35

Contingent Bill Number : 30304091000047

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 25 daily wagers SKs/LBs in circle No. -07 w.e.f. 09.03.09 to 31.03.09 @142+CA per day

Remarks:

49/PH 15/4/09 9/PH 13/9/09 9/PH 13/4/09

Code	Payable To	Function	Account Code	Account Head	Amount
		Public Health	3202027	MECH.OF GARBAGE REMOVAL	71841
				Gross Amount	71841

Deductions:

Code	Payable To	Function	Account Code	Account Head	Amount
				Total Deduction	0
				Net Amount	71841

Net Payable in Words :

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

HEALTH DEPARTMENT

Sheet-IV

MUSTER ROLL NO. 529 (From 9/3/09 To 31/3/09)

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

In continuation of Muster Roll No. Fresh

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
25	Sh. Inder Pal S/o Sh Peoney Lal R/o A-178 Budh vihar Colony Tajpur Pahari Badar Pur New Delhi	D/W SK		17 day	142 CR 66 = 00	2457-00	(25)

Daily Total | Total 71841-00

Initials of person marking the daily attendance

Initials of Inspecting Officer

Pay Rs. 71841=00 (Rupees Seventy one thousand eight hundred forty one only)

Sr. No. 1 to 25 R/T and Signature attached

Paid in full

Accountant (HG)

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.

M.O.H. Sr. A.O

CANCELLED Released for Payment

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

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

HEALTH DEPARTMENT

Sheet-III

MUSTER ROLL NO. 529. (From 9/3/09 To 31/3/09)

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

In continuation of Muster Roll No. Fresh.

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 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
19 CM	Sh Arun S/o Lakshman Prakash R/o K-306 Dakshin Puri N Delhi	DHW		20 days	1421 CA 64=PM	2891.00	Paid Arun (19)
20 CM	Sh Jugal Kishor S/o Sh Khushiram R/o 1988 Village Pilanji Kalta Mubarikpur N Delhi	do		20 days	do	2891.00	Paid (20)
21 CM	Sh Rahul S/o Sh Mangal R/o J/5850 A Gali No. 2 East Rohtash Nagar Babarpur Batti N Delhi	do		20 days	do	2891.00	Paid (21)
22 CM	Sh Girraj S/o Sh Babu Lal R/o A-57 Lal Kuan Badar Pur New Delhi	do		20 days	do	2891.00	Paid (22)
23 CM	Sh Dinesh S/o Sh Jai Chand R/o 10/84 Trilok Puri Delhi	do		20 days	do	2891.00	Paid (23)
24 CM	Sh Nitin Kumar S/o Sh Raju R/o 1/79 Trilok Puri Delhi	do		20 days	do	2891.00	Paid (24)
	Daily Total		24 24 24 24 24 24 S 24 24 24 24 24 24 S 24 24 24 24 24 24 S 24 24	480 days	G. Total	69384.00	
	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

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

Rs.	P.

HEALTH DEPARTMENT

Sheet-II

MUSTER ROLL NO. 529. (From 9/3/09. To 31/3/09.)

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

In continuation of Muster Roll No. Fresh.

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
13	Sh Rohit S/o Sh Chunni Lal R/o D-32 Central Jail Staff Hari Nagar N.Delhi	DMW		20 day	Rate Rs. 144 LA 66/2 DM	2891.	(13)
14	Sh Vinod S/o Sh Bachan Singh R/o 16/415 Trilok Puri Delhi	do		20 day	do	2891.	(14)
15	Smt Babita w/o Sh Satbir Singh R/o J-4/129 Madan Gir N.Delhi	do		20 day	do	2891.	(15)
16	Sh Ravi S/o Sh Chander Bhan R/o [illegible] Delhi	do		20 day	do	2891.	(16)
17	Sh Lokesh Kumar S/o Sh Om Prakash R/o 11/251 Dakshin Puri North	do		20 day	do	2891.	(17)
18	Sh. Om Pal S/o Sh Krishan Kumar R/o 1/41 B. Block Ajay Nagar Prem Nagar III E Delhi	do		20 day	do	2891.	(18)
	Daily Total			360 day	G. Total	52038.00	
	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 ... ...

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

Rs.	P.

Sheet-I

HEALTH DEPARTMENT

MUSTER ROLL NO. 529. (From 9/3/09 To 31/3/09)

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

In continuation of Muster Roll No. Fresh

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 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
7	Sh. Arjun Singh S/o Sh Hari Lal R/o 17 D/Story Aligunj New Delhi	D/W SK		20 days	1427 CA 66/2 PM	2891.00	Arjun Singh (7)
8	Smt Mithlesh W/o Sh Ravi R.G. 215 Dakshin Puri N. Delhi	do		20 days	do	2891.00	मिथलेश (8)
9	Sh Anoop S/o Shomvir R. A-II/632 Bhalswa JJ-Colony Delhi	do		20 days	do	2891.00	Anoop (9)
10	Sh Mardhaj W/o Sh Karam Vir R. 17/109 JH Kalyan Puri Delhi	do		20 days	do	2891.00	[illegible] (10)
11	Sh Dinesh S/o Sh Sohan Pal H. A-40 Khichari Pur Delhi-91	do		20 days	do	2891.00	[illegible] (11)
12	Smt Usha W/o Sh Raj Kumar R. 14/178 Dakshinpuri Ext N Delhi	do		20 days	do	2891.00	USHA (12)
	Daily Total		12 12 12 12 14 12 S 12 12 12 14 12 12 S 12 12 12 14 12 S 12 14	240 days	G. Total	34692.00	
	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

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

Rs.	P.

O.O. No:- 0/118/CMO/HQ Dt 4/3/09.

(25) daily wager S/K, L/B @ 142+CA.

(1+4) Total sheet=5

HEALTH DEPARTMENT

MUSTER ROLL NO.: 529. (From 9/3/09. To 31/3/09.)

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

In continuation of Muster Roll No. Fresh.

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 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 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	Sh. Amit S/o Sh. Suresh Chand R/o A-8 Palika Dham N. Delhi	D/W S/K		@ ~~142+CA~~ 20 day	142+ CA 66/- p.m.	2891-00	Amit 1
2	Smt Asha W/o Sh. Raju R/o 2/31 Rajsten State Rd Cor. N. Delhi	do—		@ ~~142+CA~~ 20 day	do—	2891-00	आशा 2
3	Smt Shalu W/o Sh. Nand Kishor R/o A-89, D.D.A. Flats Gaushi N. Delhi	do—		~~do~~ 20 day	do—	2891-00	3 Raj
4	Smt Neetu W/o Sh. Kamal Kishor R/o 34 Palika Gram Sarojini Nagar N. Delhi	do—		~~do~~ 20 day	do—	2891-00	नीतू 4
5	Sh. Mahesh Pal S/o Sh. Baljor R/o H.N. Durga Puri ~~N. Del~~ Shahdara Delhi	do—		20 day	do—	2891-00	महेश 5
6	Sh. Surender S/o Sh. Kishan Lal R/o 0/60 IInd Floor Malkaganj Delhi	do—		20 day	do—	2891-00	सुरेन्द्र 6
	Daily Total			120	G. Total	17346-00	
	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.