Contingent Bill Number : 30306091000094

Disbursement Type: Cash
Bill Type: ImprestBills
Fund: NDMC Municipal General Fund
Bill Date: 11-Jun-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-203/CMO(HQ) dated: 18.05.09 vide approval of Chairman No. 171/D/PS dated: 12.01.09
Bill Status: CREATED
Narration: Payment 25 daily wagers S/K in circle No. -5 w.e.f. 20.05.09 to 31.05.09 @Rs151+CA per day
Remarks:

88/H
12/6/09

Code	Payable To	Function	Account Code	Account Head	Amount
		Public Health	3202027	MECH.OF GARBAGE REMOVAL	32698
				Gross Amount	32698

Deductions:

Code	Payable To	Function	Account Code	Account Head	Amount
				Total Deduction	0
				Net Amount	32698

Net Payable in Words :

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

Sheet-IV

HEALTH DEPARTMENT

MUSTER ROLL NO. 620 (From 20/5/09 To 31/5/09)

Circle No. VIII Voucher No. 88/H Dated

In continuation of Muster Roll No. Fresh. 12/6/09

Accountant (HG) Rs-151+CA 66.00 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
23	Urmila w/o Rajender	Sfg.	13 19 19 18 S 20 20 18 20 19 19 S	9 days	Rs 145 CA 66	1301.00 1382.00	Pay 1382=00 Sig Attested AS2
22	Saroj w/o Tulsi		13 19 19 18 S 20 20 18 20 19 19 S	10 days	4	1445.00 1535.00	Pay 1535=00 Sig Attested AS2
23	Pappi w/o Ravi Chand		13 19 19 18 S 20 20 18 20 19 19 S	7 days	4	1012.00 1075.00	1075=00 Sig Attested AS2
			21 22 22 22 S 22 22 22 21 23 22 22 S	213		G. Total 30781.00 30781.00	32698=00

Daily Total

Initials of person marking the daily attendance

Initials of Inspecting Officer

Pay Rs. 32698=00 (Rupees Thirty two thousand Six hundred ninety eight only)

Sig. Attester Sl. No - 1 to 23 fully Paid

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

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

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.

VERIFIED FOR CASH/CHEQUE PAYMENT

M.O.H. Sr. A.O

CANCELLED

Date ... Released for Payment

Receive on 5/6/09 Entry in page 49 Serial No 1352 Pay to Staff = 32698=00

AHO (PH)

Sheet-III

HEALTH DEPARTMENT

MUSTER ROLL NO. 620 (From 20/5/09 To 31/5/09)

Circle No. VIII 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
16	Sangeeta w/o Ashok.	D/W SM	13 14 14 13 15 15 15 14 15 14 14 15	100/-	Rs.142	1445 00 / 1535 00	Pay 1535 00 संगीता/संगीता Sign Attested Pay 1535 = 00
17	Sonu Bala w/o Gian Dass.		13 14 14 13 15 15 15 14 15 14 14 15	100/-	"	1445 00 / 1535 00	Sonu Bala Sign Attested Pay 1535 = 00
18	Munni w/o Suresh		13 14 14 13 15 15 15 14 15 14 14 15	90/-	"	1301 00 / 1382 00	Sign Attested Pay 1382 = 00
19	Saman w/o Dalip.		13 14 14 13 15 15 15 14 15 14 14 15	100/-	"	1445 00 / 1535 00	Sign Attested Pay 1535 = 00
20	Pooja w/o Sunder		13 14 14 13 15 15 15 14 15 14 14 15	100/-	"	1445 00 / 1535 00	Pooja Sign Attested Pay 1535 = 00
	Daily Total		18 19 19 14 15 20 20 18 20 19 19 15	187 0/-	G. Total	27023 00 / 28607 00	28706 = 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.

Sheet-II

HEALTH DEPARTMENT

MUSTER ROLL NO. 620 (From 20/5/09 To 31/5/09)

Circle No. VIII Voucher No. ..... Dated .....

In continuation of Muster Roll No. Fresh.

