## Contingent Bill Number : 30304091000033

**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:** 08-Sep-2008
**SanctionDetails:** Office Order No. D-538/CMO(HQ) dated: 11.12.08 vide approval of Chairman No. 6401/D/PS dated: 08.09.08
**Bill Status:** CREATED
**Narration:** Payment to 25 daily wagers SKs/LBs in circle No. -07 w.e.f. 01.03.09 to 07.03.09 @142+CA per day
**Remarks:**

28/D.H
15/4/09

| Code | Payable To | Function | Account Code | Account Head | Amount |
|---|---|---|---|---|---|
| | | Public Health | 3202027 | MECH.OF GARBAGE REMOVAL | 20086 |
| | | | | **Gross Amount** | 20086 |

**Deductions:**

| Code | Payable To | Function | Account Code | Account Head | Amount |
|---|---|---|---|---|---|
| | | | | | |
| | | | | **Total Deduction** | 0 |
| | | | | **Net Amount** | 20086 |

Net Payable in Words :

| | | | |
|---|---|---|---|
| **Created By** | neelam.uniyal | **Verified By** | |
| **Confirmed By** | | **Approved By** | |
| **Final Approved By** | | | |

Sheet-IV

# HEALTH DEPARTMENT

## MUSTER ROLL NO. 500 (From 1/3/09 To 7/03/09)

Circle No. VII Voucher No. ..... Dated .....

In continuation of Muster Roll No. 434

Accountant (HG), CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

| S.No. | Name, Father's/Husband's Name & Address grouped acccrding to classes | Designation | Dates 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) | Total | Rate Rs. P. | Amount Rs. P. | Sig. / thumb impression of payee and dated initials of paying officer made at the time of payment |
|---|---|---|---|---|---|---|---|
| 21 | Sh. Ravi S/o Sh. Heera lal R/o - S-9 D/Story N.D.M.C at Aliganj New Delhi | D/W | S P P P P P P | 06 day | 142+ CA 66/2 | 867-00 | (21) Ravi |
| 22 | Sh Amit S/o Sh. Hukam R/o - Sun light Colony-I | do | S P P P P P P | 06 day | do | 867-00 | (22) Ati |
| 23 | Sh Pradeep Kumar S/o Sh. Ram Kishan R/o - C-9 Palika Dham Gol Market N.D | do | S P P P P P P | 06 day | do | 867-00 | (23) Pradeep Kumar |
| 24 | Sh. Parveen S/o Sh. Lala Ram R/o - 1540 Nand Nagari Delhi | do | S P P P P P P | 06 day | do | 867-00 | (24) प्रवीण |
| 28/PR 15/4/09 25 | Sh. Deepak S/o Sh. Ram Diya R/o - 13/5 Kham market New Delhi | do | S P P P P P P | 06 day | do | 867-00 | (25) दीपक |
| | | | | 139 day | G. Total | 20,086-00 | |
| | | | Daily Total | | | | |
| | | | Initials of person marking the daily attendance | | | | |
| | | | Initials of Inspecting Officer | | | | |

Net Payable Rs. 20,086-00

Pay Rs. 20,086-00 (Rupees Twenty thousand Eighty Six only)

SNO 1 & 25 LTI and Signature attested

Paid on Ballot

Accountant (HG) AAO (PH) 9.4.09 AO (PH) M.O.H. Sr. A.O

CANCELLED

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.

SNO 1 & 25 LTI and Signature attested

Grand Total of this Muster Roll ... ... ... ... ... Rs. P.

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

30/4/09

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

# HEALTH DEPARTMENT

Sheet-III

## MUSTER ROLL NO. 500 (From 1/3/09 To 7/03/09)

N.R

Circle No. VII Voucher No. ..... Dated .....

In continuation of Muster Roll No. 434

PART-NOMINAL-ROLL

Accountant (HG) CHIEF MEDICAL OFFICER

| S.No. | Name, Father's/Husband's Name & Address grouped acccrding to classes | Designation | Dates 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) | 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 |
|---|---|---|---|---|---|---|---|
| 17 | Miss Gudia D/o Sh. Ravi kumar R/o-12/65 Indra camp Khanna MKT Lodhi Road N.D | DW SK | P P P P P P P | 06 days | 142/- | 867-00 | (17) |
| 18 | Sh. Santosh S/o Sh Trilok Chand R/o-H.NO-1/6 Packet I Rastra Pati Bhawan N.D | do | P P P P P P P | 06 days | do | 867-00 | (18) |
| 19 | Sh. Sunny S/o Sh. Ram Charan R/o-H.NO-16 Village Pilanji New Delhi | do | P P P P P P P | 06 days | do | 867-00 | (19) |
| 20 | Sh. Krishan S/o Sh Dalip R/o-66/3 Gautam Nagar New Delhi | do | P P P P P P | 06 days | do | 867-00 | (20) |
| | Daily Total | | 19 19 19 19 17 14 | 109 days | G. Total | 15,751-00 | |
| | Initials of person marking the daily attendance | | | | | | |
| | Initials of Inspecting Officer | | | | | | |

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. |
|---|---|
| | |

Sheet-II

# HEALTH DEPARTMENT

## MUSTER ROLL NO. 500 (From 1/3/09 To 7/03/09)

Circle No. VII Voucher No. ..... Dated .....

