30307081/100130

w Contingent Bill

Help

Disbursement Type* Cash

Bill Type* Imprest / MR Bills

Reference Number for Cash Branch 30311070800072

Fund * NDMC Municipal General Fund

Bill Date* 3/11/2007

Segment* GENERAL FUND

Sub Segment* CASH IN HAND

Field* PUBLIC HEALTH ACCOUNTS BRANCH

Sub Field* PUBLICH HEALTH ACCOUNTS BRANCH

Functionary* NDMC

Sanction By* chairperson, NDMC

Sanctioned On * 11/06/2007

Sanction Details sanctioned by chairperson, NDMC vide no. 542/MHO dated 11.6.2007

Created By dharam.pal

Verified By

Confirmed By

Approved By

Bill Status CREATED

Narration payment to 20 AMG, C.NO. III & IV @ Rs.133.45/- +C.A. Rs.66.00

Remarks

Reference JV

Function Name	Account Code*	Account Head	Amount*	Details
Public Health	2101000	SALARIES,WAGES AND BONUS	73380	Click
		Gross	73380	

Deductions

Account Code	Account Head	Amount	Details
		0	Click
	Deductions	0	
	Net Payable	73380	

Net Payable in words Seventy Three Thousand Three Hundred And Eighty Rupees Only

*- Mandatory Fields

Back Modify Print

HEALTH DEPARTMENT

MUSTER ROLL NO. 3812 (From 1/10/07 To 31/10/07)

Contd. Sheet III

Circle No. III & IV Voucher No. 51/H Dated 7/11/07

In continuation of Muster Roll No. 3772

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
16	मनीष कुमार पि० श्री मनोहरलाल B/185 पांडव नगर नेपर मदर डेली दि.92	AMG T.M.R.	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	H	P	S	P	P	P	27	133-45 + CA	3669=00	मनीष कुमार Piad
17	कैलाश चन्द पि० श्री बृजभूषण B-65 न्यू अशोक नगर दिल्ली 96	"	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	H	P	S	P	P	P	27	"	3669=00	Sharma Piad
18	राकेश पि० श्री सुरजीत सिंह 69 पालिका ग्राम लक्ष्मीबाई नगर दि.23	"	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	H	P	S	P	P	P	27	"	3669=00	Pal Piad
19	पुरुषोत्तम कुमार पि० श्री बुद्धसैन A-78/28 जोशी कालोनी मंडावली दि.92	"	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	H	P	S	P	P	P	27	"	3669=00	पुरुषोत्तम कुमार Piad
20	सुनील कुमार पि० श्री सुरेश कुमार H.8 पालिका ग्राम गोल मार्केट NO.I	"	P	H	P	P	P	P	B	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	H	P	S	P	P	P	27	"	3669=00	Sunil Piad
		Daily Total	20	H	20	20	20	20	S	20	20	20	20	20	20	S	20	20	20	20	20	20	S	20	20	20	20	H	20	S	20	20	20	540	G. Total	73380=00	Rs = Seventy Three Thousand Three Hundered eighty only.
		Initials of person marking the daily attendance																																			
		Initials of Inspecting Officer		H					S							S							S					H		S							

Pay to staff Rs. 73,380-00
B/F = Nil
G. Total: Rs. 73,380-00

Pay Rs. 73,380-00 (Rupees Seventy three thousand three hundred eighty only)

Sl.No. - 1 to 20 are attested

Received on 2/11/07 at 3.25 PM. Regd. No. 2 46. No. 11 Series No. 2 46.

Accountant (HG)

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

CANCELLED Released for Payment

Grand Total of this Muster Roll ... ... S.P.N. 15/11/07 21-1153

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

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

Rs.	P.

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

Sanitation Officer Chief Sanitation Inspector Sanitation Inspector

HEALTH DEPARTMENT

Contd-Sheet-II

MUSTER ROLL NO. 3812 (From 1/10/07 To 31/10/07)

Circle No. III & IV Voucher No. ..... Dated .....

In continuation of Muster Roll No. 3772

Accountant (HG) CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation Daily wage	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
11	संजय पु० श्री बनारसीदास A-11 पालिका निकेतन R.K. आश्रम मार्ग	AMG T.M.R.	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	H	P	S	P	P	P	27	133.45 + CA	3669=00	Sanjay Prasad
12	विश्वास पु० श्री राम प्रकाश 22/e कल्याण अपार्टमेंट सै. 5 वैशाली गाजियाबाद UP.	"	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	H	P	S	P	P	P	27	"	3669=00	Vishwas Prasad
13	मनोज कुमार पु० श्री चमपाल A-68 D/S डिस्ट ऑफ फैलाश दिल्ली	"	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	H	P	S	P	P	P	27	"	3669=00	Manoj Prasad
14	रमेश पु० श्री सुरेश B-23 पालिका चाम गोल मार्केट न० 1	"	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	H	P	S	P	P	P	27	"	3669=00	Ramesh Prasad
15	राहुल पु० श्री राम अवतार 86 D/S P.R. लेन खान मार्केट न० 3	"	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	H	P	S	P	P	P	27	"	3669=00	Rahul Prasad
	Daily Total		15	H	15	15	15	15	S	15	15	15	15	15	15	S	15	15	15	15	15	15	S	15	15	15	15	H	15	S	15	15	15	405	G. Total	55035=00	
	Initials of person marking the daily attendance																																				
	Initials of Inspecting Officer			H					S							S							S					H		S							

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

Grand Total of this Muster Roll ... ...

