NEW DELHI MUNICIPAL COUNCIL

Payer's Copy

SR. NO. E 176708

RECEIPT

Receipt No.: CH091005NDMC009757

Date: 21-May-2009

Challan Number: 159317

Field: PUBLIC HEALTH ACCOUNTS BRANCH

Sub-Field: (PUBLIC HEALTH) HEALTH GENERAL BRANCH

Function: Public Health

Functionary: NDMC

Received From: Y.P. Malik (S.I) Circle No. 10

On Account of: On account of Sh. Ravinder S/o Somnath D/ws Circle No. 10,salary for the month of march-2009, vide vr. No. 30/PH dated: 15.04.09, Rs. 867/-

Address: Y.P. Malik (S.I) Circle No. 10, NDMC.

Account Code	Description	Amount
3202027	MECH.OF GARBAGE REMOVAL	867

Payment Mode: Cash

Total Amount: 867

Total Amount in Words: Eight Hundred And Sixty Seven Rupees Only

Cheque/DD No.:

Cheque/DD Date:

Bank:

Name of the Operator: naresh.kumar

Counter No: 1

NDMC

नई दिल्ली नगर पालिका परिषद्

Signature of Authorised Officer

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

NEW DELHI MUNICIPAL COUNCIL

Payer's Copy

SR. NO. E 176709

RECEIPT

Receipt No.: CH091005NDMC009758

Date: 21-May-2009

Challan Number: 159316

Field: PUBLIC HEALTH ACCOUNTS BRANCH

Sub-Field: (PUBLIC HEALTH) HEALTH GENERAL BRANCH

Function: Public Health

Functionary: NDMC

Received From: Y.P. Malik (S.I) Circle No. 10

On Account of: On account of Sh. Sunil S/o Vishan Dass D/ws Circle No. 10,salary for the month of march-2009, vide vr. No. 30/PH dated: 15.04.09, Rs. 867/-

Address: Y.P. Malik (S.I) Circle No. 10

Account Code	Description	Amount
3202027	MECH.OF GARBAGE REMOVAL	867

Payment Mode: Cash

Total Amount: 867

Total Amount in Words: Eight Hundred And Sixty Seven Rupees Only

Cheque/DD No.:

Cheque/DD Date:

Bank:

Name of the Operator: naresh.kumar

Counter No: 1

Signature of Authorised Officer

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

NEW DELHI MUNICIPAL COUNCIL

SR. NO. E 176710

RECEIPT

Receipt No.: CH091005NDMC009760

Date: 21-May-2009

Challan Number: 159315

Field: PUBLIC HEALTH ACCOUNTS BRANCH

Sub-Field: (PUBLIC HEALTH) HEALTH GENERAL BRANCH

Function: Public Health

Functionary: NDMC

Received From: Y.P. Malik (S.I) Circle No. 10

On Account of: On account of Sh. Satish Chand S/o Mohar Pal D/ws Circle No. 10,salary for the month of march-2009, vide vr. No. 30/PH dated: 15.04.09, Rs. 578/-

Address: Y.P. Malik (S.I) Circle No. 10

Account Code	Description	Amount
3202027	MECH.OF GARBAGE REMOVAL	578

Payment Mode: Cash

Total Amount: 578

Total Amount in Words: Five Hundred And Seventy Eight Rupees Only

Cheque/DD No.:

Cheque/DD Date:

Bank:

Counter No: 1

Name of the Operator: naresh.kumar

NDMC

नई दिल्ली नगर पालिका परिषद

Signature of Authorised Officer

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

NEW DELHI MUNICIPAL COUNCIL

RECEIPT

Payer's Copy

SR. NO. E 176711

Receipt No.: CH091005NDMC009762 **Date:** 21-May-2009

Challan Number: 159314 **Field:** PUBLIC HEALTH ACCOUNTS BRANCH

Sub-Field: (PUBLIC HEALTH) HEALTH GENERAL BRANCH **Function:** Public Health

Functionary: NDMC **Received From:** Y.P. Malik (S.I) Circle No. 10

On Account of: On account of Smt. Kusum W/o Anil D/ws s/k Circle No. 10 for the month of march-2009, vide vr. No. 30/PH dated: 15.04.09, Rs. 723/-

Address: Y.P. Malik (S.I) Circle No. 10, N.D.M.C.

Account Code	Description	Amount
3202027	MECH.OF GARBAGE REMOVAL	723

Payment Mode: Cash **Total Amount:** 723

Total Amount in Words: Seven Hundred And Twenty Three Rupees Only

Cheque/DD No.: **Cheque/DD Date:** **Bank:**

Name of the Operator: naresh.kumar **Counter No:** 1

NDMC

नई दिल्ली नगर पालिका परिषद्

Signature of Authorised Officer

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

Sheet-7.

