

**Contingent Bill Number :** 30304091000050**Disbursement Type:** Cash**Bill Type:** ImprestBills**Fund:** NDMC Municipal General Fund**Bill Date:** 09-Apr-2009**Segment:** GENERAL FUND**Sub Segment:** CASH IN HAND**Field:** PUBLIC HEALTH ACCOUNTS BRANCH**Sub Field:** (PUBLIC HEALTH) SANITATION CIRCLE**Functionary:** DIRECTOR (PH)**Payable To:** Secretary,NDMC**Sanction By:** Chairman**Sanctioned On:** 12-Jan-2009**SanctionDetails:**Office Order No. D-83/CMO(HQ)  
dated: 18.02.09 vide approval of  
Chairman No. 171/D/PS dated:  
12.01.09**Bill Status:** CREATED**Narration:**Payment to 19 daily wagers SKs/LBs  
in circle No. -13 w.e.f. 01.03.09 to  
31.03.09 @142+CA per day**Remarks:**37/PH  
~~13/4/09~~  
15/4/09

Code	Payable To	Function	Account Code	Account Head	Amount
		Public Health	320207	MECH.OF GARBAGE REMOVAL	54203
<b>Gross Amount</b>					54203

**Deductions:**

Code	Payable To	Function	Account Code	Account Head	Amount
<b>Total Deduction</b>					0
<b>Net Amount</b>					54203

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>			





# HEALTH DEPARTMENT

Sheet I

## MUSTER ROLL NO. 498


Circle No. XIII Voucher No. 499 Dated 1/3/09 (From 1/3/09 To 31/03/09)

In continuation of Muster Roll No. 499

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Daily Total	Dates From ..... To .....																															Rate Rs. P.	Amount	Sign. or thumb impression 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	Smt Bobby w/o Sh. Muresh R/o 8/95 Trilok Puri N.P.	DW-SE		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		142-66	2313-00	paid
7	Sh. Meeroj S/ Suresh Kumar R/o 8/96 Trilok Puri N.P.	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		200	3180-00	paid	
8	Sh. Davrip S/ Ashok Kumar R/o D-52, Sena Nagar, N.I.	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		25	3614-00	paid		
9	Smt Rekmanvi w/o Budh Ram R/o E-2526 Jakhughri Puri Dehi	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		26 days	3758-00	paid			
10	Sh. Sabhash S/ Keshan R/o 10/25 Trilok Puri N. Dehi	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		26 days	3758-00	paid			
			G. Total																														29,053-00				

Pay Rs. .... (Rupees) .....  
 Initials of person marking the daily-attendance  
 Initials of Inspecting Officer

Accountant (HG) .....  
 CHIEF MEDICAL OFFICER 

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.

