Health depart
circal No-III

R.M.R S.R. List of
C.No-IV

Recovery Schedule of Benevulent fund in Respect of Health department for the Month of Sept 2008

S.No	Name of Father's Name	Rs.
(1)	Sh. Rajesh S/o Bal Jeet	45
(2)	Sh. Raju S/o Maham	45
(3)	Sh Neeraj S/o Rajender	45
	Total Rs.	135=00

DS
DSI
C.No-III

2435
2986
5421

Contingent Bill Number : 30310080900125

Disbursement Type: Cash

Bill Type: ImprestBills

Fund: NDMC Municipal General Fund

Bill Date: 16-Oct-2008

Segment: GENERAL FUND

Sub Segment: CASH IN HAND

Field: PUBLIC HEALTH ACCOUNTS BRANCH

Sub Field: (PUBLIC HEALTH) SANITATION CIRCLE 3

Functionary: DIRECTOR (PH)

Payable To: Secretary,NDMC

Sanction By: Director (P)

Sanctioned On: 01-Jul-2002

SanctionDetails: Sanctioned by Director (P) office order no. 1234/SO/HE-III, dated 1-7-2002

Bill Status: CREATED

Narration: Payment to 3 RMR SKs/LBs in circle no. 3 w.e.f 1-9-2008 to 30-09-2008

Remarks:

Code	Payable To	Function	Account Code	Account Head	Amount
		Public Health	3202027	MECH.OF GARBAGE REMOVAL	6478
			Gross Amount		6478

Deductions:

Code	Payable To	Function	Account Code	Account Head	Amount
			Total Deduction		0
			Net Amount		6478

Net Payable in Words :

Created By	dharam.pal	**Verified By**	
Confirmed By		**Approved By**	
Final Approved By			

सी.पी.डब्लू.ए.-21
CPWA-21

मस्टर रोल नं० MUSTER ROLL NO. .....(से From 1-4-08 तक To 30-9-08)

Rmk (3)
O.O No 01234/SCHEME
Dated 1-7-2002

प्रभाग Division C.O.No. III उप प्रभाग Sub-Division 109/H वाउचर नं. Voucher No. ..... दिनांक Dated .....
कार्य का नाम Name of work Subai Karamchari Rmk S.K. C.No.3
मस्टर रोल नं. के अनुक्रम में In continuation of Muster Roll No. .....

हाजिरी रोल PART-NOMINAL ROLL

डी.ए. /D.A. ( ) ई.ई./E.E. ( )

क्रम सं. S. No.	नाम पिता/पति का नाम एवं पता (चेसिस के अनुसार ग्रुप) Name, Father's/Husband's Name & Address grouped according to chasses	पदनाम Designation	दिनांक Dates from ..... से To ..... तक 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	दर Rate रू. Rs. पै. P.	राशि Amount रू. Rs. पै. P.	भुगतान प्राप्त करने वाले के हस्ताक्षर या अंगूठा निशानी और भुगतान के समय भुगतान करने वाले अधिकारी के हस्ताक्षर व दिनांक Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
54	Rajesh S/o Baljeet Rmk S.K. C.No.3 O.O.No 01234/SCHEME GEW Dated 1-7-2002 Mangolpuri Delhi	do	A A P P P P P P P $ A P P P P P A P P P A P A $ P P P P P P P