

**Contingent Bill Number :** 30312091000071

**Disbursement Type:** Cash  
**Fund:** NDMC Municipal General Fund  
**Segment:** GENERAL FUND

**Bill Type:** ImprestBills  
**Bill Date:** 11-Dec-2009  
**Sub Segment:** CASH IN HAND  
**Sub Field:** (PUBLIC HEALTH) SANITATION CIRCLE 14

**Field:** PUBLIC HEALTH ACCOUNTS BRANCH  
**Functionary:** DIRECTOR (PH)  
**Sanction By:** The Chairman

**Payable To:** Secretary,NDMC  
**Sanctioned On:** 17-Aug-2009

**SanctionDetails:** Office Order No. D-360/CMO(HQ) dated: 18.08.09 vide approval of Chairman No. 4876/D/PS dated: 17.08.09

**Bill Status:** CREATED

**Narration:** Payment 18 Daily wagers S/K in circle No.-14 w.e.f. 01.11.09 to 14.11.09 @Rs151+CA per day

78/H  
 11/12/09

**Remarks:**

Code	Payable To	Function	Account Code	Account Head	Amount
		Solid Waste Management	2308003	GARBAGE REMOVAL CLEARANCE	33192
<b>Gross Amount</b>					33192

**Deductions:**

Code	Payable To	Function	Account Code	Account Head	Amount
<b>Total Deduction</b>					0
<b>Net Amount</b>					33192

Net Payable in Words :

<b>Created By</b>	neelam.uniyal	<b>Verified By</b>	
<b>Confirmed By</b>		<b>Approved By</b>	
<b>Final Approved By</b>			

**MUSTER ROLL NO.**

Circle No. 14 Voucher No. 893  
 In continuation of Muster Roll No. 893  
 Dated 14/11/09

From 1/11/09 To 14/11/09

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									
			Daily Total																																							
15	Preete s/o Ravi Raj 211 Tirilakurin	Daily wrest 8th.	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	12	Rs. 151	Rs. 1844	paid Attested			
16	Karki w/o Piten. 10-Rane- mardal	"	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	12	Rs. "	Rs. 1844	Attested				
17	Amit s/o Shri Ram 101 Tirilakurin	"	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	12	Rs. "	Rs. 1844	Attested				
18	Naveen s/o Ramkeshan 2.P-R lane NUSOL	"	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	12	Rs. 216	Rs. 1844	PAVED APPROVED				
	Net Payable = 33,192-00																																				33,192-00					

Entered in the register made in the 1st page on page 61 at Sr. no 106.  
 30 (11.5) Pay Rs. 33,192-00 (Rupees: Thirty three thousand one hundred and ninety two only)

INITIALS OF PERSON MARKING THE DAILY ATTENDANCE  
 Initials of Inspecting Officer

CAUTIONED  
 ADM. M.O.H.

Sr. A.O.

Grand Total of this Muster Roll ...  
 Product-Payment made, as per details transferred to Register of Unpaid Wages  
 Total amount paid (in words) Rupees ...

Rs.	P.

# HEALTH DEPARTMENT

Sheet-D

**MUSTER ROLL NO.** 930

Circle No. 14

Voucher No. 873

Dated 11/11/09

To 14/11/09

In continuation of Muster Roll No. 873

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 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						
1	Gyander. S. Tarachand 172 Kalagan Puri All-	Deputy Magistrate Class 2	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	12 days	1st CN	1844	50 1844	50 1844
2	Rajkumar S. Tarachand 5511 Dakhin Puri All-	"	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	12 days	"	1844	50 1844	50 1844	
3	Rakesh. S. Tarachand 11 Mandir Marg. All-	"	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	12 days	"	1844	50 1844	50 1844	
4	Nitten. S. Narachand 11 Tinkari Puri All-	"	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	168 days	G. Total	2581600		2581600	

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

Rs.	P.
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Signatures and stamps of officials.

# HEALTH DEPARTMENT

## MUSTER ROLL NO. 980

From 1/11/09 To 14/11/09

Circle No. 14 Voucher No. 983 Dated .....

In continuation of Muster Roll No. ....

**PART-NOMINAL-ROLL**

Accountant (HG) *L. S.*

CHIEF MEDICAL OFFICER *[Signature]*

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
			From	To				
6	Parnati W/o Perveen 25-Subel Street, All India Nehru	Daily wages 8/10	11	14	12 days	Rs. 151 + am	1844 50	<i>[Signature]</i>
7	Vinod Singh Harilal. 17/1 Dakshin Puri Delhi	" "	11	14	12 days	Rs. 151	1844 50	<i>[Signature]</i>
8	Pandeep Singh Harilal. 10/1166 Trikshara Delhi	" "	11	14	12 days	Rs. 151	1844 50	<i>[Signature]</i>
9	Ruma W/o Perakash. 25 Mandimarg Delhi	" "	11	14	12 days	Rs. 151	1844 50	<i>[Signature]</i>
10	Promila W/o Mukesh. 50 Mandimarg Delhi	" "	11	14	12 days	Rs. 151	1844 50	<i>[Signature]</i>
		Daily Total			120	G. Total	18444 50	

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

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.

O.O. No. D/360/cm/49 18/8/09

**HEALTH DEPARTMENT**

(18) Staff wages 812, 116 @ 151+44 per day

930 (173) = 4 Sheet

**MUSTER ROLL NO.**

Circle No. 14 Voucher No. 893 Dated 1/11/09

Accountant (HG) *L.B.*

CHIEF MEDICAL OFFICER

**PART-NOMINAL-ROLL**

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From..... To.....		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	2				
1	Babli w/o Birjoll, 22/498 Trilokhari Delhi-91.	Deputy Welder S.H.	P	P	12 days	157+	1844 50	<i>[Signature]</i>
2	Kelraha w/o Rishanlal, 25 mandir marg New Delhi.	"	P	P	12 days	"	1844 50	<i>[Signature]</i>
3	Sunny. S/o Budhram, Hill Dakhshin Pur Delhi.	"	P	P	12 days	"	1844 50	<i>[Signature]</i>
4	Tifender S/O Harishan, 10/1 Trilokhari Delhi-91.	"	P	P	12 days	"	1844 50	<i>[Signature]</i>
5	Pawan. S/o Dugachand, 17/467 Trilokhari Delhi-91.	"	P	P	12 days	"	1844 50	<i>[Signature]</i>
			Daily Total		60	G. Total	9220 50	

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

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.

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

Rs.

P.