Contingent Bill Number : 30303070800184

Disbursement Type: Cash
Bill Type: ImprestBills
Fund: NDMC Municipal General Fund
Bill Date: 28-Mar-2008
Segment: GENERAL FUND
Sub Segment: CASH IN HAND
Field: PUBLIC HEALTH ACCOUNTS BRANCH
Sub Field: PUBLICH HEALTH ACCOUNTS BRANCH
Functionary: NDMC
Payable To:
Sanction By: Chairman
Sanctioned On: 16-Jan-2008
SanctionDetails: Sanctioned By Chairman NDMC vide No. 462/PS/CH dated 16/01/2008
Bill Status: CREATED
Narration: Payment of 18 daily wages SKs/LBs Circle No. 1 @ 133.45 plus CA Rs.66/-
Remarks:

Code	Payable To	Function	Account Code	Account Head	Amount
		Public Health	3202027	MECH.OF GARBAGE REMOVAL	15655
			Gross Amount		15655

Deductions:

Code	Payable To	Function	Account Code	Account Head	Amount
			Total Deduction		0
			Net Amount		15655

Net Payable in Words :

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

4068

HEALTH DEPARTMENT

Contd. Sheet - III

MUSTER ROLL NO. 4068 (From 20/2/08 To 29/2/08)

Circle No. I Voucher No. 227 Dated

In continuation of Muster Roll No. Fresh. 31/2/08

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
16	Balbir S/o Ranjit Singh ADD- Palikadhan M.D.	Dr.	P P (S) P P P P P	07 + CA	133.29	933-00	Balbir
17	Sandeep S/o Manoj ADD- Arjun Bhalla	"	P P (S) P P P P	07	133.29	933-00	Sandeep
18	Ajay S/o Jeet Singh ADD- Alipur	"	(S)	NIL		NIL	
			Daily Total	115	G. Total	15655-00	
			Initials of person marking the daily attendance				
			Initials of Inspecting Officer				

Pay Rs. 15655/- (Rupees) Fifteen thousand six hundred fifty five only

Deny the Staff - 15655
B/F No
GA No 15655

Received on 10/3/08 at 10.40 AM Entry No page No 1215 Serial No 455

28/3/08

A.A.D. (HEALTH)

20.3.08

Accountant (HG)

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.

VERIFIED FOR CASH/CHEQUE PAYMENT

CANCELLED

M.O.H. Sr. A.O.

NB:- M. Roll Bill passed subject to receiving Complete Residential address of persons employed on this M. Roll before actually wages to them by the official making Payment.

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.

Fully paid S.No - 1 to 17, Sign attested

HEALTH DEPARTMENT

MUSTER ROLL NO. 4068 (From 20/2/08 To 29/02/08)

Contd. Sheet - II

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

In continuation of Muster Roll No. Fresh.

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
(11)	Smt. Reena W/o Jitendra D/o Trilokchand Devi	Dra	P P S P P P P	07	133.00	953.00	
(12)	Arun Kumar S/o Mangat Ram R/o Palika Kendra	do	P P S P P P P P	07	do	953.00	
(13)	Sanjay S/o Babulal R/o Palika Kendra	do	P P S P P P P	07	do	953.00	
(14)	Jeeram S/o Tejsingh R/o Kalyanpuri	do	P P S P P P P	07	do	953.00	
(15)	Pushpa W/o Ramesh R/o Palika Kendra	do	P P S P P P P	06	do	817.00	
	Daily Total			101	G. Total	13,749	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer						

Pay Rs. ..... (Rupees .....)

Accountant (HG)

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.

M.O.H. Sr. A.O

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.

Sanitation Officer

Chief Sanitation

HEALTH DEPARTMENT

MUSTER ROLL NO. 4068 (From 20/2/08 To 29/02/08)

Contd. Sheet-I

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

In continuation of Muster Roll No. Fresh.

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
6	Betty W/O Goutam Ad D - B-10 Pali Vihar Dhn	D/W	P P P P P P P	02	133.40 + EA	136 + 272	Paid
7	Rahul S/O Jaibir Ad D - J-Pun Dhn	-do-	P P P P P P P P	08	-do-	1089	Paid
8	Premwati W/O Shiv Ad D - D-Asiad Village Delhi	D/W	P P P P P P P P	08	-do-	1089	Paid
9	Meelam W/O Rajesh Ad D - Pali Vihar Dhn M.D	D/W	P P P P P	05	-do-	680	Paid
10	Vikash S/O Ram Sing Ad D - Harijan Basti M.D	D/W	P P P P P P P	07	-do-	953	Paid
	Daily Total			68	G. Total	9120	
	Initials of person marking the daily attendance		P P P P P P P			9256	
	Initials of Inspecting Officer						

Pay Rs. ..... (Rupees .....)

Accountant (HG)

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.

M.O.H. Sr. A.O

Sanitation Officer

	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		

D.O.No- 102/D/M/Mat ... 22/2/08

(18) daily wager 8/K, 4/B @ 135.45 + CA

HEALTH DEPARTMENT

MUSTER ROLL NO. 4068 (From 20/02/08 To 29/02/08)

(143) Total Sheet = 4.

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

In continuation of Muster Roll No. fresh.

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
1	Renu W/o Parveen, ADD- 1/5 W/ Rio Kalan Delhi-91	D/W	P P P S P P P P P	07	138.45 + CA	953-00	
2	Shushila W/o Paras Ram, ADD- J-5 Palika Dhan	D/W	P P S P P P P	06	90	817-00	
3	Pushpleta W/o Anil, ADD- 1/Rio Kalan	D/W	P P S P P P P	07	90	953-00	
4	Sunita W/o Sonu, ADD- Harijan Basti H.D.	D/W	P P P P S P P P P	09	90	1215-00	
5	Manju W/o Ashok, ADD- G-4 Palika Dhan	D/W	P P P P S P P P P	09	90	1215-00	
	Daily Total			38	G. Total	5173	
	Initials of person marking the daily attendance		A A A A A A A A A				
	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.

Sanitation Officer

Grand Total of this Muster Roll ... ... Rs. P.

Deduct-Payment made, as per details transferred to Register of Unpaid Wages

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