

Contingent Bill Number : 30312091000105

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

Bill Type: ImprestBills
Bill Date: 15-Dec-2009
Sub Segment: CASH IN HAND

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

Sub Field: (PUBLIC HEALTH) SANITATION CIRCLE 7
Payable To: Secretary,NDMC
Sanctioned On: 17-Aug-2009

SanctionDetails: Office Order No. D-417/CMO(HQ) dated: 04.09.09 vide approval of Chairman No. 4876/D/PS dated: 17.08.09

Bill Status: CREATED

Narration: Payment 25 Daily wagers S/K in circle No.-07 w.e.f. 01.12.09 to 02.12.09 @Rs151+CA per day

97/H
15/12/09

Remarks:

Code	Payable To	Function	Account Code	Account Head	Amount
		Solid Waste Management	2308003	GARBAGE REMOVAL CLEARANCE	7675
Gross Amount					7675

Deductions:

Code	Payable To	Function	Account Code	Account Head	Amount
Total Deduction					0
Net Amount					7675

Net Payable in Words :

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

HEALTH DEPARTMENT

MUSTER ROLL NO. 980

(From 1/12/09

To 2/12/09

To 2/12/09

Circle No. 7 Voucher No. 938 Dated 15/12/09

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

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				

25 Anoop Kumar's Payroll
 24, 25, 26, 27, 28, 29, 30, 31
 Thakur

Total 1175
 Rs. 307-00

Signature and thumb impression of payee and dated initials of paying officer made at the time of payment

Net Payable = 7,675-00

7675-00

RECEIVED FOR CASH/CHEQUE PAYMENT

Initials of person marking the daily attendance

Daily Total	Initials of Inspecting Officer
00	
500	
7675-00	

Pay Rs. 7675-00 (Rupees Seven thousand six hundred & seventy five only)

Accountant (HG)

Signature and stamp of Accountant (HG)

Sr. A.O.

Grand Total of this Muster Roll ...

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

Handwritten notes: Entry has been made on page 63 at serial 10155

Handwritten notes: 54-1725 (71) and 8m... (unclear)

Rs. P.

Certified that the workers mentioned in the muster roll were actually employed by me on NDMC works and they were actually paid on my identification in my presence

HEALTH DEPARTMENT

MUSTER ROLL NO. 980

(From 1/12/09 To 2/12/09)

Circle No. 7 Voucher No. 988

In continuation of Muster Roll No. 988 Dated

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					
21	R. Frankson	910	PP	PP	PP																															1075	507-00	PP
22	Deepak Singh	PP	PP	PP	PP																															507-00	507-00	PP
23	R. D. Singh	PP	PP	PP	PP																															507-00	507-00	PP
24	A. Singh	PP	PP	PP	PP																															507-00	507-00	PP
Daily Total																																		4801	G. Total	7768-00		

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

Rs.	P.
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HEALTH DEPARTMENT

MUSTER ROLL NO. 980

(From 1/12/09

To 2/12/09)

Circle No. 7 Voucher No. 988 Dated

In continuation of Muster Roll No.

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	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	Mr. S. S. Srinivasan	Old	✓	✓	✓																												02.00	1075	307.00	114	(14)		
15	Mr. S. S. Srinivasan	Old	✓	✓	✓																												02.00	1075	307.00	115	(15)		
16	Mr. S. S. Srinivasan	Old	✓	✓	✓																												02.00	1075	307.00	116	(16)		
17	Mr. S. S. Srinivasan	Old	✓	✓	✓																												02.00	1075	307.00	117	(17)		
18	Mr. S. S. Srinivasan	Old	✓	✓	✓																												02.00	1075	307.00	118	(18)		
19	Mr. S. S. Srinivasan	Old	✓	✓	✓																												02.00	1075	307.00	119	(19)		
20	Mr. S. S. Srinivasan	Old	✓	✓	✓																												02.00	1075	307.00	120	(20)		
Daily Total																																		1000	G. Total	6140.00			

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:

Rs.	P.

Balance Paid

CHIEF MEDICAL OFFICER

(Signature)

Sheet-2.

HEALTH DEPARTMENT

MUSTER ROLL NO. 980

Circle No. 7 Voucher No. 938
 In continuation of Muster Roll No. 938

Dated 1/12/09 (From 1/12/09 To 2/12/09)

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	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						
7	Mr. Rajesh S/Sr. Sarda's R. 10175 Bakhurwara	01054	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	0204	1577	307-00	21535	(7)	
8	Mr. Jitendra S/Sr. Sarda's R. 10175 Bakhurwara	01054	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	0204	307-00	307-00	(8)		
9	Mr. Ajmer S/Sr. Sarda's R. 10175 Bakhurwara	01054	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	0204	307-00	307-00	(9)		
10	Mr. Shambhu S/Sr. Sarda's R. 10175 Bakhurwara	01054	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	0204	307-00	307-00	(10)		
11	Mr. Munim S/Sr. Sarda's R. 10175 Bakhurwara	01054	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	0204	307-00	307-00	(11)		
12	Mr. Ravinder S/Sr. Sarda's R. 10175 Bakhurwara	01054	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	0204	307-00	307-00	(12)		
13	Mr. Rajendra S/Sr. Sarda's R. 10175 Bakhurwara	01054	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	0204	307-00	307-00	(13)		
14	Mr. Rajendra S/Sr. Sarda's R. 10175 Bakhurwara	01054	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	0204	307-00	307-00	(14)		
15	Mr. Rajendra S/Sr. Sarda's R. 10175 Bakhurwara	01054	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	0204	307-00	307-00	(15)		
Daily Total																																		0204			3991-00		

Accountant (HG) *[Signature]*

CHIEF MEDICAL OFFICER *[Signature]*

Pay Rs. (Rupees)

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

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.

Rs. P.

HEALTH DEPARTMENT

MUSTER ROLL NO. 980

(From 1/12/09 To 2/18/09)

Rs. 5 daily wages 814/48 @ 151704 per day
 (174) = 5 sheets

Circle No. 7 Voucher No. 938 Dated

In continuation of Muster Roll No. 938

PART-NOMINAL-ROLL

Accountant (HG),
V. S. S.

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	Mr. Rakesh S.S. Bhamshi	Div	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	0204	1817	307-00	<i>Rakesh S.S.</i>
2	Mr. Kapil S. S. S.		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	0204	5	307-00	<i>Kapil S.S.</i>
3	Mr. Arun S. S. S.		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	0204	5	307-00	<i>Arun S.S.</i>
4	Mr. Babu S. S. S.		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	0204	5	307-00	<i>Babu S.S.</i>
5	Mr. Ram S. S. S.		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	0204	5	307-00	<i>Ram S.S.</i>
6	Mr. Raju S. S. S.		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	0204	5	307-00	<i>Raju S.S.</i>
7	Mr. Suresh S. S. S.		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	0204	5	307-00	<i>Suresh S.S.</i>
8	Mr. Babu S. S. S.		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	0204	5	307-00	<i>Babu S.S.</i>
Daily Total																																		12	1817	1842-00	

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.