PEST DEPARTMENT

MUSTER ROLL NO. 503 (From 1/3/09 To 7/03/09)

Circle No. X Voucher No. ..... Dated .....

In continuation of Muster Roll No. 437

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 S, 2 P, 3 P, 4 P, 5 P, 6 P, 7 P, 8 P ... 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
36.	Seema w/o Ram Kumar 1910 Sect-04 R.K. Puram New Delhi	D/W	S P P P P P P / P P P P P P P / P P P P P P P	6 days	BF/6 3days 142FCA	867-00	Attested
37.	Kavita w/o Kishan Kr. H. No. 1/43	D/W	S P P P P P P / P P P P P P P / P P P P P P P	5 days	do	723	Attested
38.	Bharat S/o Sukar Chand Q. No. 188 Harijan Basti Mandir Marg	D/W	S P P P P P P / P P P P P P P / P P P P P P P	6 days	do	867	Attested
39.	Vinod S/o Mahender H. No. D6/113 Pappam Kalan Kalan Colony-N. Delhi	D/W	S P P P P P P / P P P P P P P / P P P P P P P	05 days	do	723	Attested
40.	Kishan S/o Kalicharan 73 Rastrapati Bhawan Pocket-I N. Delhi	D/W	S P P P P P P / P P P P P P P / P P P P P P P	6 Days	do	867	Attested
	Net Payable Rs. 27,605-00	Daily Total	32 33 33 32 30 31	19 Days	G. Total	27605-00	
		Initials of person marking the daily attendance	S				
		Initials of Inspecting Officer					

Pay Rs. 27,605-00 (Rupees Twenty Seven thousand six hundred five only)

All the Signatures, L.T.I & R.T.I except Sr. No. 23, 25, 27 & 29 from Sr. No. 01 to 40 are duly attested

Grand Total of this Muster Roll ... 4 ... ... The Payment of 32 workers

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

Total amount paid (in words) Rupees ..... Rs. P. Paid

Accountant (HG) | AAO (PH) | AO (PH) | 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

CANCELLED

This Bill fully paid

HEALTH DEPARTMENT

Sheet-6

MUSTER ROLL NO. 503 (From 1/3/09 To 7/03/09)

Circle No. X Voucher No. ..... Dated .....

In continuation of Muster Roll No. 437

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
31.	Geeta W/o Sh. Chamanlal H.No. E-250 Rajject Nagar New Delhi - 8.	D/W	S A P P A P P P	03 days		Paid 434-00	Attested
32	Rajesh Kr S/o Sheesh Pal H.No. 4-5845/7 Gali Rohtash Nagar Shahdra N. Delhi	D/W	S A P P P P P P P P P P P P	5 days	do	Paid 723-00	Attested
33.	Faquirchand S/o Jagdish Chand. S-303 Sakar Pur New Delhi	D/W	S P P P P P P P P P P P P P P P P P P	6 days	do	Paid 867-00	Attested
34.	Arun Kr S/o Jogindar H.No. 11/158 Bapu Dham New Delhi	D/W	S P P P P P P P P P P P P P P P P P P	6 days	do	Paid 867-00	Attested
35.	Ashish S/o Ramdiya F-22 P.R. Lane. New Delhi	D/W	S A A A A A A	Nil	do	Nil	
	Daily Total		5 27 28 28 27 27 26	40/163 days	G. Total	Rs. 23558-00	
	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.

HEALTH DEPARTMENT

sheet-5

MUSTER ROLL NO. 503 (From 1/3/09 To 7/03/09)

Circle No. X Voucher No. Dated

In continuation of Muster Roll No. 437

Accountant (HG). CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From ... To ... (1–31)	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
				B/F 118 Days	147 ACA	B/F 17053-00	
26.	Meena Kumari W/o Hariparsad 21/52 Tirlok Puri Delhi	D/W	S P P P P P P	6 Days		867-00	Attested
27	Kusum W/o Anil 5, Double Story P.K. Lane New Delhi	D/W	S P P P P P A	5 Days	do	723-00	Attested
28.	Vinod Kr S/o Ramber F-12 Aliganj Double Story New Delhi	D/W	S P P P P P A	5 Days	do	723-00	VINODKUMAR Attested
29.	Sunil S/o Vishamber C-130 Maharani Enclave Hastal Uttam Nagar New Delhi	D/W	S P P P P P P	6 Days	do	867-00	Attested
30.	Anita W/o Raja H. No. 214 Sanjay Vihar New Delhi	D/W	S P (A) (A) P (A) P	3 days	do	434-00	Attested
	Daily Total		25 24 25 24 23 22	40/143 Days	G. Total	40/20667-00	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer						

Pay Rs................ (Rupees...)

