Contingent Bill Number : 30304091000044

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: 16-Sep-2008
SanctionDetails: Office Order No. D-554/CMO(HQ) dated: 17.12.08 vide approval of Chairman No. 6631/D/PS dated: 16.09.08
Bill Status: CREATED
Narration: Payment to 24 daily wagers SKs/LBs in circle No. -06 w.e.f. 01.03.09 to 20.03.09 @142+CA per day
Remarks:

12/PH 15/4/09

Code	Payable To	Function	Account Code	Account Head	Amount
		Public Health	3202027	MECH.OF GARBAGE REMOVAL	34980
				Gross Amount	34980

Deductions:

Code	Payable To	Function	Account Code	Account Head	Amount
				Total Deduction	0
				Net Amount	34980

Net Payable in Words :

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

Sheet-4.

HEALTH DEPARTMENT

MUSTER ROLL NO. 513. (From 1/3/09 To 20/3/09)

Circle No. VI Voucher No. ..... Dated .....

In continuation of Muster Roll No. 460

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 Rs. P.	Amount Rs. P.	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
20	Sh. Sonu S/o Litesh Babalal 4/97 Sakur Par NDN	D/Wager Sk.		16 days	145-00	2316-00	
21.	Sh. Sorab S/o Sh. Suresh G/16 Palika Dham NDN	do		NIL	"	NIL	
22.	Sh. Vijay Kr S/o Sh Puran Singh 19/ Palika Dham NDN	do		14 days	"	2024-00	
23.	Sh Perveen S/o Sh Naresh Nahg Shiv Kali Mandir Lodhi Road NDN	do		12 days	"	1734-00	
24.	Sh. Suraj S/o Sh. Ramesh 5/18 Dakshin Puri NDN	do		17 days	"	2457-00	
	Daily Total		5 11 12 12 14 13 14 5 13 14 15 16 16 16 5 16 16 14 16 15	232 days	G. Total	34989-00	34980=00
	Initials of person marking the daily attendance			242 days			
	Initials of Inspecting Officer						

Pay Rs. 34980=00 (Rupees Thirty four thousand Nine hundred eighty only)

Accountant (HG) 9/4/09

M.O.H. Sr. A.O (PH)

Released for Payment

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

Received and R.T. 1-LT 1

Sheet-3

HEALTH DEPARTMENT

MUSTER ROLL NO. 513 (From 1/3/09 To 20/3/09)

Circle No. VI Voucher No. ..... Dated .....

In continuation of Muster Roll No. 460.

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 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
16 Smt R/o	Rama w/o Sh. Rajkumar C/330/88 Kali Bari Marg N.D.	O/wiper Sk.	S A A A A A A A A A S A A A A	NIL	1450	NIL	
16. A. Sh R/o	Sani S/o Sh. Devenderkar 2/16 Tilak Lan Delhi	do	S A A A A A S A A A A A S A A A A	NIL		NIL	
17. Sh. R/o	Akash S/o Sh. M.S. Umnarkal 14/109 P.K. Road N.D.	do	S A A A A A A S A A A A A A S A A A A A	NIL	4	NIL	
18 Sh. R/o	Rahul S/o Sh. M.S. Umnarkal 14/109 P.K. Road. N.D.	do	S A A A A A A S A A A A A A S A A A A A	NIL	4	NIL	
19. Sh. R/o	Sanjay S/o Sh. Ramesh C-5 Palika Dham Delhi	do	S P P P P A P P A P P P P S P P A P P	14 days	4	2024-00	Sanjay Kumar
	Daily Total		5 9 8 9 11 10 11 5 10 10 11 12 11 13 5 13 12 10 12 11	183 days	G. Total	26458-00	
	Initials of person marking the daily attendance		S S L S S S S S S S S S S S S S S S S	183 days			
	Initials of Inspecting Officer		S S S S				

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. 513 (From 1/3/09 To 20/3/09)

Circle No. VI Voucher No. .... Dated ....

