

Contingent Bill Number : 30312091000039**Disbursement Type:** Cash**Bill Type:** ImprestBills**Fund:** NDMC Municipal General Fund**Bill Date:** 08-Dec-2009**Segment:** GENERAL FUND**Sub Segment:** CASH IN HAND**Field:** PUBLIC HEALTH ACCOUNTS BRANCH**Sub Field:** (PUBLIC HEALTH) ANTI MALARIA SURVEII**Functionary:** DIRECTOR (PH)**Payable To:** Secretary,NDMC**Sanction By:** The Chairman**Sanctioned On:** 10-Aug-2009**SanctionDetails:** Office Order No. D-1458/CMO(MAL) dated: 24.08.09 vide approval of Chairman dated: 10.08.09**Bill Status:** CREATED**Narration:** Payment 73 daily wagers A.M.G(M) in circle No. -01 w.e.f. 01.11.09 to 30.11.09 @Rs151+CA per day**Remarks:**45/17
9/12/09

Code	Payable To	Function	Account Code	Account Head	Amount
		Solid Waste Management	2308003	GARBAGE REMOVAL CLEARANCE	261954
Gross Amount					261954

Deductions:

Code	Payable To	Function	Account Code	Account Head	Amount
Total Deduction					0
Net Amount					261954

Net Payable in Words :

Created By	neelam.uniyal	Verified By	
Confirmed By		Approved By	
Final Approved By			

HEALTH DEPARTMENT

MUSTER ROLL NO.

Circle No. *CMI (Med)* Voucher No. *875*

Dated *9/7*

(From *1/11/09* To *30/11/09*)

In continuation of Muster Roll No.

PART-NOMINAL-ROLL

Accountant (HG), *[Signature]*

CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From.....To.....																															Total Days	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	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						
<i>672</i>	<i>महेश्वर सहाय शबरी रम शीर्ष स.नं. 1884 नर्मदा रोड नारा नर्स हिलेरी-93.</i>		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P		<i>95 days</i>	<i>174.00</i>	<i>3841.00</i>	<i>महेश्वर सहाय</i>	
<i>673</i>	<i>सुनील शी शी शी श्रीधर के. टाडटे काली बार्डी मेल गाल रोड शानी नर्स हिलेरी-1</i>		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P		<i>95 days</i>	<i>174.00</i>	<i>3841.00</i>	<i>[Signature]</i>	
<i>674</i>	<i>श्यामल कृष्ण शी शी शी स.नं. F-111, दक्षिण कुशी नर्स हिलेरी-62</i>		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P		<i>95 days</i>	<i>174.00</i>	<i>3841.00</i>	<i>[Signature]</i>	
<i>675</i>	<i>श्यामल शी शी शी स.नं. 11, श्री विद्यापीठ नर्सिंग काली नर्स हिलेरी-65</i>		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P		<i>95 days</i>	<i>174.00</i>	<i>3841.00</i>	<i>[Signature]</i>	
<i>676</i>	<i>श्यामल शी शी शी शी शी स.नं. B201, नर्मदा काली नर्स हिलेरी-3</i>		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P		<i>95 days</i>	<i>174.00</i>	<i>3841.00</i>	<i>[Signature]</i>	
<i>677</i>	<i>अश्विनी शी शी शी शी शी स.नं. G-16, सुवर्णी राजाली नर्स शान रोड नर्स हिलेरी-3</i>		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P		<i>95 days</i>	<i>174.00</i>	<i>3841.00</i>	<i>[Signature]</i>	
		Daily Total																																					
		Initials of person marking the daily attendance																																					
		Initials of Inspecting Officer																																					

Pay Rs. (Rupees)

Accountant (HG) M.O.H. Sr. A.O. Grand Total of this Muster Roll ...
 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

Rs. <i>2,42,749.00</i>	P.
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HEALTH DEPARTMENT

MUSTER ROLL NO. 917

9/7

(From 1/11/08

To

30/11/08

Circle No. C.M.I. (Mcd) Voucher No. 825

Dated

In continuation of Muster Roll No. PART-NOMINAL-ROLL

Accountant (H.G.)

CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From..... To.....																															Total	Rate	Amount	Sign, or thumb impression of payee and dated initials of paying officer made at the time of payment			
			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							
446	P. S. 1219 S/O श्री अनादित्य न-५ S-162 युवा शाला दिल्ली-92	A.M.S. (T.M.R)	S	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	95 day.	1540.0	3841=00	<i>(Signature)</i>
447	D-35 N.D.M.C. Complex Mati Bagh N. Delhi:	-do-	S	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	95 day.	1540.0	3841=00	<i>(Signature)</i>	
448	311 नगर S/O श्री 311 नगर S/O श्री L-79 Dakshin Paris Delhi.	-do-	S	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	100 day.	1540.0	1536=00	<i>(Signature)</i>	
449	311 नगर S/O श्री 311 नगर S/O श्री W-2-283/259 Vishwanoo Garden Mathi wali gate. No 9 Tilak Naya Delhi: 18	-do-	S	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	95 day.	1540.0	3841=00	<i>(Signature)</i>	
450	S/O श्री 311 नगर S/O श्री A-78/98 श्री श्री श्री श्री श्री न सिवाजी फार्म - 92.	-do-	S	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	104 day.	1540.0	160552=00 Rr.	<i>(Signature)</i>	
		Daily Total																																						
		Initials of person marking the daily attendance																																						
		Initials of Inspecting Officer																																						

Pay Rs. (Rupees)

Rs. P.

Accountant (H.G) M.O.H. Sr. A.O

Grand Total of this Muster Roll ...

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

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.

HEALTH DEPARTMENT

MUSTER ROLL NO.

(From 9/17 To 30/11/08)

Circle No. C.M.I. (Med) Voucher No. 875 Dated

Accountant (HG) [Signature]

CHIEF MEDICAL OFFICER: [Signature]

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates																															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
			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				
36	श्री राजकुमार शंकर शंकर शंकर शंकर H.No 86 इंदौर रोड, इंदौर मध्य प्रदेश		S	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	S	9500/-	66	3841=00	<u>[Signature]</u>	
37	श्री राजकुमार शंकर शंकर शंकर शंकर D/ 35, 57 इंडौर रोड, इंदौर मध्य प्रदेश		S	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	S	9500/-	66	3841=00	<u>[Signature]</u>	
38	श्री राजकुमार शंकर शंकर शंकर शंकर 10/2187 इंदौर रोड, इंदौर मध्य प्रदेश		S	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	S	9500/-	66	3841=00	<u>[Signature]</u>	
39	श्री राजकुमार शंकर शंकर शंकर शंकर दावे नगर B/613 इंदौर रोड, इंदौर मध्य प्रदेश		S	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	S	9500/-	66	3841=00	<u>[Signature]</u>		
40	श्री राजकुमार शंकर शंकर शंकर शंकर 8/2152 इंदौर रोड, इंदौर मध्य प्रदेश		S	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	S	9350/-	66	143652=00	<u>[Signature]</u>		

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.

HEALTH DEPARTMENT

MUSTER ROLL NO. 917

Dated 1/11/09

(From 1/11/09)

To 30/11/09

Sheet-6

Circle No. C.M.E. (Med) Voucher No. 875

Dated

In continuation of Muster Roll No.

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.....		Rate	Amount	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
			1	2			
31	Rakesh Kumar Singh Ram Chander Beldi - 4410-46 Type B Quater Bel Bachakur Soalan Bhus Veer Singh marg.	A.M.G. T.M.R.			151+00 66	3841=00	Rakesh Singh
32	श्री चतु सिद्ध शिरोशी E-64/4 विस्म विहार II कोल राजेश सोहन रिजो-85				151+00 66	1997=00	
33	श्री रानी कुमारी शिरोशी 50/B LIG कोले मार्ग रिजो-63				151+00 66	3841=00	
34	श्री शशि शिरोशी H.140/148 बालमण्डल मार्ग रिजो-1				151+00 66	3841=00	
35	श्री सुनील शिरोशी N.793 मार्ग श्री.सि. कानोरी रिजो-82				151+00 66	3841=00	
	Daily Total				G. Total	1,24447=00 Rs.	

Pay Rs. (Rupees)

Accountant (HG)

M.O.H.

