Contingent Bill Number : 30306091000031

Disbursement Type: Cash
Bill Type: ImprestBills
Fund: NDMC Municipal General Fund
Bill Date: 05-Jun-2009
Segment: GENERAL FUND
Sub Segment: CASH IN HAND
Field: PUBLIC HEALTH ACCOUNTS BRANCH
Sub Field: (PUBLIC HEALTH) SANITATION CIRCLE 12
Functionary: DIRECTOR (PH)
Payable To: Secretary,NDMC
Sanction By: Chairman
Sanctioned On: 12-Jan-2009
SanctionDetails: Office Order No. D-203/CMO(HQ) dated: 18.05.09 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. 20.05.09 to 31.05.09 @Rs151+CA per day
Remarks:

22/H
8/6/09

Code	Payable To	Function	Account Code	Account Head	Amount
		Public Health	3202027	MECH.OF GARBAGE REMOVAL	29166
			Gross Amount		29166

Deductions:

Code	Payable To	Function	Account Code	Account Head	Amount
			Total Deduction		0
			Net Amount		29166

Net Payable in Words :

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

Contingent Bill Number : 30306091000026

Disbursement Type: Cash
Bill Type: ImprestBills
Fund: NDMC Municipal General Fund
Bill Date: 05-Jun-2009
Segment: GENERAL FUND
Sub Segment: CASH IN HAND
Field: PUBLIC HEALTH ACCOUNTS BRANCH
Sub Field: (PUBLIC HEALTH) SANITATION CIRCLE 7
Functionary: DIRECTOR (PH)
Payable To: Secretary,NDMC
Sanction By: Chairman
Sanctioned On: 12-Jan-2009
SanctionDetails: Office Order No. D-203/CMO(HQ) dated: 18.05.09 vide approval of Chairman No. 171/D/PS dated: 12.01.09
Bill Status: CREATED
Narration: Payment 51 daily wagers S/K in circle No. -7 w.e.f. 20.05.09 to 31.05.09 @Rs151+CA per day
Remarks:

25/H
8/6/09

Code	Payable To	Function	Account Code	Account Head	Amount
		Public Health	3202027	MECH.OF GARBAGE REMOVAL	78132
				Gross Amount	78132

Deductions:

Code	Payable To	Function	Account Code	Account Head	Amount
				Total Deduction	0
				Net Amount	78132

Net Payable in Words :

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

Sheet-9

HEALTH DEPARTMENT

MUSTER ROLL NO. 69 (From 20/5/09 To 31/5/09)

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

In continuation of Muster Roll No. Fresh. 25/H 8/6/09

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
47	Rakesh S/o Prem Pal R/o 6/1 Janta Flats Basti Vihar Nawada	Dw		10 day	153 CR 66/2 DM	1535-00	(47)
48	Sunil Kumar S/o Prem Pal R/o 6/1 Janta Flats Basti Vihar Nawada	do		10 day	do	1535-00	(48)
49	Yogesh S/o Chunnu Lal R/o 1/22 Bradhell Nagar Tilak Nagar Nawada	do		10 day	do	1535-00	(49)
50	Anil Kumar S/o Sunil Singh R/o 1/75 Gali No. 1 Bhim A Shekar Pur	do		10 day	do	1535-00	(50)
51	Pradeep S/o Virender R/o 2/17 Gulabi Bagh Pur Kailas Nagar	do		10 day	do	1535-00	(51)
			Daily Total	509 day	G. Total	78,132-00	

Initials of person marking the daily attendance

Initials of Inspecting Officer

Received on 8/6/09 entry in page no 49 Sl. no. 1334. Rs. 49 @ to staff = 78132

Pay Rs. 78132=00 (Rupees Seventy Eight thousand One hundred Thirty two only)

SNo 1 to 51 LT9/R7 paid & Signature attested Paid in full

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.

CANCELLED

VERIFIED FOR CASH/CHEQUE PAYMENT

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

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

Balance Paid

Rs.	P.

Sheet 8

HEALTH DEPARTMENT

MUSTER ROLL NO. 619 (From 20/5/09 To 31/5/09)

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 ... (1–31)	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
42	Smt Sujata Chandeliya w/o Sathir Chandeliya R/o 137/5 East Kidwai Nagar	DTW Sh		10 day	137+CA 66/12 DA	1535-00	Paid Sujata (42)
43	Sh Vinay Kr S/o Virod Kr R/o 134 Block E Moti Bagh II New Delhi	do		10 day	do	1535-00	Paid Vinay (43)
44	Pankaj Chand S/o Sultan Chand R/o 1705 Jhareora Village Moti Bagh New Delhi	do		10 day	do	1535-00	Paid पंकज चन्द (44)
45	R Ram Kr S/o Ram Pal R/o 1076 Block F Moti Bagh New Delhi	do		10 day	do	1535-00	Paid Ram (45)
46	Sh Mahesh S/o Sh Beer Singh R/o 171 Budh Nagar Moti Bagh	do		10 day	do	1535-00	Paid Mahesh (46)
			Daily Total	45 90	G. Total	70,457-00	
			Initials of person marking the daily attendance				
			Initials of Inspecting Officer				

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

	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		

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.

