C.OF

Contingent Bill Number : 30303070800224

Disbursement Type: Cash

Bill Type: ImprestBills

Fund: NDMC Municipal General Fund

Bill Date: 29-Mar-2008

Segment: GENERAL FUND

Sub Segment: CASH IN HAND

Field: PUBLIC HEALTH ACCOUNTS BRANCH

Sub Field: (PUBLIC HEALTH) SANITATION CIRCLE 10

Functionary: NDMC

Payable To:

Sanction By: Chairman

Sanctioned On: 23-Aug-2007

SanctionDetails: Sanctioned By Chairman NDMC vide No. 4912/PS/CH dated 23/08/2007

Bill Status: CREATED

Narration: Payment of 40 daily wages SKs/LBs Circle No. 10 @ 133.45 plus CA Rs.66/-

Remarks:

Code	Payable To	Function	Account Code	Account Head	Amount
		Public Health	3202027	MECH.OF GARBAGE REMOVAL	76879
			Gross Amount		76879

Deductions:

Code	Payable To	Function	Account Code	Account Head	Amount
			Total Deduction		0
			Net Amount		76879

Net Payable in Words :

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

4033

23

HEALTH DEPARTMENT

(10)

Contd. Sheet-9.

MUSTER ROLL NO. 4033 (From 1/2/08 To 19/2/08)

Circle No. X Voucher No. 256/M. Dated 31/3/08

In continuation of Muster Roll No. 3986

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
37	Sh. Arunkr s/o Net Ram 4014 Lal Quarter Kidwai Nagar NDE East	D/W	P P S P P P P P S P P P P P S P P — 10 —	~~85~~ 525 16 days.	133.45 + C.A	71436 Paid 2177	LTI Attested
38	Sh. Vikram Singh s/o Sher Singh J-II 65 Madan gir. N.D.62	D/W	A A S A A A A A S A A A A A S A A — 10 —	NIL	do	NIL	
39	Sh. Sourav s/o Sh. Prem Chand 5/5 N.DMC Flat Aliganj Dabal Sty	D/W	P P S P P A P P A S A A P P S P S A A P P P P P

HEALTH DEPARTMENT

MUSTER ROLL NO. 4033 (From 1/2/08 To 19/02/08)

Contd-Sheet-8

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

In continuation of Muster Roll No. 3986

Accountant (HG) CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped accrding 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
33	smt Madhu w/o Deepak Sgh 10846 Phandewalan Rd. Nari Karm. N.D.55	D/W	P P S P P P

HEALTH DEPARTMENT

MUSTER ROLL NO. 4033 (From 1/2/08 To 19/02/08)

Contd-Sheet-7

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

In continuation of Muster Roll No. 3986

Accountant (HG) CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

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
29	Sh. Parveen kr s/o Kanwar Sh. D-317 school Block Nathu Colony. ND 93	D/W	P P P P P P S P P P P P P P S P P P P P P P P P P S P P P P P P P P P P

HEALTH DEPARTMENT

MUSTER ROLL NO. 4033. (From 1/2/08 To 19/2/08)

Contd. Sheet-6

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

In continuation of Muster Roll No. 3986

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
25	Sh. Vishnu s/o Balbir B-6 Palika Dham Gole mkt. ND.	D/W	— 10 —	15 days.	133.45 + CA	4644 Paid. 2041	Sig Attested
26	Smt Sunita Rani w/o Vijay Kr C-144 Chitra Gupta Rd. Paharganj ND.	D/W	— 10 —	16 days.	do	Paid. 2177	Sig Attested
27	Sh. Ranjeet s/o Sh. Harisingh 59-A Sec. 4 Raja Bazar Gole mkt-ND	D/W	— 10 —	15 days	do	Paid 2041	Sig Attested
28	Sh. Parveen Kr s/o Sushil Kr D-3/326 Nand Nagari Delhi-93.	D/W	— 10 —	16 day	do	Paid 2177	Sig Attested
	Daily Total	44-44444-42		407	G. Total	55380	
	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. 4033 (From 1/2/08 To 19/02/08)