In continuation of Muster Roll No. 434

Accountant (HG) CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

| S.No. | Name, Father's/Husband's Name & Address grouped accordng to classes | Designation | Dates 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) | Total | Rate | Amount | Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment |
|---|---|---|---|---|---|---|---|
| 12 E | Sh. Mukesh S/o Sh. Mati lal R/o - A/15 Palika Dham Bangla Shahib Road | P/W SL | P P P P P P P P P P P P P P | 06 day | 142+ DA 66/2 | 867.- | Paid (12) |
| 13 E | Sh. Rakesh Kumar S/o Deen Dayal R/o - 537, Pandav Nagar Delhi | do | P P P P P P P P P P P P P P | 06 day | do | 867.- | Paid (13) |
| 14. CM | Sh. Vishal S/o Sh. Raje R/o - 58, Balmiki Sadan Mandir marg | do | P P P P P P P P P P P P P P | 05 day | do | 723 | Paid (14) |
| 15 E | Sh. Rahul Gagara S/o Sh. Bim Singh R/o - F-19 Prithvi Raj Lane Khan market | do | P P P P P P P P P P P P P P | 06 day | do | 867.- | Paid (11) |
| 16 CM | Sh. Vikash S/o Sh. Jai Kishan R/o - P.R. Lane N.D.M.C Qt Khan MKT 69 | do | P P P P P P P P P P P P P P | 06 day | do | 867.- | Paid (16) |
| | Daily Total | | 15 15 15 15 13 14 | 85 day | G. Total | 12,283.00 | |
| | Initials of person marking the daily attendance | | | | | | |
| | Initials of Inspecting Officer | | | | | | |

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.

| | Rs. | P. |
|---|---|---|
| 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 | | |

Sheet-I

# HEALTH DEPARTMENT

## MUSTER ROLL NO. 500 (From 1/3/09 To 7/03/09)

Circle No. VII Voucher No. ..... Dated .....

In continuation of Muster Roll No. 434

Accountant (HG) CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

| S.No. | Name, Father's/Husband's Name & Address grouped acccrding to classes | Designation | Dates 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) | 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 |
|---|---|---|---|---|---|---|---|
| 7 CM | Sh. Vipin S/o Sh. Harbir Singh R/o-10/40 Trilok puri Delhi | DIW | P P P P P P P | 06 dy | 1424 CA 66/2 | 867-00 | Pant VIPIN (7) |
| 8 CM | Sh. Shri Kishan S/o Sh Hardev R/o-H.NO-17 Aligani-D/Story Lodhi Coloney New Delhi | do | P P P P P A A | 04 dy | do | 578-00 | Pant Sh. Krishan (8) |
| 9 CM | Sh. Praveen S/o Sh. Khusi Ram R/o-1988, Pilangi Kotla mubarak pur New Delhi | do | P P P P P A A | 04 dy | do | 578-00 | Pant प्रवीन (9) |
| 10 CM | Sh. Mujesh S/o Sh. Ram Bharose R/o-12/181 N.D.M.C Qt Babu Dham New Delhi | do | A A A A A A A | NIL | do | NIL | (10) |
| 11 | Sh. Ajay Kumar S/o Sh Chander Pal R/o H.NO-9/4072 Gali No-5 Ajit Nagar, Gandhi Nagar | do | P P P P P P P | 06 dy | do | 867-00 | (11) |
| | Daily Total | | 5 10 14 14 10 8 8 | 56 dy | G. Total | 8092-00 | |
| | Initials of person marking the daily attendance | | | | | | |
| | Initials of Inspecting Officer | | | | | | |

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.

| | Rs. | P. |
|---|---|---|
| Grand Total of this Muster Roll ... ... ... ... ... | | |
| Deduct-Payment made, as per details transferred to Register of Unpaid Wages | | |

No:- D/538/CMO/HQ Dt 11/12/08

(25) clearly lower 8k. L/B @ 140+CA
(1+4) Total Sheet=5

# HEALTH DEPARTMENT

## MUSTER ROLL NO. 500 (From 1/3/09 To 7/03/09)

Circle No. VII Voucher No. ..... Dated .....

In continuation of Muster Roll No. 434

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 ... 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 | Total | Rate per day Rs. P. | Amount Rs. P. | Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment |
|---|---|---|---|---|---|---|---|
| 1 | Puran S/o Sh. Shiv Charan R/o - 12/2 Trilok puri Delhi | DTW SK | P P P P P P P P P P P P P P | 06 day | 142 CR 66/2 | 867 | Paid 4207 (1) |
| 2 | Sh. Satpal S/o Sh Ram Pratap R/o - 10A/16 Trilok Puri Delhi | do | P P P P P P P P P P P P P P | 06 day | do | 867 | Paid Satpal (2) |
| 3 | Miss Manju D/o Sh. Mukesh R/o - 16/39-40 Kalyanpuri Delhi | do | P P P P P P P P P P P P P P | 06 day | do | 867 | Paid (3) |
| 4 | Sh. Dev Raj S/o Sh Jayanand R/o - 15/28 Trilok Puri | do | P P P P P P P P P P P P P P | 06 day | do | 867 | Paid (4) |
| 5 | Smt Saroj Devi W/o Sh. Hari Kishan R/o - C-9 Palika Dham Gole market | do | P P P P P P P P P P P P P P | 06 day | do | 867 | Paid (5) |
| 6 | Sh Sonu S/o Sh. Sheesh Pal R/o - 24/466 Trilok Puri Delhi | do | P P P P P P P P P P P P P P | 06 day | do | 867 | Paid (6) |
| | Daily Total | | 6 6 6 6 6 6 | 36 day | G. Total | 5202 | |
| | Initials of person marking the daily attendance | | | | | | |
| | Initials of Inspecting Officer | | | | | | |

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.

| | Rs. | P. |
|---|---|---|
| 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 | | |