Sheet-7

HEALTH DEPARTMENT

MUSTER ROLL NO. 619 (From 20/5/09 To 31/5/09)

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 accrding 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
36	Sh. Manish S/o Rajender R/116/248 Tri Nagar Delhi	DW do		10 day	117 + CH 66/- on	1535-00	Paid Manish (36)
37	Rajesh S/o Ram Bhadur 16/11/87 New Seelampur Delhi-53 do	do		10 day	do	1535-00	Paid 21/5/09 (37)
38	Manoj S/o Om Parkash R/S-4 Prince Park Office Kurti Copy New Delhi do	do		10 day	do	1535-00	Paid (38)
39	Vinod S/o Satish R. T-7 Kalkaji New do	do		10 day	do	1535-00	Paid (39)
40	Ravi Kumar S/o Balkar R/A-2/43 Tender Cut/Tomi New do	do		10 day	do	1535-00	Paid (40)
41	Aram Kumar S/o Om Parkash R. S/34 Tri Nagar Delhi do	do		10 day	do	1535-00	Paid Dinni Kumari (41)
	Daily Total			409 day	G. Total	62,782-00	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer						

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-VI

HEALTH DEPARTMENT

MUSTER ROLL NO. 619 (From 20/5/09 To 31/5/09)

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 ... (1–31)	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
30	Smt. Pushpa W/o Krishan R-43 Rob-Jyoti Rao Phule Marg Sangli Main Tihuti Bhgumanagar	DLW		10 day	153+CA 66/- DM	1535-00	Paid
31	Sh. Shammi S/o Pargan Singh R/o 274-D Block K Dilshad Gar.	do		10 day	do	1535-00	Paid
32	Smt. Kamal W/o Sultan R. B-21 Parlika Pkar Okhla mile	do		10 day	do	1535-00	Paid
33	Sh. Rakesh S/o Bishan Chand R-6 164 Nanakpura Delhi Sadar Main Marg-m	do		10 day	do	1535-00	Paid
34	Arvind Kr S/o Parbhu Dayal R/o J-54 Block B. Lab No 4 Jamuna Part Delhi 57	do		10 day	do	1535-00	Paid
35	Subhash S/o Harichand H-1 Bangla Sahib Rd. New Delhi	do		10 day	do	1535-00	Paid
	Daily Total			34 days	G. Total	53,572-00	
	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-V

HEALTH DEPARTMENT

MUSTER ROLL NO. 619 (From 20/5/09 To 31/5/09)

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

In continuation of Muster Roll No. Fresh.

Accountant (HG) CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

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

S.No.	Name, Father's/Husband's Name & Address grouped accrding 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
25	Amit S/o Jagmal Singh Indra Pal R/o 381 Pratap Nagar Pirane Dharam Kanta Pura Chandhi Nagar	DLW																				P	P	P	P	P	P	P	P	P	P	P	P	10 day	157+ CA 66/= DM	1535-	(25) Amit Paid
26	Rahul S/o Jaibir R/o 374 Block Palam Vihar Nawada	do																				P	P	P	P	P	P	P	P	P	P	P	P	10 day	do	1535-	(26) Rahul Paid
27	Rohit S/o Ram Kumar R/o 71/3 Gali No. 7 Indra Colony Block 71 Tri Nagar Delhi	do																				P	P	P	P	P	P	P	P	P	P	P	P	10 day	do	1535-	(27) Rohit Paid
28	Sanjay S/o Dharambir R/o 1415 Pulika Dharam Gali Nagar Nawada	do																				P	P	P	P	P	P	P	P	P	P	P	P	10 day	do	1535-	(28) संजय Paid
29	Rajender S/o Parbhu Dayal R/o 4/1564 Gali 12 Bhola Nath Nagar S/o Dhara Delhi	do																				P	P	P	P	P	P	P	P	P	P	P	P	10 day	do	1535-	(29) Paid
	Daily Total																																	Gr. Total		44,362.00	
	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

Balance Paid

Rs.	P.

Sheet-1

N.

HEALTH DEPARTMENT

MUSTER ROLL NO. 69 (From 20/5/09 To 31/5/09)

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 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
20	Sh Rajender S/Sh Lalchand R/o 129 Adhgaon New	Sweeper																				P	P	P	P	S	P	P	P	P	P	P	S	10 day	153.70 CA 66/- PM	1535-00	Rajender (20)
21	Sh Vinay Kumar S/Sh Madan Lal R/o 71 Mistry Aligaon New Delhi	do																				P	P	P	P	S	P	P	P	P	P	P	S	10 day	do	1535-00	Vinay Kumar (21)
22	Smt Usha W/o Sh Balkishan R/o 8405 Gram Sabha Motan Qurdan Uttam Nagar New	do																				P	P	P	P	S	P	P	P	P	P	P	S	10 day	do	1535-00	(22)
23	Smt Rani W/o Sh Vijay Kumar R/o 8405 Gram Sabha Motan Qurdan Uttam Nagar	do																				P	P	P	P	S	P	P	P	P	P	P	S	10 day	do	1535-00	(23)
24	Smt Saroj W/o Sh Ravinder R/o Kathwari Tughlak Lane New Delhi	do																				P	P	P	P	S	P	P	P	P	P	P	S	10 day	do	1535-00	(24)
	Daily Total																					24	24	24	24	5	24	24	24	24	24	24	5	239 day	G. Total	36,607-00	
	Initials of person marking the daily attendance																																			36687=00	
	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-III