Rs.	P.

Grand Total of this Muster Roll ... ...

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.

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

Balance Paid

Sheet-4.

HEALTH DEPARTMENT

MUSTER ROLL NO. 503 (From 1/3/09 To 7/03/09)

Circle No. X Voucher No. ..... Dated .....

In continuation of Muster Roll No. 437

PART-NOMINAL-ROLL

Accountant (HG) CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped accrding to classes	Designation	Dates From ... To ... (1 S, 2 P, 3 P, 4 P, 5 P, 6 A, 7 P, 8 S, 9, 10, 11, 12, 13, 14, 15 S, 16, 17, 18, 19, 20, 21, 22 S, 23, 24, 25, 26, 27, 28, 29 S, 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
21.	Manoj S/o Rameshwar B-12 Balika Dham Gali No. 1 New Delhi	D/W	S P P P A A P P P P P	4 Days	B/F Rs. 1456-00 B/F 10 Days 148 PCA	578-00	Manoj Kumar
22.	Sanjay Lohra S/o Chamanlal 1529/1 Vazir Nagar Katla Mubarkpur New Delhi	D/W	S A A A P P P P P P	3 Days	do	Paid 434-00	
23.	Ravinder S/o Sh. Somnath Plot No. 8 Moolchand Hospital N. Delhi	D/W	S P P P P P P P P P P P	6 Days	do	867-00	
24	Smt. Renu W/o Munna Q. No. 148 Sect-4 Rohini	D/W	S A A A A A A	Nil	do	Nil	
25.	Satish Chand S/o Moher Pal B-326 Lal Kuan Jhuggi No. 2 Delhi	D/W	S P A P A P P P P P	4 Days	do	578-00	
	Daily Total		20 20 21 19 19 19	96/18 Days	G. Total	17053-00	
	Initials of person marking the daily attendance		S				
	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-III

HEALTH DEPARTMENT

MUSTER ROLL NO. 503 (From 1/3/09 To 7/03/09)

Circle No. X Voucher No. .... Dated ....

In continuation of Muster Roll No. 437

Accountant (HG), CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	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
				14	14	14	13	13	12	S							S							S							S			B/F 80 Days		B/F 11561-00	
16	Kamal s/o Tekchand House No 8/147 L-Block Camp. Hamayu Road. N. Delhi	D/W	S	P	P	P	P	P	P																									6 Days	142 PCA	867-00	Kamal; Attested
17.	Anil s/o Mani Pal H. No. G-5 Gole Mkt New Delhi	D/W	S	P	P	P	P	P	P																									6 Days	do	867-00	अनिल; Attested
18	Sonu s/o Ramkishan B-36 Pahka Gunj New Delhi	D/W	S	A	P	P	P	AA																										3 Days	do	434-00	SONU; Attested
19.	Rakhi w/o Sh. Rajesh. Pahar Ganj New Delhi	D/W	S	P	P	P	P	P	P																									6 Days	do	867-00	[illegible]; Attested
20.	Sandeep S/o Sh. Rajender E-76 Pahka Dham Gole Mkt N. Delhi	D/W	S	A	A	A	A	A	A																									Nil	do	Nil	
	Daily Total			17	18	18	17	16	15																									40/0 Days	G. Total	14596-00	
	Initials of person marking the daily attendance		S	✓	✓	✓	✓	✓	✓																												
	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

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

Rs.	P.

Sheet II

HEALTH DEPARTMENT

MUSTER ROLL NO. 503 (From 1/3/09 To 7/03/09)

Circle No. X Voucher No. ..... Dated .....

In continuation of Muster Roll No. 437

Accountant (HG) CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped accccrding 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
11.	Vikash S/o Pardeep S-147, 239 Harayana road	D/W	S P P P P P P / S P P P P P P / P P P P P P	6 Days	144+CA	867-00	
12.	Ranjeet S/o Hari Singh 415 Pehlka Dham Gale Mkt	D/W	S A A A A A A	Nil		Nil	
13.	SUMAN S/o Rajkr. 395-Point ptrs Kali Beri Marg Delhi	D/W	S P P P P P P / P P P P P P / P P P P P P	6 Days		867-00	
14.	Sunny S/o Vadhavkar G-5 Bapu Dham Chankya Puri N Delhi	D/W	S P P P P P P / P P P P P P / P P P P P P	6 Days		867-00	
15.	Narender S/o Darbari D.D.A. Flat 509 Mamtha Tirlok Puri Delhi	D/W	S P P P P P P / P P P P P P / P P P P P P	6 Days		867-00	
	Daily Total		14 14 14 13 13 12	80 Days	G. Total	11561-00	
	Initials of person marking the daily attendance		S				
	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

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

Rs.	P.

