Con

Contingent Bill Number : 30303070800175

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 14 daily wages SKs/LBs Circle No. 5 @ 133.45 plus CA Rs.66/-
Remarks:

Code	Payable To	Function	Account Code	Account Head	Amount
		Public Health	3202027	MECH.OF GARBAGE REMOVAL	12798
			Gross Amount		12798

Deductions:

Code	Payable To	Function	Account Code	Account Head	Amount
			Total Deduction		0
			Net Amount		12798

Net Payable in Words :

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

204

4072

204/A.
31/3/08

HEALTH DEPARTMENT

MUSTER ROLL NO. 4079. (From 20/2/08 To 29/02/08)

Cover Sheet — II

Circle No. V 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 Sh.	Ajeet S/o Sh Rajinder Kr. Add. H.No-36, Palika Gram Sarojani Nagar N.D.	D/wages	P P P

HEALTH DEPARTMENT

MUSTER ROLL NO. 4072. (From 20/2/08 To 29/02/08)

Cover sheet - I

Circle No. V Voucher No. ..... Dated .....

In continuation of Muster Roll No. Fresh.

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
6. Sh.	Sunil Kumar S/o Sh Ramkishan Add - H.No - 171/D2 Ward No-2 Mehrauli N.D	D/ Wages SK.	P P P

O.O.No- 1881/D/PA/MOH Dt. 22/02/08
O.O.No- 162/D/PA/MOH Dt 22/02/08

(14) daily wages SK, 2/B @ 133-43 FCA.

HEALTH DEPARTMENT

MUSTER ROLL NO. 4072 (From 20/2/08 To 29/02/08)

(142) Total Sheet = 3.

Circle No. V 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 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
1. Sh.	Ravinder S/o Sh. Attar Singh Add - H.No - 16/247 Trilok Puri Delhi-91	Daily wgs SK.	P P P