HEALTH DEPARTMENT

MUSTER ROLL NO. 619 (From 20/5/09 To 31/5/09)

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

In continuation of Muster Roll No. Fresh

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
15	Sh Neeraj S/o Ram Pathan Ac. Cy Palika Dhan NDMC	DIW Sh																																10 day	151+ CCA 61/- DA	1535-00	(15)
16	Sh Kanhiya Lal S/o Sh Manphool Ac 5-177/1-1 Tahir Lane T Nagar Himagiri Delhi NDMC	do																																10 day	do	1535-00	(16)
17	Sh Vijay S/o Sh Ram Pathan Ac Cy. Palika Dhan NDMC	do																																10 day	do	1535-00	(17)
18	Sh Vinod Kumar S/o Sh Sukhey Ram Ac. 5/153 Sakar Pur NDMC	do																																10 day	do	1535-00	(18)
19	Sh Vijay Kumar S/o Sh Raj Pal Ac. A 148 Sakar Pur T.J. Colony NDMC	do																																10 day	do	1535-00	(19)
	Daily Total																																	189 day	G. Total	290,12-00	
	Initials of person marking the daily attendance																																				
	Initials of Inspecting Officer																																				

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

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

Sheet-II

HEALTH DEPARTMENT

MUSTER ROLL NO. 619 (From 20/5/09 To 31/5/09)

K

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 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
10	Sh. Vikash S/o Sh. Mukesh R/o H.No. 5 Gandhi Sadan. Narela	SW	P P P P S P P P P P P P P S	10 day	117 + CA 66/- PM	1535-00	Vikas (10)
11	Smt. Sunita W/o Sh. Raj Kumar R/o Q No. 70 Lal Bahadur Sadan N Delhi	do	P P P P S P P P P P P P P S	10 day	do	1535-00	(11)
12	Sh. Subhash S/o Sh. Bhajan Lal R/o Q No 70 Lal Bahadur Sadan N D	do	P P P P S P P P P P P P P S	10 day	do	1535-00	(12)
13	Sh. Sammy Kishan S/o Sh. Kishan R/o B-21 Delila Dham N Delhi.	do	P P P P S P P P P P P P P S	10 day	do	1535-00	(13)
14	Sh. Shish Pal S/o Sh. Raghubir Singh R/o 50-J-II Madan Giri N Delhi	do	P P P P S P P P P P P P P S	10 day	do	1535-00	(14)
	Daily Total		14 14 14 14 S 14 14 14 14 14 14 14 S	139 day	G. Total	21,337-00	
	Initials of person marking the daily attendance		W W W W S W W W W W W W S				
	Initials of Inspecting Officer		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-I

HEALTH DEPARTMENT

MUSTER ROLL NO. 619 (From 20/5/09 To 31/5/09)

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 ... (1–31)	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 Ravi Kumar S/o Sh Kaka Ram R/o A-11 Palika Dhram Nr	SW		10 day	1515 CA 66 DA	1535-00	(6)
7	Sh Sachin S/o Sh Vijay Singh R/o 7 Block P Nand Nagri Palika Dhram Bangla Sch	do		10 day	do	1535-00	(7) 21/5/09
8	Sh Amit Kumar S/o Sh Om Prakash R/o B-878 Block Nasir Indar Puri Delhi	do		10 day	do	1535-00	(8) Amit
9	Sh Rajender S/o Sh Lala Ram R/o S-34 B Indar Camp Babarpur Jante Mandi Nangloi Delhi	do		10 day	do	1535-00	(9) 21/5/09
	Daily Total			89 day	G. Total	13662-00	
	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.

O.O. No. — D/203/CMO/HQ dt. 18/5/09.

(51) daily wager S/R, U/B @ 151 + CA

(49) total sheet 70.

HEALTH DEPARTMENT

MUSTER ROLL NO. 619 (From 20/5/09 To 31/5/09)

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 ... (1–31)	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 Babita W/o Rajender R/o B/139 Gali No 6 Lenin Nagar New Delhi	DW SR		10 dy	151 + CA 101/- pm	1535-00	1
2	Sh Vatan S/o Raj Pal R/o 6 Nome Quaid Ali Sari Lodhi Rd New Delhi	do		10 dy	do	1535-00	2
3	Smt Chandrawati W/o Rajesh R/o 10/15 Kalyan Puri Delhi	do		10 dy	do	1535-00	3
4	Sh Prem Parkash S/o Harish Chd R/o 6/209 Dangar mohalla Shahdra	do		10 dy	do	1535-00	4
5	Sh Rahul S/o Rohtash Kumar R/o 10041 Block 10 Karol Bagh New Delhi	do		9 dy	do	1382-00	5
	Daily Total			49 dy	G. Total	7522-00	
	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 ... ... Rs. P.

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