Sr. A.O.

Grand Total of this Muster Roll ...

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

Rs.

P.

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.

HEALTH DEPARTMENT

MUSTER ROLL NO.

917

(From

1/11/09

To

30/11/09

Sheet-5

Circle No. C.M.I.(Med) Voucher No. 875

In continuation of Muster Roll No. 875 Dated 1/11/09

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.....																															Total	Rate	Amount	Sign, or thumb impression of payee and dated initials of paying officer made at the time of payment
			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				
26	Harekesh Gosh Thakur Das C-17/2 Acharya Niketan, Maya Vihar Phase-I Delhi 110091	A.M.G. (T.D.R)																																59900	Rs. 15100 P.	Rs. 3841 P.	30/11/09 Harekesh S. Das
27	Pavani Kumar Gosh Harbans A-1/1-85 West Vihar Road (Minto Road) New Delhi 110029	elc																																25000	Rs. 17000 P.	Rs. 3841 P.	30/11/09 Pavani S. Das
28	Dharmveer Gosh Malinder A-1/1- E-222 Wazirpur T.T. Colony Delhi 110052	elc																																25000	Rs. 15100 P.	Rs. 3841 P.	30/11/09 Dharmveer S. Das
29	Deebak Gosh Sundar Singh H-10-1573 Kirti Huskin Baksa. main Bazar, Pahar Gany New Delhi 110055	elc																																25000	Rs. 17000 P.	Rs. 3841 P.	30/11/09 Deebak S. Das
30	Satinder Gosh Davinder. Gate No-5 Gauram Colony Satyagrah Road New Delhi Delhi-110048	elc																																69900	Rs. 15100 G. Total	Rs. 107086 P.	30/11/09 Satinder S. Das

Pay Rs. (Rupees)

Initials of person marking the
daily attendance
Initials of Inspecting Officer

Accountant (HG)

M.O.H.

Sr. A.O

Grand Total of this Muster Roll ...

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

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.

HEALTH DEPARTMENT

MUSTER ROLL NO. 917

(From 1/11/09 To 30/11/09)

Circle No. C.M.I. (Med) Voucher No. 875

Dated 1/11/09

(From 1/11/09 To 30/11/09)

1/11/09

To 30/11/09

In continuation of Muster Roll No. 875

Accountant (HG),

CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From..... To.....		Daily Total	Initials of person marking the daily attendance	Initials of Inspecting Officer	Total	Rate	Amount	Sign, or thumb impression of payee and dated initials of paying officer made at the time of payment																										
			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
91	श्रीमती शशी देवी श्री गणेश गो. 80, 24, 20, 17, 15, 14, 13, 12, 11, 10, 9, 8, 7, 6, 5, 4, 3, 2, 1, 0, 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	A.M.G. (T.M.R)	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	NIL	15.00	NIL	
92	श्रीमती शशी देवी श्री गणेश गो. 80, 24, 20, 17, 15, 14, 13, 12, 11, 10, 9, 8, 7, 6, 5, 4, 3, 2, 1, 0, 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	do	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	NIL	15.00	NIL	
93	श्रीमती शशी देवी श्री गणेश गो. 80, 24, 20, 17, 15, 14, 13, 12, 11, 10, 9, 8, 7, 6, 5, 4, 3, 2, 1, 0, 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	do	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	15.00	15.00	3841=00	
94	श्रीमती शशी देवी श्री गणेश गो. 80, 24, 20, 17, 15, 14, 13, 12, 11, 10, 9, 8, 7, 6, 5, 4, 3, 2, 1, 0, 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	do	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	15.00	15.00	3841=00	
95	श्रीमती शशी देवी श्री गणेश गो. 80, 24, 20, 17, 15, 14, 13, 12, 11, 10, 9, 8, 7, 6, 5, 4, 3, 2, 1, 0, 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	do	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	57.00	57.00	87881=00 Rs.	

Pay Rs. (Rupees)

Accountant (HG) M.O.H. Sr. A.O.

Grand Total of this Muster Roll ...

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

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.

HEALTH DEPARTMENT

MUSTER ROLL NO.

917

(From

11/09

To

30/11/09

Sheet-3.