Rs-151+66-CA

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 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.	Sunil S/o Ram Swarup Zone-I G. Point Kali Bari N.D.		20 21 22 23 24 25 26 27 28 29 30 31	60	~~Rs.142~~ 66	~~3960~~ 3960.00 ~~867~~ 921.00	Paid 921=00 Sig Attested Sunil ASI Jas
12.	Bimla S/o Daulat Ram. Jhuggi No 336, I.R.B. Sanjay Amar Colony. N.D.		20 21 22 23 24 25 26 27 28 29 30 31	100	4	~~1445~~ 1535.00	Paid 1535=00 Sig Attested बिमला ASI Jas
13.	Veerodi Kumari W/o Man Singh N.D.M.C Housing Complex Palika Dharm. N.D		20 21 22 23 24 25 26 27 28 29 30 31	90	4	~~1301~~ 1382.00	Paid 1382=00 Sig Attested वीरोदी ASI Jas
14	Madhu Bala W/o Sunil Kumar. 79, Double Storey. Khanpur Extn. N.D.		20 21 22 23 24 25 26 27 28 29 30 31	100	4	~~1445~~ 1535.00	Paid 1535=00 मधु बाला Sig Attested ASI Jas
15.	Daya Wati W/o Chander Pal. 114 R.K. Puram Ambedkar Basti. N.D.		20 21 22 23 24 25 26 27 28 29 30 31	100	4	~~1445~~ 1535.00	Paid 1535=00 दयावती Sig Attested ASI Jas
						21184.00	21184=00
	Daily Total		13 14 14 13 S 15 15 14 15 14 14 S	138	G. Total	19942	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer						

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

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

Rs.	P.

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

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-I

HEALTH DEPARTMENT

MUSTER ROLL NO. 620 (From 20/5/09 To 31/5/09)

Circle No. VIII Voucher No. ..... Dated .....

In continuation of Muster Roll No. Foot.

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
V 6.	Sh. Pawan S/o Omprakash Village Kishanpur Mirandi ND36																					5	5	5	5	5	5	5	5	5	5			10 days	15/-	~~1445~~ 1535	Pawan sig Attested AS7
L 7	Rekha w/o Ravi Raj 30 Dubli Story Kilanji N.D.																					A			A	S			A	A	A	S		4 days	4	~~0.578~~ 614	Rekha sig Attested AS7
L 8	Pradeep S/o Rajendar 39 G. Point J.J. Colony Kaali Bari N.D.																																	10 days	9	~~1445~~ 1535	Pradeep sig Attested AS7
9	Sangeeta w/o Rajendar 81/134/1254, JJ. Camp Mehar Chand. MKT Kaali Road N.D.																																	10 days	9	~~1445~~ 1535	सन्गीता sig Attested AS7
L 10	Rajender Kumar S/o Rajendar Singh 285 Mutt Sardar Pt. ~~Marg~~ Camp 4 Near Metro Station Janakpuri N.D.																																	10 days	9	~~1445~~ 1535	Rajender sig Attested AS7
	Daily Total																					9	10	10	9	5	10	10	10	10	9	9		93 days	G. Total	~~13439~~ 14276	
	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

O.O. No:- D/203/CMO/HQ Dt. 18/5/09

(25) daily wager 8hr. c/B @ 151+CA. per day

(174) Total sheet=5

HEALTH DEPARTMENT

MUSTER ROLL NO. 620. (From 20/5/09 To 31/5/09)

Circle No. VIII Voucher No. ..... Dated .....

In continuation of Muster Roll No. Foesh.

Accountant (HG) CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

Rs-151+66 C.A

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
1.	Smt Ritu w/o Ashok Kumar Gr.6 Ali Ganj Duble Story N.D.		10 days		~~Rs.149/- cola~~	~~1445.00~~ 1535.00	Paid 1535=00 Sign Attested AS7
2.	Smt. Rani w/o Shammi A 319 Minto Road Hostel N.D02		9 days			~~1301.00~~ 1382.00	Paid 1382=00 Rani Sign Attested AS7
3.	Smt. Meena w/o Raj kumar 428 Ali Ganj N.D.		10 days	4		~~1445.00~~ 1535.00	Paid 1535=00 Sign Attested AS7 Meena
4.	Sunil S/o Raj kumar 134 Tambu Nagar Near Gurudwara N.D.25		10 days	4		1445.00 1535.00	Paid 1535=00 Sign Attested AS7
5.	Sunil S/o Omprakash Village Kushak Hiranki Delhi-36		10 days	4		Paid ~~1445.00~~ 1535.00	Paid 1535=00 Sign Attested AS7
						7522.00	7522=00
	Daily Total		5 5 5 5 5 5 5 5 4 4 5 4	G. Total		7081.00	
	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

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

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.