Contd Sheet-V

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

In continuation of Muster Roll No. 3986

PART-NOMINAL-ROLL

Accountant (HG) CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped accrding 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
21	Sh. Parmod s/o Sh. Laxman Singh 8B-32 D.D.A Flat old Aram Kishan Ram Nagar P.Ganj	D/W	P P S P P P P P S P P P P P P S P P — 10 — P P P P P P P P P P P P P P P P P P	293 16 Days	135.45 + C.A	39868 Paid 2177	Sig Attested
22	Sh. Harikishan s/o Munsi Ram G-3 Palika Dham Gole Mkt. N.D.	D/W	D D S D D D D D S D D D D D D S D D — 10 — D D D D D D D D D D D D D D D D D D	16 days	-do-	Paid 2177	LTI Attested
23	Sh. Vinod Kr. s/o Rishipal G-3 Palika Dham Gole Mkt. ND.	D/W	D A D D A D D A D A A D D D D D A — 10 —	10 days	-do-	Paid 1361	Vinod Sig Attested
24	Sh. Ashish Kr. s/o Beer Singh 17/461 Faiz Gali. ND-1	D/W	D D S D A D D A D S A D A D D S D A — 10 —	10 days	-do-	1361	LTI Attested
	Daily Total		43 – 43 34 33 – 23 34 34 – 42	845	G. Total	46944	
	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. 4033 (From 1/2/08 To 19/02/08)

Contd sheet – IV

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

In continuation of Muster Roll No. 3786

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
17	Sh. Sandeep Kr. s/o Sh. Kanwar Pal	D/W	P P S P P P P P S P P P P P S P P P P P

HEALTH DEPARTMENT

MUSTER ROLL NO. 4033 (From 1/2/08 To 19/02/08)

Contersheet—III

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

In continuation of Muster Roll No. 3986

PART-NOMINAL-ROLL

Accountant (HG) CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped accc rding 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	Sh. Rajesh kr s/o Jogi Ram F-II/297 Madangiri ND-62.	D/W	P P S A P P A P P S P P P A P P S P P P P P P S P P P P P P

HEALTH DEPARTMENT

MUSTER ROLL NO. 4033 (From 1/2/08 To 19/02/08)

Contd. Sheet – II

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

In continuation of Muster Roll No. 3986

PART-NOMINAL-ROLL

Accountant (HG) | CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped accrding 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
9	Smt Geeta w/o Chander Sekhar, Q NO 5 Balmik Basti Mandir Marg. ND.	DIW	P P S P P P P P S P P P P P P S P P P P P P

HEALTH DEPARTMENT

MUSTER ROLL NO. 4033. (From 1/2/08 To 19/02/08)

Contd-Sheet-I

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

In continuation of Muster Roll No. 3986

PART-NOMINAL-ROLL

Accountant (HG) CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped accrding 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
5.	Sh. Fagir Chand S/o Sh. Jagdish Chand. H.No. 3018 Gali No 2 Dharam Pura Gandhi Nagar N.D-	D/W	P P P

O.O No- 1188/D/PA/MOH Dt 11/12/07.
Approval Chairman No- 4912/D/B Dt 23/8/07

(40) daily wager S/K, L/B @ 133.45 + CA (1)

HEALTH DEPARTMENT

MUSTER ROLL NO. 4033. (From 1/2/08 To 19/02/08)

(149) Total Sheet = 10

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

In continuation of Muster Roll No. 3986

PART-NOMINAL-ROLL

Accountant (HG) CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped accccrding 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.	Smt. Sunita w/o Sh. Narinder Chauhan 10A Gali No 10. East Sagar Pur New Delhi	D/W	P P S P P P P P S P P P P P P S P

Sign Attested
Dy AD E&NDMC

Sign Attested
Dy AD E&NDMC

Sign Attested
Dy AD E&NDMC

Sign Attested
Dy AD E&NDMC

	Daily Total	44	44	34	44	44	42	42	32	33	34	44	43																					55 days	G. Total 7484
	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.

	Rs.	P.
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		