Circle No. C.M.I (Med) Voucher No. 875

Dated

In continuation of Muster Roll No.

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.....																															Daily Total	Rate	Amount	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment	
			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					
16	19/275 <u>अमिता (H.G.)</u> <u>पुणे-३ शिवाजी नगर</u>																																		95 days	154.00	3689.00	<u>अमिता</u>
17	<u>श्री अमिता. पुणे नगर</u>																																		95 days	154.00	3841.00	<u>अमिता</u>
18	<u>अमिता शिवाजी नगर</u>																																		95 days	154.00	3841.00	<u>अमिता</u>
19	<u>अमिता शिवाजी नगर</u>																																		95 days	154.00	3841.00	<u>अमिता</u>
20	<u>अमिता शिवाजी नगर</u>																																		95 days	154.00	3841.00	<u>अमिता</u>

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

Rs.	P.
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HEALTH DEPARTMENT

MUSTER ROLL NO. 917

(From 1/11/95 To 30/11/95)

Sheet 2

Circle No. C.M.T. (Med) Voucher No. 875

Dated

In continuation of Muster Roll No.

PART-NOMINAL-ROLL

Accountant (HG), V.S.

CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From To																															Daily Total	Rate	Amount	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
			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				
14	H-5 / e.v.e. application श्रीमती सुमित्रा देवी शिवाजी नगर श्री. गणेश नगर																																	25	66	3841=00	<u>श्री. सुमित्रा देवी</u>
13	19/975 आयुक्त श्री. गणेश नगर																																	24	66	3889=00	<u>श्री. सुमित्रा देवी</u>
14	G-33 आयुक्त श्री. गणेश नगर																																	25	66	3841=00	<u>श्री. सुमित्रा देवी</u>
15	G-I आयुक्त श्री. गणेश नगर																																	25	66	3841=00	<u>श्री. सुमित्रा देवी</u>
																																		393=00	G. Total	57309=00 Rs.	

Pay Rs. (Rupees)

Accountant (HG) V.S. M.O.H. V.S. Sr. A.O. V.S.
 Grand Total of this Muster Roll ...
 Deduct-Payment made, as per details transferred to Register of Unpaid Wages

Rs.	P.
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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.

Doc. No. - D/1458/emo/mcd Dt. 24/8/87.

HEALTH DEPARTMENT

MUSTER ROLL NO. 917

(From 1/11/87

To

30/11/87

73) clearly wages A.M.G. @ 15/ft. per day
143 = 14 sheets.
Pouster Sheet only

Circle No. C.M.E (mcd) Voucher No. 875 Dated

In continuation of Muster Roll No. PART-NOMINAL-ROLL

Accountant (HG) V.S.

CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From..... To.....		Total	Rate		Amount		Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment.
			1	2		Rs.	P.	Rs.	P.	
17/381	Sunil Kumar s/o Ramash Chav Puri Delhi - 110091	D.V. AMC	S	S	25 days	15/ft.	66	3841=00	Paid	S. S. (Signature)
2	Tara Chand s/o Ram Pal 425 Karkad Damg Indrapuri Delhi-110092	do-	S	S	25 days	15/ft.	66	3841=00	Paid	Tara-Chand S. Puri (Signature)
3	Ray Kumar s/o Fakir Chand 158 Balmicci Basti Mandir marg N. Delhi-	do-	S	S	25 days	15/ft.	66	3689=00	Paid	Ray Kumar S. (Signature)
	Vikash s/o Ram Parkash 22C Kalpana sec-5 Vaiskali C. bad UP	do-	S	S	25 days	15/ft.	66	3841=00	Paid	Vikash S. (Signature)
	Rappu s/o Heera Lal 7184 Khichai Puri Delhi - 110091	do-	S	S	25 days	15/ft.	66	3841=00	Paid	Rappu S. (Signature)
		Daily Total	S	S	124 days	G. Total	19051=80 Rs.			

Pay Rs. (Rupees) ...

Grand Total of this Muster Roll ...

Accountant (HG) M.O.H. Sr. A.O. Deduct: Payment made, as per details transferred to Register of Unpaid Wages

Rs.	P.
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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.