115

Contingent Bill Number : 30304080900091

Disbursement Type: Cash
Bill Type: ImprestBills
Fund: NDMC Municipal General Fund
Bill Date: 17-Apr-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: 16-Jan-2008
SanctionDetails: Sanctioned By Chairman NDMC vide No. 462/PS/CH dated 16/01/2008
Bill Status: CREATED
Narration: Payment of 44 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	36750
			Gross Amount		36750

Deductions:

29

Code	Payable To	Function	Account Code	Account Head	Amount
			Total Deduction		0
			Net Amount		36750

Net Payable in Words : Thirty Six Thousand Seven Hundred And Fifty Rupees Only

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

Balance Bill of Rs 3401/-

		Amount
Sl. No. 17	Sh. Rahul S/o Kalla.	408
Sl. No. 18	Inderpal S/o Nand Singh	544
" " 25	Smt Geeta W/o Rakesh	544
" " 30	Sanjay S/o Chander Pal.	544
" 42	Sh Rajesh S/o Ram pr	1089
" 43	Sh Vinod pr S/o Rajesh	544
		272
		Rs. 3401

(Rs Three thousand four hundred & one only.)

NEW DELHI MUNICIPAL COUNCIL

SR. NO. D 58457

RECEIPT

Receipt No.: CH080906NDMC017683 **Date:** 21-Jun-2008

Challan Number: 84096 **Field:** PUBLIC HEALTH ACCOUNTS BRANCH

Sub-Field: (PUBLIC HEALTH) SANITATION **Function:** Public Health

Functionary: CIRCLE 10 **Received From:** Sh. Vijay Pal, SI C-X

On Account of: NDMC Unpaid Balance of Rahul, Rs.408/- Inderpal Rs.544/- Gita Rs.544/- Hemlata Rs.1089/- Rajiv Rs.544/- Vinod Rs.272/- vide Vr. NO. 115/H dt. 23/04/2008

Address: Circle NO. X

Account Code	Description	Amount
3202027	MECH.OF GARBAGE REMOVAL	3401

Payment Mode: Cash **Total Amount:** 3401

Total Amount in Words: Three Thousand Four Hundred And One Rupees Only

Cheque/DD No.: **Cheque/DD Date:** **Bank:**

Name of the Operator: kusum.lata **Counter No:** PK COUNTER 1

NDMC

नई दिल्ली नगर पालिका परिषद

Signature of Authorised Officer

RECEIPT IS SUBJECT TO REALISATION OF CHEQUE/DRAFT/PAY ORDER.

Chairman approval No-462 O/P. DT 3/9/07 16/01/08

HEALTH DEPARTMENT

Cover sheet 7

MUSTER ROLL NO. 4077 (From 20/2/08 To 29/02/08)

Circle No. X Voucher No. 115/H Dated 23/4/08

In continuation of Muster Roll No. Fresh.

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From... (1–31; S on 3, 10, 17, 24)	Total	Rs. P.	Rs.	Signature or thumb impression of payee at the time of payment
40	Raman s/o Ravi Kumar, 8089 Pahar Ganj, N. Delhi	D/W	P P P P A (25–29)	04 days	133.45 + C.A	544-00	[illegible]
41	Ravi s/o Jaichand, 10/86, Trilok Puri, New Delhi	D/W	P P P P P (25–29)	05 days	do	680-00	[illegible]
42	Rajiv s/o Ravi Kumar, G-45 Ali Ganj, N. Delhi	D/W	P P A P P (25–29)	04 days	do	544-00	[illegible]
43	Vinod Kumar s/o Rajesh, C-1536, Block C, Jahangir Puri, Delhi.	D/W	P P A A A (25–29)	02 days	do	272-00	[illegible]
44	Surendar s/o Kishan Lal, J.J. Colony Wazirpur	D/W	P P P P P P P P (21–29)	08 days	do	1089-00	[illegible]

Total 247; Rs. 55621

Pay to staff Rs. 3675.0

Daily Total	111 55343	270	G. Total 3675.0
Initials of person marking the daily attendance			
Initials of Inspecting Officer			

Pay Rs. 3675.0/- (Rupees Rs. Thirty six thousand seven hundred Fifty only)

Balance Bill

Grand Total of this Muster Roll: Balance Bill of Item Nos 17, 18, 25, 30, 42 & 43 of total amount. Balance amount Rs. 3,401/- [illegible]

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

[illegible] except above said balance items.

Accountant (HG) (HEALTH)

M.O.H.

Sr. A.O.

(V. K. GOEL) AO (PH)

CANCELLED

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.

PAYMENT Head Cashier

Received on 9/4/08 at 11.80 AM. entry No. 527 page No. 22 [illegible]

11/4/08

22/4/08

SO(HG)

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

Rs.	P.

HEALTH DEPARTMENT

Conti. sheet VI

MUSTER ROLL NO. 4077 (From 20/2/08 To 29/02/08)

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

In continuation of Muster Roll No. Fresh

Accountant (HG), CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

Dates From .... To ....

