned On * | 11/06/2007 |
| Sanction Details | Sanction by Chairman dt. 11/06/2007 vide O.O. No. D/542/PA/MOH dt. 06/07/2007 | | |
| Created By | dharam.pal | Verified By | |
| Confirmed By | | Approved By | |
| | | Bill Status | CREATED |
| Narration | Payment to 18 Daily Wager Anti Malaria Gangman Circle No. 7 & 8 @ Rs.133.45p. per day + Rs. 66/- CA | | |
| Remarks | | | |

| Function Name | Account Code* | Account Head | Amount* | Details |
|---|---|---|---|---|
| Public Health | 2101000 | SALARIES,WAGES AND BONUS | 59604 | Click |

**Gross** 59604

**Deductions**

| Account Code | Account Head | Amount | Details |
|---|---|---|---|
| | | 0 | Click |

**Deductions** 0

**Net Payable** 59604

**Net Payable in words** Fifty Nine Thousand Six Hundred And Four Rupees Only

*- Mandatory Fields

Back Modify

O.O.No- D/542/PA/NOH/07

# HEALTH DEPARTMENT

Contd. Sheet-II

## MUSTER ROLL NO. 3774 (From 1/9/07 To 30/9/07)

Circle No. VII & VIII Voucher No. 61/H Dated 15/10/07

In continuation of Muster Roll No. 3754

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 |
|---|---|---|---|---|---|---|---|
| 13. | संजय S/o श्री थान सिंह 1/17 डी०डी० ए० फ्लैट ईस्ट ऑफ कैलाश नई दिल्ली-65 | T.M.R A.M.G. | P S P H/P P P P S P P P P P S P P P P P S P P P P P S | 25 day | | Rs 3402/- Paid N.S | संजय |
| 14. | संतराम S/o श्री साहबदीन सी आर-205 ललीता पार्क लक्ष्मी नगर दिल्ली-92 | " | P S P H/P P P P S P P P P P S P P P P P S P P P P P S | 25 day | | Rs 3402/- Paid N.S | Santram |
| 15. | अमबिका S/o श्री राजनाथ सिंह F-9 बी०के दत्त कॉलोनी नई दिल्ली-3 | " | P S P H/P P P P S P P P P P S P P P P P S P P P P P S | 25 day | | Rs 3402/- Paid N.S | Ambika |
| 16. | राजेन्द्र S/o श्री परम सुख 19/62 दक्षिण पुरी नई दिल्ली-62 | " | P S P H/P P P A S P A P P P S A P P P P A S A P P P P S | 20 day | | Rs 2722/- Paid N.S | राजेन्द्र सिंह |
| 17. | विनोद S/o श्री फकीर चन्द, म.न.158 मंदिर मार्ग वाल्मीकि सदन नई दिल्ली:1 | " | P S A H A P P P S P P P P P S P P P P P S P P P P P S | 23 day | | Rs 2944/- Paid N.S | |
| 18. | सुरेश कुमार S/o रघुवीर, D-73A हब्बा पार्क देवली रोड नई दिल्ली-62 | " | A S P H/P P P P S P P P P P A S P P P P A S A P P P P S | 21 day | | Rs 2858/- Paid N.S | |
| | Daily Total | | 17 17 17 17 18 17 18 17 18 18 17 17 17 17 18 18 18 16 16 18 18 18 18 18 | 438 day | G. Total | Rs 59604/- | |
| | Initials of person marking the daily attendance | | NS NS NS NS NS NS NS NS NS NS NS NS NS NS NS NS NS NS NS NS NS NS NS NS | | | | |
| | Initials of Inspecting Officer | | | | | | |

Pay Rs. 59604/- (Rupees Rs Fifty nine thousand six hundred four only)

Accountant (HG) M. C. MISHRA) MO (Public Health) NDMC, Palika Kendra

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.

M.O.H.

CANCELLED Released for Payment Sr. A.O. (V. K. GOEL) AO (PH)

VERIFIED FOR CASH/CHEQUE PAYMENT

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.

Recd on 4/10/07 at 10.15 AM in the page 48 Sendal No 150 dt. 4/10/07 SE(HG)

(19) [illegible] +CA.

# HEALTH DEPARTMENT

## MUSTER ROLL NO. 3774 (From 01/9/07 To 30/09/07)

Contd. Sheet – I

Circle No. VII & VIII Voucher No. ..... Dated .....

