

Challan Number: 172585

Field: PUBLIC HEALTH ACCOUNTS BRANCH

Sub Field: (PUBLIC HEALTH) HEALTH GENERAL BRANCH

Fund: NDMC Municipal General Fund

Segment: GENERAL FUND

Sub-Segment: CASH IN HAND

Function: Public Health

Receipt/Bill No:

Valid Upto: 28/07/2009

Received From: SH. S.K. CHOPRA(SI), CIRCLE-10

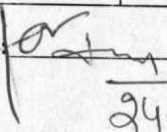
On Account of: ON ACCOUNT OF SMT. SUNITA W/O SH. RAJENDER, C.NO.10, MALCHA MARG, UNPAID D/W SALARY FOR THE MONTH OF JUNE-2009
VIDE VR. NO. 103/H DATED: 09.07.09 RS. 307/-

Address: SH. S.K. CHOPRA(SI), CIRCLE-10

Account Code	Account Name	Amount
3202027	MECH.OF GARBAGE REMOVAL	307
Total:		307

Created By: neelam.uniyal

Signature



24-7-09

A.A.O.(PH)
NDMC

<http://172.16.100.156:8480/EGF/HTML/NDMC/PrintChallan.htm?idtransheader=17670...> 24-Jul-2009

103/H
9/7/09

Payer's Copy

SR NO. E

97213

NEW DELHI MUNICIPAL COUNCIL

RECEIPT

Receipt No.: CH091007NDMC020834

Date: 25 Jun 2009

Field: PUBLIC HEALTH ACCOUNTS BRANCH

Challan Number: 172585

Sub-Field: (PUBLIC HEALTH HEALTH GENERAL

Functionary: DIRECTOR (PH)

On Account of: ON ACCOUNT OF SMT. SUNITA W/O SH. RAJFENDER, C.NO.10, MALCHA MARG, UNPAID D/W SALARY

On Account of: FOR THE MONTH OF JUNE-2009 VIDE VR. NO. 103/H DATED 09.07.09 RS.307/-

Address: SH. S.K. CHOPRA(SI), CIRCLE-10

Account Code	Description	Amount
3202027	MLCH.OF GARBAGE REMOVAL	307
Total Amount:		307

Payment Mode: Cash

Total Amount in Words: Three Hundred And Seven Rupees Only

Cheque/DD No.:

Name of the Operator: surinder.mathur

Cheque/DD Date:

Bank:

Counter No: 5



नई दिल्ली नगर पालिका परिषद

Signature of Authorised Officer

RECEIPT IS SUBJECT TO REALISATION OF CHEQUE/DRAFT/PAY ORDER.

MUSTER

Circle No. 579 Voucher No. 403 Dated 17/10/09

In continuation of Muster Roll No. 579

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From	To	Initials of person marking the daily attendance	Daily Total	Head Cash	Initials of Inspecting Officer	Total	Rate	Amount	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment																		
													1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
36	Smt Krishna Saharaj M/s S. P. Saharaj 117 Badamli Seelan Mandi Mump M. D.	Plw									768-00																			
37	Kiran D. B. Agad S-39 Badamli Seelan Mandli Mump M. D.	Plw									614-00																			
38	Farveem M. M. Suresh 4-64 Lady Handing Hospital N. D.	Plw									768-00																			
39	Shreeji S. B. Deepak 1-109 Ladli Road N. D.	Plw									461-00																			
40	Naveen Kanyas S/o F. D. Y. Ladli Road N. D.	Plw									768-00																			
											1799-00																			

Accountant (HG), [Signature]

CHIEF MEDICAL OFFICER, [Signature]

Head Cash

Pay Rs. 27,499-00 (Rupees Twenty Seven Thousand four hundred and Ninety two only) All the Signatures, L.T.I & R.T.I from Sr. No 01 to 40 except Sr. No. 19's of Smt Krishna Saharaj are duly checked & approved by me on 17/10/09. The cash deposited in the Cash Book is Rs. 1799-00.

Accountant (HG)

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.