(Sundays marked "S" under dates 3, 10, 17, 24)

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates 1–31	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
				215		29264/-	
35 S/S	Sandeep s/o Jilley Singh, G-127/9 Subhash Ngr. Moti Mahal Gurgaon	D/W	← RG → P P S P P P P (A)	06 days	133.45 + C.A	817-00	Sandeep
36 "	Umesh chand s/o Harichand, 16/102 Tibb Puri	D/W	← → P P S P P P P P	07 days	-do-	953-00	Umesh
37 "	Kirshan s/o Shanker, F-43, Balmiki Sadan Mandir Marg, New Delhi	D/W	← → P P S P P P P P	07 days	-do-	953-00	[illegible]
38 "	Raj Kumar s/o Rattan lal, 129A Village Ghondli Delhi 51	D/W	← → P S P P P P P	06 days	-do-	817-00	21 [illegible]
39 "	Varun s/o Jag Mal, 7/177 Khichri Pur N.D. 91	D/W	← → P S P P P P P	06 days	-do-	817-00	Varun
	Daily Total		35-55554	247	G. Total	33621/-	
	Initials of person marking the daily attendance		qqstkkak				
	Initials of Inspecting Officer						

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

Grand Total of this Muster Roll ... ...

Rs.	P.

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.

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

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

HEALTH DEPARTMENT

MUSTER ROLL NO. 4077 (From 20/02/08 To 29/02/08) Contd. sheet-VI

Circle No. X 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	1	2	3 S	4	5	6	7	8	9	10 S	11	12	13	14	15	16	17 S	18	19	20	21	22	23	24 S	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
309	Sanjay Kumar s/o Chandan Lal 10/82, Trilok Puri, New Delhi	D/W																20					P	P	P	S	P	P	P	P	P			08 days	133.45 C.T.A	1089-00	
319	Pardeep s/o Sumer Singh 315, Shahpur Jat Delhi	D/W																20					P	P	P	S	P	P	P	P	P			08 days	-do-	1089-00	Paid
329	Hemlata w/o Kishan 197, Bajmila Basti Mandir Marg	D/W																20					P	P	P	S	P	P	P	P	P			08 days	-do-	1089-00	Paid हेमलता
339	Ramdass s/o Rati Ram T-1, Kallu Sarai, I.I.T. Gali, Delhi	D/W																20					P	P	P	S	P	P	P	P	P			08 days	-do-	1089-00	Paid रामदास
344	Kishan Lal s/o Kallu Ram A-153, J.J. Colony Tigri, Delhi	D/W																20							P	S	P	P	P	P	P			06 days	-do-	817-00	Paid
	Daily Total																						5	5	5		5	5	5	5	5			215	G. Total	29264-00	
	Initials of person marking the daily attendance																						ℓ	ℓ	ℓ	s	ℓ	ℓ	ℓ	ℓ	ℓ						
	Initials of Inspecting Officer																																				

Total carried forward: 177 (days); Amount 24091

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 ... ...

Rs.	P.

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

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

HEALTH DEPARTMENT

MUSTER ROLL NO. 4077 (From 20/2/08 To 29/02/08)

Contd. Sheet - IV

Circle No. X 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.	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
25 Sh	Geeta w/o Rakesh. 8-A/100 D.D.A. Flats Tilak Nagar, New Delhi.	D/W	21 days	14 days	133.45 + C.A	544-00	
26 Sh	Sanjay s/o Dhasambir. H-15, Ashoka Church, Gole market, New Delhi	D/W	21 days	07 days	do	953-00	
27 Sh	Sunil s/o Om Parkash 50 Village Kushak Hiranki Delhi	D/W	21 days	04 days	do	544-00	
28 Sh	Vinay s/o Madan lal 101-19 Tilak Nagar New Delhi.	D/W	21 days	05 days	do	680-00	
29 "	Ajay Kumar s/o Rajinder. 153/105 Tilak Nagar Delhi	D/W	21 days	08 days	do	1089-00	
	Daily Total		133-55344-177		G. Total	24091-00	
	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		

HEALTH DEPARTMENT

MUSTER ROLL NO. 4077 (From 20/9/08 To 29/09/08) Contd. Sheet - VII

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

In continuation of Muster Roll No. Fresh.

PART-NOMINAL-ROLL

Accountant (HG). CHIEF MEDICAL OFFICER

Dates From .... To ....

