

**Contingent Bill Number :** 30307091000016

**Disbursement Type:** Cash **Bill Type:** ImprestBills  
**Fund:** NDMC Municipal General Fund **Bill Date:** 03-Jul-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-233/CMO(HQ) dated: 04.06.09 vide approval of Chairman No. 171/D/PS dated: 12.01.09

**Narration:** Payment 25 daily wagers S/K in circle No. -07 w.e.f. 08.06.09 to 30.06.09 @Rs151+CA per day

**Remarks:**

**Bill Status:** CREATED

14/H  
6/7/09

Code	Payable To	Function	Account Code	Account Head	Amount
		Public Health	3202027	MECH.OF GARBAGE REMOVAL	75699
<b>Gross Amount</b>					75699

**Deductions:**

Code	Payable To	Function	Account Code	Account Head	Amount
<b>Total Deduction</b>					0
<b>Net Amount</b>					75699

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.

HEALTH DEPARTMENT

Circle No. VII Voucher No. Dated 8/6/9

PART-NOMINAL-ROLL

Table with columns: S.No., Name, Designation, Dates (1-31), Initials of person marking attendance, Initials of Inspecting Officer, Total, Amount, Signatures. Rows include names like Mr. Rehif, Mr. Mohod, Mr. Babita, Mr. Pravi, Mr. Lokesh, Mr. Om Dal, and Mr. R. H. B.

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 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. 683

Circle No. VII Voucher No. Dated 8/6/09

#### PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From		To	Total	Rate/Day	Amount	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
			1	2					
1	St. Amit 5/10 St. Suresh Chond	DR	8/6/09	8/6/09	8/6/09	8/6/09	15/-	307/-	(Signature) (1)
2	Dr. A. S. Rellika Dham Bengachhi Rd.	DR	8/6/09	8/6/09	8/6/09	8/6/09	66 1/2	307/-	(Signature)
3	Dr. Asha w/ash. Raju - 4/2/21 Rajstanshat Rd. Cor - New Rdhki	DR	8/6/09	8/6/09	8/6/09	8/6/09	19/-	2917/-	(Signature)
4	Dr. S. Shalu 5/10 St. Suresh Chond	DR	8/6/09	8/6/09	8/6/09	8/6/09	17/-	2610/-	(Signature)
5	Dr. A. S. Rellika Dham Bengachhi Rd.	DR	8/6/09	8/6/09	8/6/09	8/6/09	17/-	2610/-	(Signature)
6	Dr. Mahesh Lal Suresh Chond	DR	8/6/09	8/6/09	8/6/09	8/6/09	17/-	2610/-	(Signature)
7	Dr. Suresh Lal Suresh Chond	DR	8/6/09	8/6/09	8/6/09	8/6/09	17/-	2610/-	(Signature)
8	Dr. Suresh Lal Suresh Chond	DR	8/6/09	8/6/09	8/6/09	8/6/09	17/-	2610/-	(Signature)
Daily Total								17350/-	
Initials of person marking the daily attendance									
Initials of Inspecting Officer									

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-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

Rs. P.

15/- per day  
173 = 5 sheet.