



NEW DELHI MUNICIPAL COUNCIL

Payer's Copy

SR NO. E

150355

Receipt No.: CH091004NDMC005053

RECEIPT

Date: 27-Apr-2009

Challan Number: 153774

Field: PUBLIC HEALTH ACCOUNTS BILANC

Sub-Field: (PUBLIC HEALTHY) SANITATION CIRCLE 11

Function: Public Health

Functionary: NDMC

Received From: Sh. J.S. Malik, SI-C-11

On Account of: Sh. Vinay Kr. S/o Sh. Rajender, D/W S/Ks, Vide Vr. No. 36/H dt. 15-04-09 for unpaid salary bill for Rs: 3758

Address: SI-C-11, Circle Office

Account Code	Description	Amount
3202027	MECH.OF GARBAGE REMOVAL	3758
Total Amount:		3758

Payment Mode: Cash

Total Amount in Words: Three Thousand Seven Hundred And Fifty Eight Rupees Only

Cheque/DD No.:

Cheque/DD Date:

Bank:

Name of the Operator: Kusum Jata

Counter No.:



नई दिल्ली नगर पालिका परिषद

Signature of Authorised Officer

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

HEALTH DEPARTMENT

Sheet-4.

MUSTER ROLL NO.

Circle No. 490 Voucher No. 437
 In continuation of Muster Roll No. 490 Dated 31/03/09

(From 1/3/09 To 31/03/09)

PART-NOMINAL-ROLL

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	Rate	Amount paid	Sign. or thumb impression of paying officer made at the time of payment
			From	To						
21	SH Rajeshkr. 81. Nalagarhi 169 Block C-1 Sultan Bari Delhi-86	Subyogee Sikr	13	19	19 days			2746-00	2746-00	<i>[Signature]</i>
22	Smt. Parmela 81. Rajeshkr 169 Block C-1 Sultan Bari Delhi-86	"	13	19	19 days			3469-00	3469-00	<i>[Signature]</i>
23	SH. Mohan 81. Parthasarthy 169 Block C-1 Sultan Bari Delhi-86	"	13	19	19 days			3324-00	3324-00	<i>[Signature]</i>
24	Smt. Babli 81. Smt. L A-92 M.C.D. Dtr Meer 11 Shomwar Bari	"	13	19	18 days			2602-00	2602-00	<i>[Signature]</i>
25	Smt. Santosh 81. Krishnakr. 24 Kashiwanji Nagar M.D.M.E. Ali Bony M.D.	"	13	19	18 days			7805-00	7805-00	<i>[Signature]</i>
					G. Total			142-00	142-00	

Accountant (HG)
 CHIEF MEDICAL OFFICER

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.
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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.

HEALTH DEPARTMENT

MUSTER ROLL NO. 490

(From 1/3/09 To 31/03/09)

Sheet-3

Circle No. XI Voucher No. 477 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.....		Daily Total	Rate	Amount	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
			1	2				
16	SH. Pardeep Singh - SH. Jagdish Singh 118, Kani Matapan Shastri Nagar Delhi	Daywages	1/3	2/3	17	Rs. 142.00	3180.00	<i>[Signature]</i>
17	SH. Sudhakar Singh - SH. Jagdish Singh 118 Kani Matapan Shastri Nagar Delhi	"	1/3	2/3	17	Rs. 142.00	3180.00	<i>[Signature]</i>
18	Smt Resham w/o SH. Jaswant Singh B4-19 Hutis Block P-1 Saket New Delhi	"	1/3	2/3	17	Rs. 142.00	3180.00	<i>[Signature]</i>
19	Smt Anida w/o SH. Vijay Kumar 93 Block - P-1 Saket New Delhi	"	1/3	2/3	17	Rs. 142.00	3180.00	<i>[Signature]</i>
20	SH. Gulshan Singh - SH. Nile Singh 812 Block A Jharkhand New Delhi	"	1/3	2/3	17	Rs. 142.00	3180.00	<i>[Signature]</i>
Grand Total					17	Rs. 142.00	3180.00	

Pay Rs. (Rupees)

Initials of person marking the daily attendance
Initials of Inspecting Officer

Accountant (HG) *[Signature]*

CHIEF MEDICAL OFFICER *[Signature]*

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

Grand Total of this Muster Roll ...

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

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.

HEALTH DEPARTMENT

Sheet-I

MUSTER ROLL NO. 490

(From 1/3/09 To 31/03/09)

Circle No. 477 Voucher No. 477 Dated

PART-NOMINAL-ROLL

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	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				
6	SH. Vinod kr. 9. SH. Sadhukam 43 mithapur village New Salhi	Subyogis etc	[Attendance marks: P, S, W, etc]																															142+4	2024-00	[Signature]	
7	SH. Vardabh kr. 9. SH. Manohar D 14/334 SHKASHAM Puri-62	"	[Attendance marks: P, S, W, etc]																																3180-00	[Signature]	
8	Smt. Sheela Devi wife of SH. Shyamal 190 Lohi estate Furrow Road Labours Camp New Salhi	"	[Attendance marks: P, S, W, etc]																																3758-00	[Signature]	
9	Smt. Ushadevi wife of SH. Ranbir c 33/1027 G. Kali Bani marg	"	[Attendance marks: P, S, W, etc]																																3758-00	[Signature]	
10	Smt. Kusum Devi wife of SH. Chatterjee 101 Block-H DAKSHINPURI	"	[Attendance marks: P, S, W, etc]																																3758-00	[Signature]	
			Daily Total																																		
			Initials of person marking the daily attendance																																		
			Initials of Inspecting Officer																																		
Pay Rs. (Rupees)																																					

Accountant (HG) _____
CHIEF MEDICAL 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

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.