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	1	2	3 S	4	5	6	7	8	9	10 S	11	12	13	14	15	16	17 S	18	19	20	21	22	23	24 S	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
19 Sh	Rahul s/o Madanlal. 10/19 Tirlok Puri Delhi	D/W																					P	P	P	S	P	P	P	P	P			08 days	133.45 + C.A	1089-00	
20 "	Vinod s/o Sesia 6/4 Saint Columbs School Gole Market N.Delhi	D/W																					P	P	P	S	P	P	P	P	P			08 days	-do-	1089-00	
21 Smt	Sonia w/o Suresh T.J-439 Gali No 2 Baljeet Ngr. N.Delhi Prem Ngr	D/W																					P	P	P	S	P	P	P	P	P			08 days	-do-	1089-00	24/9/211
22 Sh	Anuj s/o Man Singh H.1 Balika Dham Gole Mkt N.Delhi	D/W																					P	P	P	S	P	P	P	P	P			08 days	-do-	1089-00	
23 Sh	Gourav s/o Ram Niwas C-109/90 Balika Dham Jhaggi Camp	D/W																					P	P	P	S	P	P	P	P	P			08 days	-do-	1089-00	
24 Sh	Naresh Kumar s/o Suresh. H-2 Balika Dham Gole Market New Delhi	D/W																					P	P	P	S	P	P	P	P	P			08 days	-do-	1089-00	
	Daily Total																						6	6	6	-	6	6	6	6	6			149	G. Total	90281-00.	
	Initials of person marking the daily attendance																						[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			149			
	Initials of Inspecting Officer																																				

Total brought forward: 104 (165 struck through); Amount: 13747-00

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. 4077 (From 20/2/08 To 29/02/08)

Cont. Sheet-II

Circle No. X 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 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	Kailash S/o Sh Rajpal 13917 Jaishwes House Man Singh N.D.	D/W LS/SL		07 days	133.45 + C.A	953-00	Kailash
14	Deepak S/o Sh Rattan G-28 Ali Ganj N-Delhi	D/W		05 day	do	680-00	Paid
15	Mahender S/o Sh Jaganlal 318 Jainsa Nagar	D/W		04 days	do	544-00	Paid
16	Prakash S/o Sh Ramdass E-18 Palika Dham	D/W		07 days	do	953-00	Paid
17	Rahul S/o Kally D825 Dakshin Puri N.D.	D/W		03 days	do	408-00	
18	Indar Pal S/o Umed Singh 16/128 Trilok Puri N.D.	D/W		04 days	do	544-00	
	Daily Total		33-56544	101	G. Total	13747-00	
	Initials of person marking the daily attendance		44522266				
	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		

Center sheet I

HEALTH DEPARTMENT

MUSTER ROLL NO. 4077 (From 20/02/08 To 29/02/08)

Circle No. X 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 according to classes	Designation	Dates From........ To........ (1–31; 3 S, 10 S, 17 S, 24 S)	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.	Vinod Kumari w/o Man Singh 4-1, Ashoka Church, Gole Market New Delhi	D/W SKILLB.	← 07 → P P P P S P P P P P	08 day	133.45 + C.A	1225-00	[signature] 18 फरवरी ०८
8.	[struck out]	D/W	← 08 → [struck out]				
9.	Sunil Kumar S/o Sh Jai Bhagwan T-143 Sarai Kale Khan N. Delhi	D/W	P P P P S P P P P P	08 days	-do-	1089-00	[signature]
10	Anand S/o Sh Chand Singh D-138 Vijaypur J.J. Colony	D/W	P P P P S P P P P P	08 day	-do-	1089-00	[signature] Paid
11	Deepak S/o Sh. Ramdass E-18 Palika Dham N.D	D/W	P P P P S P P P P P	08 day	-do-	1089-00	[signature]
12.	Ramesh S/o Sh Shyam lal 139/4 Jaisalmer House Man Singh Road N.D.	D/W	P P P S P P P P P	07 day	-do-	953-00	[thumb impression] रमेश कुमार
	Daily Total		4455-55555	31 days	G. Total	9665-00	
	Initials of person marking the daily attendance		[initials]				
	Initials of Inspecting Officer		[initials]				

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

Grand Total of this Muster Roll ... ...

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.

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. 4077. (From 20/2/08 To 29/02/08)

(147) Total Sheet = 8

Circle No. X 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
1	Sh. Lekhraj S/o Sh. Shivcharan Add: J-367 Ambedkar Nagar Sec-5	D/W SK/LB	21	07 days	133.45 + C.A	953-00	Lekh. Raj
2	Sh. Sukhram S/o Sh. Malkhe Add: A-3/231, Kaundli Delhi	D/W	21	07 days	do	953-00	
3	Sh. Pradeep Kumar S/o Sh. Shim Add: F-217, Mittal Colony Pull Prahladpur Delhi	D/W	21	07 days	do	953-00	Pradeep
4	Urmila W/o Raju B-350, Inderpuri S-5 Camp colony N.D.	D/W	21	01 days	do	136-00	
5.	Sh. [illegible]	D/W	21				
6.	Sh. Rakesh S/o Sh. Ramchander H.No. Lal Bhadur Sandar Gali MKT N.D.	D/W		09 days	do	1225-00	Rakesh
	Daily Total			31 days	G. Total	4220	
	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 ... ...

Rs. P.

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

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