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*65*

**Contingent Bill Number :** 30307091000045

**Disbursement Type:** Cash

**Bill Type:** ImprestBills

**Fund:** NDMC Municipal General Fund

**Bill Date:** 06-Jul-2009

**Segment:** GENERAL FUND

**Sub Segment:** CASH IN HAND

**Field:** PUBLIC HEALTH ACCOUNTS BRANCH

**Sub Field:** (PUBLIC HEALTH) CHIEF MALARIA INSI

**Functionary:** DIRECTOR (PH)

**Payable To:** Secretary, NDMC

**Sanction By:** Chairman

**Sanctioned On:** 15-May-2009

**SanctionDetails:**

Office Order No. D-1295/CMO(MAL)  
dated: 28.05.09 vide approval of  
Chairman dated: 15.05.09

**Bill Status:** CREATED

**Narration:** Payment 07 daily wagers S/K in  
C.M.I w.e.f. 01.06.09 to 30.06.09  
@Rs151+CA per day

**Remarks:**

*58/5*  
*2/2/09*

Code	Payable To	Function	Account Code	Account Head	Amount
		Public Health	3202011	STG.OF ANTI MALARIA OPERATION	27944
<b>Gross Amount</b>					27944

**Deductions:**

Code	Payable To	Function	Account Code	Account Head	Amount
<b>Total Deduction</b>					0
<b>Net Amount</b>					27944

Net Payable in Words :

<b>Created By</b>	neelam.uniyal	<b>Verified By</b>	
<b>Confirmed By</b>		<b>Approved By</b>	
<b>Final Approved By</b>			

**MUSTER ROLL NO.**

Circle No. .... *CMI (Med) 59/4* ..... Voucher No. .... *670* ..... Dated ... *3/2/09* ... (From ... *1/6/09* ... To ... *30/6/09* ... )

In continuation of Muster Roll No. .... *613/A* ...

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 Rs. P.	Amount Rs. P.	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	Sandeep s/o Vijay E-4th MCD Colony Azad pur Delhi-	D.W A.M.S	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	26	1514	3992-00	<i>[Signature]</i>
7	Shamsheer s/o Mool Chand H.No-32 ESI Hospital Faridkot Bad	)	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	26	0	3992-00	<i>[Signature]</i>	
	Net Payable Rs 97,944-00																																	182	G. Total	27944-00	<i>[Signature]</i>

Pay Rs. *Rs. 27,944-00* (Rupees: Twenty seven thousand nine hundred and forty four only.)

Accountant (HG) *[Signature]* M.O.H. Sr. A.O.

Initials of person marking the daily attendance  
Initials of Inspecting Officer

VERIFIED  
PAID

and Total of this Muster Roll ...

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

Total amount paid (in words) Rupees

Rs.	P.
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