Sheet-I

HEALTH DEPARTMENT

MUSTER ROLL NO. 503 (From 1/3/09 To 7/03/09)

Circle No. X Voucher No. ..... Dated .....

In continuation of Muster Roll No. 437

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 S, 2 P, 3 S, 4 P, 5 S, 6 P, 7 P, 8 S, 9, 10, 11, 12, 13, 14, 15 S, 16, 17, 18, 19, 20, 21, 22 S, 23, 24, 25, 26, 27, 28, 29 S, 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
6.	Munni Devi W/o Sanjay A-302 J.J. Colony Tigri N. Delhi	D/W	S P P P P P P / S P P P P P P / P P P P P P	6 d/	BFR 149-00 29 Days 142+C.A	Cheque 867-00	Attested
7.	Tulsi Kumari W/o Birjender J-J. Camp Aliganj N. Delhi	D/W	S P P P P P P / P P P P P P / P P P P P P	6 d/	do	Cheque 867-00	Attested
8.	Deepak W/o Chaman Lal 7/94 M.D.F.C. Quarter Bapu Dham	D/W	S P P P P P P / P P P P P P / P P P P P P	03 d/	do	Cheque 434-00	Attested
9.	Sandeep W/o Ramphal 38. J.J. Camp. Badarpur New Delhi	D/W	S P P P P P P / P P P P P P / P P P P P P	6 d/	do	Cheque 867-00	Attested
10.	Sanjay W/o Premchand A-319 Minto Road Complex N. Delhi-2	D/W	S P P P P P P / P P P P P P / P P P P P P	6 d/	do	Cheque 867-00	Attested
	Daily Total		10 10 10 9 9 8	45 Days G. Total		8093-00	
	Initials of person marking the daily attendance		S				
	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 ... ... Rs. P.

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

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

O.O. No:- D/538/CMO/HQ D. 11/12/08

(40) Daily wager S/K, L/B @ 140+CA.

(147) Total Sheets

HEALTH DEPARTMENT

MUSTER ROLL NO. 503 (From 1/3/09 To 7/03/09)

Circle No. X Voucher No. ..... Dated .....

In continuation of Muster Roll No. 437

PART-NOMINAL-ROLL

Accountant (HG) CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped accrding to classes	Designation	Dates From ... To ... (1 S, 2, 3, 4, 5, 6, 7, 8 S, 9, 10, 11, 12, 13, 14, 15 S, 16, 17, 18, 19, 20, 21, 22 S, 23, 24, 25, 26, 27, 28, 29 S, 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
1.	Ashok S/o Ashraf Pal WZ-35 Sakarpur New Delhi-92	Daily wages S/K.	S P P P P P P S S S S S	6 Days	140+CA	867	Attested
2.	Poonam W/o Dharmpal F-493 J.J. Camp Tigri N. Delhi	-do-	S P P P P P P S S S S S	6 Days	-do-	867-00	Attested
3.	Jitender S/o Arjun J-2/1092 St. No. 17 Sangam Vihar	-do-	S P P P P P A S S S S S	5 Days	-do-	723-00	Attested
4.	Bimla W/o Suresh Q No. 504 St. No. 34 Tiri Nagar	-do-	S P P P P P P S S S S S	6 Days	-do-	867-00	Attested
5.	Sunita W/o Vijay M-140/107 Model Town Mubarik Bhagh Delhi-09	-do-	S P P P P P P S S S S S	6 Days	-do-	867-00	Attested
	Daily Total		S 5 5 5 5 4 5	29 Days	G. Total	4191-00	
	Initials of person marking the daily attendance		S				
	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.

Contingent Bill Number : 30304091000045

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-118/CMO(HQ) dated: 04.03.09 vide approval of Chairman No. 171/D/PS dated: 12.01.09
Bill Status: CREATED
Narration: Payment to 03 daily wagers SKs/LBs in circle No. -13 w.e.f. 09.03.09 to 31.03.09 @142+CA per day
Remarks:

11/PH
15/4/09 ~~13/4/09~~

Code	Payable To	Function	Account Code	Account Head	Amount
		Public Health	3202027	MECH.OF GARBAGE REMOVAL	8239
				Gross Amount	8239

Deductions:

Code	Payable To	Function	Account Code	Account Head	Amount
				Total Deduction	0
				Net Amount	8239

Net Payable in Words :

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