

30307081100125

View Contingent Bill

Help

Disbursement Type* Bill Type*

Reference Number for Cash Branch Bill Date*

Fund* Sub Segment*

Segment* Sub Field*

Field*

Functionary*

Sanction By* Sanctioned On*

Sanction Details: SANCTIONED BY CHAIRPERSON, NDMC DATED 11.6.2007 VIDE OONO,542/PA TO MOH DT.6.7.2007

Created By Verified By

Co-ferred By Approved By

Bill Status

Narration: PAYMENT TO 23 DAILY WAGER AMG CIRCLE NO.5 & 6 @ 133.45 PS PER DAY+ CA RS.66/-

Remarks

Reference JV

Function Name	Account Code*	Account Head	Amount*	Details
Public Health	<input type="text" value="2101000"/>	SALARIES,WAGES AND BONUS	83572	<input type="button" value="Click"/>
Gross			83572	

Deductions				
Account Code*	Account Head	Amount	Details	
<input type="text" value="0"/>			<input type="button" value="Click"/>	

Deductions	<input type="text" value="0"/>
Net Payable	83572

Eighty Three Thousand Five Hundred And Seventy Two Rupees Only

Net Payable in words

*- Mandatory Fields

MUSTER ROLL NO.

3813

(From

1/10/07

To

31/10/07

HEALTH DEPARTMENT

Contd. Sheet - II

Circle No. V 8 VI Voucher No. 3773 Dated 31/10/07

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																															Rate	Amount	Sign of 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				Total	Rs.	P.
11.	शशिदास शिवाजी मंडलिया म/स-16 बत्तीगड मंडलिया	A.M.C.	P	H	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	3669	5729.50	[Signature]
12.	शशिदास शिवाजी मंडलिया J-138 बत्तीगड मंडलिया	A.M.C.	P	H	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	3669	3854	[Signature]
13.	शशिदास शिवाजी मंडलिया बत्तीगड मंडलिया	A.M.C.	P	H	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	3669	3669	[Signature]	
14.	शशिदास शिवाजी मंडलिया S-162 बत्तीगड मंडलिया	A.M.C.	P	H	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	3669	5051	[Signature]	
			Daily Total																																				
			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.

HEALTH DEPARTMENT

MUSTER ROLL NO. 3813

(From 1/10/09 To 31/10/09)

Continued - 1

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

In continuation of Muster Roll No. ... 3773

PART-NOMINAL-ROLL

Accountant (HG)

CHIEF MEDICAL OFFICER

Table with columns: S.No., Name, Designation, Dates From, To, Rate, Amount, and Sign. or thumb impression. It lists several employees with their respective attendance records and payment amounts.

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. (Table for balance paid)