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.

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

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

HEALTH DEPARTMENT

Contg. Sheet-I

MUSTER ROLL NO. 3812 (From 1/10/07 To 31/10/07)

Circle No. III & IV Voucher No. ..... Dated .....

In continuation of Muster Roll No. 3772

Accountant (HG) CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

Dates From ..... To .....

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	रवी कुमार पु० श्री किशन देव Name e 9 D/S अली गंज N.D. 3	AMG Daily wagers ~~I.M.R.~~	P	H	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	S	P	P	P	P	H	P	S	P	P	P		27	133.45 + CA	3669=00	रवि कुमार
7	राजीव शर्मा पु० श्री अशोक कुमार 57 न्यू मालपुर नेपर सोमबाजार दि. 51	"	P	H	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	S	P	P	P	P	H	P	S	P	P	P		27	"	3669=00	Paid
8	तारा चन्द पु० श्री रामधाम 425 कड़ कड़ डूमा इन्द्रपुरी नदि. 92	"	P	H	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	S	P	P	P	P	H	P	S	P	P	P		27	"	3669=00	Tara Chand Paid
9	सुनील कुमार पु० बेदीराम शर्मा 58 न्यू मालपुर नेपर सोमबाजार दि. 51	"	P	H	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	S	P	P	P	P	H	P	S	P	P	P		27	"	3669=00	Sunil Sharma Paid
10	ओम प्रकाश पाठक पु० श्री शिव चरन 2/53 शिव विहार करावल नगर न. दिल्ली	"	P	H	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	S	P	P	P	P	H	P	S	P	P	P		27	"	3669=00	Paid
		Daily Total	10	H	10	10	10	10	S	10	10	10	10	10	10	10	10	10	10	10	10	S	10	10	10	10	H	10	S	10	10	10		270	G. Total	36690=00	
		Initials of person marking the daily attendance																																			
		Initials of Inspecting Officer		H					S													S					H		S								

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

Grand Total of this Muster Roll ... ...

Deduction 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.

Sanitation Inspector

Assistant

(20) daily coyer · A.M.G. C 133.45 +CA

(143) = Tonsheet-4

HEALTH DEPARTMENT

MUSTER ROLL NO. 3812 (From 1/10/07 To 31/10/07)

Circle No. III & IV Voucher No. ..... Dated .....

In continuation of Muster Roll No. 3772

PART-NOMINAL-ROLL

Accountant (HG) CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped acccrding 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	विकाश S/o श्री जय प्रकाश R.Z. 153/345 शिव कुटी गली नं. 2 वेस्ट सागर पुर नई दिल्ली 46	AMG I.A.R.	P	H	P	P	P	P	S	P	P	P	P	P	P	C	P	P	P	P	P	P	S	P	P	P	P	H	P	S	P	P	P	27	133.45 + CA	3669=00	Vikas Piad
2	विक्रम S/o दलीप सिंह No. 1 D/8 P.R. गांव N.D.M.C. क्वा. खान मार्केट N.D. 3	"	P	H	P	P	P	P	S	P	P	P	P	P	P	C	P	P	P	P	P	P	S	P	P	P	P	H	P	S	P	P	P	27	"	3669=00	Vikram Piad
3	मुकेश S/o श्री राम चन्द G 16 · P.R. गांव खान मार्केट N.D. 3	"	P	H	P	P	P	P	S	P	P	P	P	P	P	P	P	P	P	P	P	P	S	P	P	P	P	H	P	S	P	P	P	27	"	3669=00	Piad
4	रनजीत सिंह S/o श्री निहाल सिंह H.No 1640 कटरा गंगा बिशन, गन्ज खाना मार्ग बिशन गंज दि. 6	"	P	H	P	P	P	P	S	P	P	P	P	P	P	P	P	P	P	P	P	P	S	P	P	P	P	H	P	S	P	P	P	27	"	3669=00	Piad
5	मनीष कुमार S/o श्री जगपाल 16/232 वसु ग्राम चाणक्य पुरी N.D. 21	"	P	H	P	P	P	P	S	P	P	P	P	P	P	P	P	P	P	P	P	P	S	P	P	P	P	H	P	S	P	P	P	27	"	3669=00	मनीष Piad
	Daily Total		S	H	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	H	S	S	S	S	S	135	G. Total	18345=00	
	Initials of person marking the daily attendance																																				
	Initials of Inspecting Officer			H					S														S					H		S							

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.

Sanitation Officer Chief Sanitation Inspector Sanitation Inspector

Total of this Muster Roll ... ...

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

Amount paid (in words) Rupees ..... Balance Paid

Rs.	P.