In continuation of Muster Roll No. 460

Accountant (HG). CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

Dates From........ To........

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates 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
		D/wages	5 4 6 7 7 7 x 6 7 7 8 8 9 x 9 9 8 8 8	123 days		17782-00	
11. Sh.	Ajay S/Sh. Jagdish R/o E/21 Palika Dham N.D.-	Sk.	S P P P P P S P P H P P P S P P P P P →	17 day	145-00 T CB	2457-00	[signature]
12. Smt	Jashwanti W/o Sh. Vinod Kr. –Vice–	do	S A A A A A A S A A A A A A S A A A A A →	Nil	"	Nil	
12A Smt	Sushila W/o Sh. Jasvir R/o						
13. Smt	Rani W/o Sh. Dalip Kumar R/o H/No. 14 C (PHI) Mangol Puri N. Delhi	do	S P P P P P S P P H P P P S P A P P →	16 day	"	2316-00	2313-00 [signature] 27/01
14. Sh.	Ashok S/Sh. Subhash R/o H/No. 5 Gali No. 7 Babu Colony G/Bad (U.P.)	do	S A A A A A A S A A A A A A S A A A A A →	Nil	"	Nil	
15. Sh.	Bijender S/Sh. Mohinder R/o H/No. 42/L.B. Sadan G/Market N.D.-	do	S P A P P P S P H A P S A P A →	13 days	"	1879-00	[signature]

Daily Total	5 8 7 8 10 10 10 9 10 10 11 10 12 x 12 11 10 11 10	169 days G. Total	24434-00
Initials of person marking the daily attendance	[initials]		
Initials of Inspecting Officer	[initials]		

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

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

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

Sheet-I

HEALTH DEPARTMENT

MUSTER ROLL NO. 573 (From 1/3/09 To 20/3/09)

Circle No. VI Voucher No. ..... Dated .....

In continuation of Muster Roll No. 460

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 Rs. P.	Amount Rs. P.	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
6	Smt Kamlesh w/o Sh. Anmichand R/o 119 Balmiki Basti Nandin Marg N Delhi	Sk.		16 days	145-00 T CA	2313-00	
7.	Smt Reena w/o Sh. Manoj R/o 4/20 Dakshin Puri N. Delhi	Lo		13 days	4	1879-00	
8.	Sh Sandeep S/o Sh. Ramchander R/o 12/242 Dakshin Puri N Delhi	Lo		17 days	4	2457-00	
9.	Sh. Arvind S/o Sh. Balram R/o 156 Lodhi Complex Road NDN Delhi	do		08 days	4	1156-00	
10	Sh. Gorav Chandelya S/o Sh. Suresh R/o 5/161 Palika Bhawan NDN	do		17 days	4	2457-00	
	Daily Total		5 8 4 6 x x x 5 6 7 x x 8 8 9 5 9 9 8 8 6	123 days	G. Total	17782-00	
	Initials of person marking the daily attendance		5 9 9 8 9 9 9 5 9 9 8 8 8 9 5 9 8 9 9 8				
	Initials of Inspecting Officer		5 10 5 10				

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.

O.O No:- 554/O/CMO/HQ D. 17/12/08

(24) daily wages SK, L/B @ 140+CA.

(174) Total sheets 5

HEALTH DEPARTMENT

MUSTER ROLL NO. 513. From 1/3/09 To 20/3/09

Circle No. VI Voucher No. ..... Dated .....

In continuation of Muster Roll No. 460.

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 Rs. P.	Amount Rs. P.	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
1. Smt Kamla W/o Sh. Sat Pal R/o H.N. 31 Balmiki Basti N. Delhi	Sk.	D/Wagar	S P P P A P P P P P S P P P H 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 P P P P P P P P P P P S P

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

Daily Total: 2 2 2 3 3 3 3 3 3 3 3 4 5 4 4 4 3 4 3 — G. Total 7520-00

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.