In continuation of Muster Roll No. 3754

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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7. | घनश्याम S/o श्री मंगल दास B-57 गणेश नगर कम्पलेक्स पांडव नगर गली नं० 7 दिल्ली – 92 | T.M.R A.M.G. | P | S | P | H | 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 day | Rs 320.412 | Rs 3402/- Paid NS | घनश्याम |
| 8. | राजेन्द्र कुमार S/o श्री जग प्रसाद G-87 वेस्ट विनोद नगर नई दिल्ली 110092 | " | P | S | P | H | 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 day | Rs | Rs 3402/- Paid NS | राजेन्द्र कुमार |
| 9. | सुरेश कुमार S/o श्री मुरली धर F-3/140 गली नं०1 संगम विहार नई दिल्ली – 62 | " | P | S | P | H | 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 day | Rs | Rs 3402/- Paid NS | सुरेश कुमार |
| 10. | रवेन्द्र कुमार S/o श्री जयपाल सिंह A-132 ज्वाला पुरी कैम्प नं० 4 पश्चिम विहार नं० दि० 87 | " | P | S | P | H | 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 day | Rs | Rs 3402/- Paid NS | Ravinder Kumar |
| 11. | सूबेदार S/o श्री राम निवास म० नं० 888 वार्ड नं० 8 महरौली सराय नं० दि० 30 | " | P | S | P | H | 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 day | Rs | Rs 3402/- Paid NS | Subedar |
| 12. | अशोक वर्धन S/o श्री सुरेश कुमार F-I/11 मार्किट ढोबाल पुरी नई दिल्ली – 62 | " | P | S | P | H | 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 day | Rs | Rs 3402/- Paid NS | Ashok Vardhan |
| | Daily Total | | 12 | | 12 | 12 | 12 | | 12 | | 12 | | 12 | | 12 | | 12 | | 12 | | 12 | | 12 | | 12 | | 12 | | 12 | | 12 | | 12 | | 300 day | G. Total | Rs 34080/- | |
| | Initials of person marking the daily attendance | | NS | | NS | NS | NS | | NS | | NS | | NS | | NS | | NS | | NS | | NS | | NS | | NS | | NS | | NS | | NS | | NS | | | | | |
| | Initials of Inspecting Officer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

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. |
|---|---|
| | |

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.

Vide. O.O.No. ... (19) daily wages A.M.G. = 133.43 + CA.

# HEALTH DEPARTMENT

(142) = Total Sheet-3.

## MUSTER ROLL NO. 3774 (From 01/9/07 To 30/09/07)

Circle No. VII & VIII Voucher No. ..... Dated .....

In continuation of Muster Roll No. 3754

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. | लालता प्रसाद S/o श्री नौबत सिंह B-1159 संगम विहार | T.M.R A.M.G. | P S P H 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 Day | 133.43 + CA | Rs 3402.00 Paid NS | लालता प्रसाद |
| 2. | गोपाल S/o श्री पूरन क्यू 11 श्री निवास पुरी प्राईवेट कालोनी नई दिल्ली-65 | ,, | P S P H 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 Day | — | Rs 3402.00 Paid NS | |
| 3. | सुनील S/o श्री राजेन्द्र प्रसाद म.नं. 39 जी पोन्ट काली वाडी मार्ग नई दिल्ली-110001 | ,, | P S P H 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 Day | — | Rs 3402.00 Paid NS | सुनील |
| 4. | राजेन्द्र प्रसाद S/o श्री रामनाथ कोठी नं: 10 लोदी स्टेट नई दिल्ली 110003 | ,, | P S P H 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 Day | — | Rs 3402.00 Paid NS | राजेन्द्र प्रसाद |
| 5. | राजीव S/o श्री चम्म सिंह म.नं. 97 वार्ड नं: 2 महरौली नई दिल्ली-30 | ,, | P S P H 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 Day | — | Rs 3402.00 Paid NS | राजीव |
| 6. | देवेन्द्र कुमार S/o श्री बिन लाल, J-368 करतार नगर गली नं: 13 दिल्ली-110053 | ,, | P S P H 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 Day | — | Rs 3402.00 Paid NS | देवेन्द्र कुमार |
| | Daily Total | | 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 | 150 Day | G. Total | Rs 20412.00 | |
| | Initials of person marking the daily attendance | | NS NS NS NS NS NS NS NS NS NS NS NS NS NS NS NS NS NS NS NS NS NS NS NS NS NS NS NS | | | | |
| | 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