(18)

47/H

Contingent Bill Number : 30305091000029

Disbursement Type: Cash

Bill Type: ImprestBills

Fund: NDMC Municipal General Fund

Bill Date: 08-May-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 21 daily wagers S/K in circle No. -12 w.e.f. 01.04.09 to 30.04.09 @Rs151+CA per day

47/H
12/5/09

Remarks:

Code	Payable To	Function	Account Code	Account Head	Amount
		Public Health	3202027	MECH.OF GARBAGE REMOVAL	76766
			Gross Amount		76766

Deductions:

Code	Payable To	Function	Account Code	Account Head	Amount
			Total Deduction		0
			Net Amount		76766

Net Payable in Words :

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

e Rs-151+CA. per day | Sheet-III

HEALTH DEPARTMENT

MUSTER ROLL NO. 547 (From 1/4/09. To 30/4/09.)

Circle No. XII Voucher No. ~~478~~ 491. Dated 47/H 12/5/09

In continuation of Muster Roll No. ~~...~~

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	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	13	14	14	S	14	14	14	14	14	14	S	14	15	15	15	15	14	S	15	15	15	12	14	14	S	13	13	11	14		360-~~358 days~~		53272= ~~51891-00~~	
16	Smt Laxmi devi w/ Chaterpal F494 J.J Camp Tigri N. Delhi	SK	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	A	A	A	S	A	A	P	P	P	P	S	P	P	P	P		21 days	151-P CA-66	~~3035~~ paid 3224/-	लक्ष्मी 8/5 Attested
17	Smt Usha devi w/o Rakesh F495 J.J Camp Tigri ... N. Delhi	"	P	P	P	A	S	A	A	A	A	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P		21 days	do	~~3035~~ paid 3224/-00	उषा देवी 8/5 Attested
18	Sh. Vinod s/o Pattya S-14/B-132 J.J Camp Okhla N. Delhi	"	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	A	P	P	S	P	P	P	A	P	P	S	P	P	P	P		24 days	do	~~3469-00~~ 3685/-00	विनोद 8/5 Attested
19	Sh. Rupesh s/o Ramkishan F492 J.J Camp Tigri N. Delhi	"	P	P	P	P	S	P	P	P	A	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P		25 days	do	~~3614~~ paid 3838/-00	8/5 Attested
20	Sh. Satpal s/o Lal Chand 189 Aliganj Lodhi Road N. Delhi	"	A	A	P	P	S	P	P	P	P	P	P	S	P	P	P	A	P	P	S	P	P	P	P	P	P	S	P	P	P	P		~~22 days~~ 23 Days	do	~~3180-00~~ ~~3378-00~~ 3381/-	सतपाल 8/5 Attested
21	Smt Madhu w/o Bijander E IV-126 Nand Nagri N. Delhi	"	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P		26 days	do	~~3758~~ paid 3992/-00	R.T.I. 8/5 Attested
	Daily Total		18	18	20	19	/	19	19	19	18	20	20	/		21	21	19	19	19	/	20	20	21	17	20	20	/	19	19	17	20		~~499 Days~~ 498 days	G. Total	~~71982=00~~ 76460-00	
	Initials of person marking the daily attendance																																	500=00		76766.20	
	Initials of Inspecting Officer																																				

Pay Rs. 76766=00 (Rupees Seventy Six thousand Seven hundred Sixty Six only)

Fully paid.

Recommended 6/5/09 Received for payment 1300 8/5/09

Grand Total of this Muster Roll ... S. No. 1 to 21 ...

AAO (PH) 8/5/09   12/5/09 XII

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

CANCELLED

Date........ 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.

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

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

Rs.	P.

VERIFIED FOR CASH

HEALTH DEPARTMENT

Sheet-II

MUSTER ROLL NO. 547 (From 1/4/09 To 30/4/09)

Circle No. XII Voucher No. ..... Dated .....