Released for Payment

Grand Total of this Muster Roll

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

No. 192585 & Receipt No. 24091007-NDMC 020834

Total amount paid (in words) Rupees 1799-00 Balance Paid

Green

HEALTH DEPARTMENT

Sheet-5

MUSTER ROLL NO. 638

Circle No. X Voucher No. 599

Dated 1/6/09

(From 5/6/09 To 5/6/09)

In continuation of Muster Roll No. 599

PART-NOMINAL-ROLL

Accountant (HG) S

CHIEF MEDICAL OFFICER

S.No.	Name, Father s/Husband's Name & Address grouped according to classes	Designation	Dates From																															Total Days	Rate	Amount	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment		
			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						
26.	Sh. Ramakher No. 84, Chaudhary Bhan F-217 Sultanpur, Delhi	Shu	PP	PP	PP	PP	PP																										5 days	157 P.A.	768-00	[Signature]			
27	Sunny No. Sh. Bhogat 845 55255 Connaught Ave. New Delhi	Shu	PP	PP	PP	PP	PP																										5 days	614-00	[Signature]				
28.	Sh. Arunber No. Sh. Mangal E-152 New Connaught Ave. New Delhi	Shu	PP	PP	PP	PP	PP																										5 days	307-00	[Signature]				
29.	Ravinder No. Sh. Chandan 166 Block A 10A Tel. Khand	Shu	PP	PP	PP	PP	PP																										5 days	768-00	[Signature]				
30.	Rajpal, Sippy No. 84, Chaudhary Bhan F-217 Sultanpur, Delhi	Shu	PP	PP	PP	PP	PP																										5 days	768-00	[Signature]				
			Daily Total	832845889																																	18977 P.	20734-00	[Signature]

Pay Rs. (Rupees)

Grand Total of this Muster Roll ...

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

Total amount paid (in words) Rupees

Rs. P.

Accountant (HG) M.O.H. Sr. AO

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.

HEALTH DEPARTMENT

Sheet 4

MUSTER ROLL NO.

638

(From 1/6/09

To 5/6/09)

Circle No. X Voucher No. 599 Dated

In continuation of Muster Roll No.

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.....		Total Days	Rate Rs.	Amount Rs.	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
			1	2				
21.	Naema Devi Up St. Vinod km. Q-1-14 Madan Gur Khadar	D/W	1	2	96 Days	15-Rs	768	
			3	4				
22.	Rahul No. St. Suresh A-7 Dalika Dham.	D/W	5	6	4 Days	15-Rs	768	
			7	8				
23.	Arunkar No. B. Rajendra c-255 see VII S.S. Camp Dwarbes	D/W	9	10	4 Days	15-Rs	614	
			11	12				
24.	Rekha No. Arunkar c-255 see VII S.S. Camp Dwarbes	D/W	13	14	4 Days	15-Rs	614	
			15	16				
25.	Smt. Madhu No. B. R. Rajendra c-255 see VII S.S. Camp Dwarbes	D/W	17	18	4 Days	15-Rs	768	
			19	20				
			Daily Total					
			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

MUSTER ROLL NO. 638

(From 1/6/09 To 5/6/09)

Sheet 3

Circle No. X Voucher No. 539 Dated 5/6/09

In continuation of Muster Roll No. 539

PART-NOMINAL-ROLL

Accountant (HG), S

CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From..... To.....																															Total	Rate	Amount	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
			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				
16.	Beebhal S. S. Karyadgan 116 Lodi Road N.O.	D/W	P	P	P	P	P																											5 days	Rs. 15/-	Rs. 768	<i>(Signature)</i>
17	Vipin K. S. S. Suresh 7107 Sanyal K. Badli N.O.	D/W	P	P	P	P	P																											5 days	Rs. 614/-	Rs. 614	<i>(Signature)</i>
18.	Sundar M. S. Rajendra K-340 Wagh-Dan J.S. Chav. D. D. D.	D/W	P	P	P	P	P																											5 days	Rs. 768	Rs. 768	<i>(Signature)</i>
19.	Smt. Saroj M. S. Sardar 8/197 Kaban Chav. N.O.	D/W	P	P	P	P	P																											5 days	Rs. 768	Rs. 768	<i>(Signature)</i>
20.	Sundar M. S. Rajendra 1153 G. P. D. D. N.O. are fixed	D/W	P	P	P	P	P																											5 days	Rs. 768	Rs. 768	<i>(Signature)</i>
			Daily Total																																		
			Initials of person marking the daily attendance																																		
			Initials of Inspecting Officer																																		

Pay Rs. (Rupees.....)

