

Contingent Bill Number : 30310080900112	
Disbursement Type: Cash	Bill Type: ImprestBills
Fund: NDMC Municipal General Fund	Bill Date: 11-Oct-2008
Segment: GENERAL FUND	Sub Segment: CASH IN HAND
Field: PUBLIC HEALTH ACCOUNTS BRANCH	Sub Field: (PUBLIC HEALTH) SANITATION CIRCLE 12
Functionary: NDMC	Payable To: Secretary,NDMC
Sanction By: Dir.(P)	Sanctioned On: 19-Aug-2002
SanctionDetails: vide o.o. no. 1234/SO(HE-III)/GC-III dt. 19-8-2002	Bill Status: CREATED
Narration: payment to two RMR Safai Karamcharis/Lorry Beldar in circle no. 12 for the month of Sep.08 name as Mahesh S/o. Suaa Ram, Vinod S/o. Sh. Prem	
Remarks:	

94/11.
18/11/08

Code	Payable To	Function	Account Code	Account Head	Amount
		Public Health	3202027	MECH.OF GARBAGE REMOVAL	6662
Gross Amount					6662

Deductions:

Code	Payable To	Function	Account Code	Account Head	Amount
Total Deduction					0
Net Amount					6662

Net Payable in Words :

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

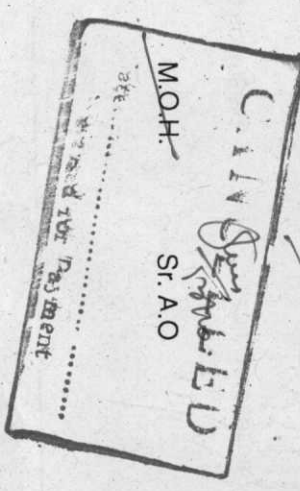
HEALTH DEPARTMENT

MUSTER ROLL NO. R.M.R. (From 1-9-08 To 30-9-08)

Circle No. XII Voucher No. Dated 13/10/08
 In continuation of Muster Roll No. 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																															Total	Rate		Amount		Sign. or 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		Rs.	P.	Rs.	P.							
1	Sh. Mahesh S. Sae Ram	Suki Nevam Chari																																	23	12	3169	00	3169						
2	Sh. Vinod S. P. Ram	"																																	26	00	3583	00	3583						
3	Sh. Vithal B. Bannwar	"																																	Nil	00	6752	00	6752						
Daily Total																																		49	00	6752	00	6752	00	90	00	6662	00		

Pay Rs. 6662.00 (Rupees Six Thousand Six Hundred Sixty Two and 00/100) only
 Initials of person marking the daily attendance: [Signature]
 Initials of Inspecting Officer: [Signature]
 Accountant (HG): [Signature] 13-10-08
 Grand Total of this Muster Roll ... Fully paid 2
 Deduct: Payment made, as per details transferred to Register of Unpaid Wages



Certified that the workers mentioned in the muster roll were actually employed by me as NDMC work(s) and they were actually paid on my identification in my presence.

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