In continuation of Muster Roll No. ~~476~~ 491

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 8 – 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	Smt Raj Rani D/o Manohar H.No. 70 Laxmi Bai Nagar N. Delhi	Sik		26 days	144+ CH 66	~~3750~~ 3992-00	राजरानी S/S Attend 2
12	Smt Maya W/o Onkar Singh F 141 J.J Camp Tigri N. Delhi	"		26 days	do	~~3750~~ 3992-00	माया S/S Attend 2
13	Sh. Monu S/o Ghanshyam F 136 J.J Camp Tigri N. Delhi	"		25 days	do	~~3614-00~~ 3838-00	S/S Attend 2
14	Smt Rekha W/o Roshan W/22 V/2 Fesh III Sheelampur N. Delhi	"		26 days	do	~~3750-00~~ 3992-00	रेखा S/S Attend 2
15	Smt Amita W/o Murari F 137 J.J Camp Tigri N. Delhi	"		25 days	do	~~3614-00~~ 3838-00	अमिता S/S Attend 2
	Daily Total		13 13 14 14 14 14 14 14 14 14 14 15 15 15 15 14 15 15 15 12 14 14 13 13 11 14	359 Days	G. Total	~~51891-00~~	
	Initials of person marking the daily attendance			360		~~55119-00~~	
	Initials of Inspecting Officer		M M			55272-00	

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-I

MUSTER ROLL NO. 547 (From 1/4/09 To 30/4/09)

Circle No. XII Voucher No. ..... Dated .....

In continuation of Muster Roll No. ~~478~~ 491.

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 4 … 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	Sh. Vicky s/o Vijay 1/11 Bapu Dham New Delhi	S.K		24 days	154 + CA 66	~~3469-00~~ 3685-00	Vicky
7	Smt Geeta w/o Suresh 21/615 Kalyanpuri New Delhi	"		26 day	do	~~3758-00~~ 3992-00	
8	Sh. Kamal S/o Khushi Ram D-279 Moti Bagh I New Delhi	"		26 day	do	~~3758-00~~ 3992-00	
9	Smt Kirshna w/o Ghanchal D-279 Moti Bagh I New Delhi	"		26 day	do	~~3758-00~~ 3992-00	
10	Smt ~~Preeti~~ Om Vati w/o Vijay Pal T-2637 Gali No 8A Balbeer nagar New Delhi	"		26 day	do	~~3758-00~~ 3992-00	
	Daily Total		8 8 9 9 5 9 9 9 9 9 5 9 10 10 10 10 9 5 10 10 8 8 9 9 5 8 8 7 9	231	G. Total	~~33389-00~~ 35467-00	
	Initials of person marking the daily attendance			232			
	Initials of Inspecting Officer					35620=00	

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:- D/83/CMO/HQ Dt 18/2/09.

(21) daily wager Sk, 4 BC 157+CA.
(1+3) Total sheet = 4
@ Rs 157+CA.

HEALTH DEPARTMENT

MUSTER ROLL NO. 547 (From 1/4/09 To 30/4/09)

Circle No. XII Voucher No. ..... Dated .....

In continuation of Muster Roll No. ~~478~~ 491

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 ... (1–31)	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	Sohn S/o Kartar Singh O/T-II Pulika Dham Jal marg N. Delhi	SK		25 days	157.9 @ 66	~~3614~~ 3838-00	L.T.I Attd
2	Smt Vidhya W/o Jagan Nath E-70 New Rajeet Nagar N. Delhi	"		13 days		~~1879-00~~ 1996-00	Sig Attd
3	Sh. Sohan S/o Bhawar Hut No 35 P Block Sultan Puri N. Delhi	"		19 days		~~2746-00~~ 2917-00	Sig Attd
4	Ravi S/o Rakesh Pal 88 Tilak Puri N. Delhi	"		20 days		~~2891-00~~ 3071-00	Sig Attd
5	Sh. Nitan S/o Naresh 237 P Sh Imanglu Puri N. Delhi	"		26 days		~~3750-00~~ 3992-00	Sig Attd
	Daily Total		4 4 4 4 5 4 4 4 4 4 4 5 4 5 5 5 5 4 5 5 5 3 3 4 4 5 3 3 2 4	103	G. Total	~~14000-00~~ 15814-00	
	Initials of person marking the daily attendance			104			
	Initials of Inspecting Officer					15967-00	

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.