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

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

Rs. P.

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.

HEALTH DEPARTMENT

MUSTER ROLL NO. 638

Circle No. X Voucher No. 579

Dated 1/6/09 To 5/6/09

In continuation of Muster Roll No. 579

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From To																															Total	Rate	Amount	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment		
			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						
11.	Rajiv N. Phansga S-303 Seega Kun Phansga Nagpur K.N.	Plu	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	OS days	Rs. 768	768	<i>(Signature)</i> Attested
12.	Amul S. Sh. Shrivastava E-107 Keshavnagar Colony N.D.	Plu	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	OS days	Rs. 768	768	<i>(Signature)</i> Attested	
13.	Rajiv N. Sh. Jadhav 1-114 Keshavnagar N.D.	Plu	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	OS days	Rs. 768	768	<i>(Signature)</i> Attested		
14.	Sudhakar N. Sh. Jadhav 9-40 Keshavnagar N.D.	Plu	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	OS days	Rs. 768	768	<i>(Signature)</i> Attested		
15.	Sudhakar N. Sh. Jadhav 1-332 Keshavnagar N.D.	Plu	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	OS days	Rs. 768	768	<i>(Signature)</i> Attested		
			Daily Total																															72 Days	G. Total	11059.00			

Pay Rs. (Rupees)

Accountant (HG)

CHIEF MEDICAL OFFICER

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

Certified that the workers mentioned in the muster roll were actually employed by me on NDMC works 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.

MUSTER ROLL NO.

HEALTH DEPARTMENT

C38

(From 1/6/09 To 5/6/09)

Sheet

Circle No. 599 Voucher No.

Dated

In continuation of Muster Roll No.

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.....																															Total	Rate	Amount	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
			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				
6.	Arunko s/o Sham Lal S/162 Gaurdevnagar M.S. near G.R. office	DLW	P	P	P	P	P																										500/-	Rs. 768/-	Attested		
7.	Vinay s/o Sh. Madan Lal 10/19 Trade Gate Beri Dellu G.I.	DLW	P	P	P	P	P																										500/-	Rs. 768/-	Attested		
8.	Rohit s/o M. Madan Lal 10/19 Trade Gate Beri Dellu G.I.	DLW	P	P	P	P	P																										500/-	Rs. 768/-	Attested		
9.	Sandeep s/o Nav Rattan G-11, Gurdal Nagar Jindan Beri Dellu	DLW	P	P	P	P	P																										500/-	Rs. 768/-	Attested		
10.	Sudheer s/o N. Anil Kumar S-11-104 East of Kankar Jindan Beri Dellu	DLW	P	P	P	P	P																										500/-	Rs. 768/-	Attested		
	Daily Total																																				
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

(40) daily wages 8/11, 1/13 @ 15/14th
(19) = 8 street.

MUSTER ROLL NO.

638

(From 1/6/09

To 5/6/09)

Circle No. X Voucher No. 599 Dated

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.....																															Total	Rate	Amount	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
			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				
1.	Smt Sushila Devi wife Navedin S-339 H. G. Ashi Mansar among in Delhi	Diu	P	P	P	P	P	P																									OS days	15/HQ	768	<i>[Signature]</i>	
2.	Aunt M. M. Agred S.Y. T-Pr. Ashi Mansar Delhi	Diu	P	P	P	P	P	P																									OS days	do	768	<i>[Signature]</i>	
3.	Vinod M. R. Rishi P. J T-1174 T. J. S. Mansar Khan Mansar Delhi	Diu	P	P	P	P	P	P																									OS days	do	768	<i>[Signature]</i>	
4.	Deepak M. R. Rishi P. J T-1745 T. S. Mansar	Diu	P	P	P	P	P	P																									OS days	do	768	<i>[Signature]</i>	
5.	Vicent M. R. S. S. P. J M.C. - 128 Mansar Delhi	Diu	P	P	P	P	P	P																									OS days	do	768	<i>[Signature]</i>	
			Daily Total																															25	55	3840	<i>[Signature]</i>
			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.
-----	----