C.O R

Contingent Bill Number : 30303070800226

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 11

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 11 daily wages SKs/LBs Circle No. 11 @ 133.45 plus CA Rs.66/-

Remarks:

Code	Payable To	Function	Account Code	Account Head	Amount
		Public Health	3202027	MECH.OF GARBAGE REMOVAL	23539
			Gross Amount		23539

Deductions:

Code	Payable To	Function	Account Code	Account Head	Amount
			Total Deduction		0
			Net Amount		23539

Net Payable in Words :

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

4034

937

25

HEALTH DEPARTMENT

MUSTER ROLL NO. 4034 (From 01/02/08 To 19/02/08)

Contd. Sheet-II

Circle No. XI Voucher No. 237/7 Dated 21/5/08

In continuation of Muster Roll No. 3987

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
7	SH. Manoj S/o Samyapal Singh. ADD- Mi Lok Puri Delhi	Daily Wager Sk	S S S

O.O No- 1188/D/PA/MOH Dt 11/12/07.
approval Chairman No- 4912/D/PS Dt 23/8/07
4034.

(11) daily wages S/R, C/B @ 133.45 + CA.

HEALTH DEPARTMENT

MUSTER ROLL NO. ..... (From 01/02/08 To 19/02/08)

(1+1) Total sheet = 2.

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

In continuation of Muster Roll No. 3987

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.	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
1.	SH. Inderpal S/o SH. Pyaraylal. RD- Trilokpuri	Daily wager S/R	S ... S ... S ...