Contingent Bill Number : 30308091000135

Disbursement Type:	Cash	**Bill Type:**	ImprestBills
Fund:	NDMC Municipal General Fund	**Bill Date:**	31-Aug-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 NDMC	**Sanctioned On:**	12-Jan-2009
SanctionDetails:	OO NO.203/(CMO HQ DATED 18.5.2009 VIDE APPROVAL OF CHAIRMAN NDMC NO.171/D/PS DATED 12.01.2009	**Bill Status:**	CREATED
Narration:	PAYMENT OF 51 NOS DAILY WAGERS S/KS FOR THE PERIOD 1.08.2009 TO 16.08.2009@ RS. 151+CA		
Remarks:			

Code	Payable To	Function	Account Code	Account Head	Amount
		Public Health	2308043	ANTI MALARIA OPERATION	101488
			Gross Amount		101488

Deductions:

Code	Payable To	Function	Account Code	Account Head	Amount
			Total Deduction		0
			Net Amount		101488

Net Payable in Words :

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

Sheet-9

HEALTH DEPARTMENT

E

MUSTER ROLL NO. 746 (From 1/8/09 To 16/8/09)

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

In continuation of Muster Roll No. 697 11/H 3/9/09

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 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	Sh Rakesh S/o Prem Pal R/o 6 A Jantar Block Vasant Enclave Vasant Vihar Delhi	DEO		13 day	151+ CAT 66/2 DM	1996.00	Paid (47)
48	Sh Jamil Kaish S/o Prem Pal R/o Jantar Block Vasant Enclave Vasant Vihar	do		13 day	do	1996.00	Paid (48)
49	Sh Yogesh S/o L Chamman Lal R/o 1/3521/22 A Radhika Nagar Delhi	do		13 day	do	1996.00	Paid (49)
50	Sh Amit Kumar S/o Sumer Singh R/o 1/17 JJ Cluster Block A Shakur Pur Delhi	do		13 day	do	1996.00	Paid (50)
51	Sh Pradeep S/o Virender R/o 3017 Gali No 3 Dharam Pura Kailash Nagar Delhi	do		13 day	do	1996.00	Paid (51)
			Daily Total	661	G. Total	1,01,488-00	
			Initials of person marking the daily attendance				
			Initials of Inspecting Officer				

Net Payable Rs. 1,01,488-00

Head Cashier

Pay Rs. 1,01,488-00 (Rupees one Lac one thousand four hundred eighty eight only.)

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

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.

Received on 27/10/09

Entry Page 55

Serial No 7497

Released

Signature attached

Paid in Cash

L.A. No. 442

Sheet-8

HEALTH DEPARTMENT

MUSTER ROLL NO. 746 (From 1/8/09 To 16/8/09)

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

In continuation of Muster Roll No. 697

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 Per day 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 Chadelya c/o B Sathish Chadelya R/o 13710 East Kidwai Nagar	DIW SK	P P S P P P P P S P P P P P P/H S	13 day	157+ CA 66/2 PM	1996.00	Paid Sujata (42)
43	Sh Vinay Kumar S/o Sh Vinoder R/o 1174 Bhag E Moti Nagar	do —	P P S P P P P P S P P P P P P/H S	13 day	do —	1996.00	Paid Vinay (43)
44	Sh Kishan Chand S/o Sh Sultan Singh R/o S/1701 Jhuggi Valley Moti Bagh Camp	do —	P P S P P P P P S P P P P P P/H S	13 day	do —	1996.00	[illegible] (44)
45	Sh Arun Kr S/o Sh Om Parkash R/o 1812 Bhag 17 Metaji Nagar	do —	P P S P P P P P S P P P P P P/H S	13 day	do —	1996.00	Arun (45)
46	Sh Mahesh Chand S/o Prem Chand R/o F-171 Block Hari Indra Nagar	do —	P P S P P P P P (A) S P P P P P P/H S	12 day	do —	1842.00	Mahesh (46)
	Daily Total		46 S 46 46 46 46 46 46 S 46 46 46 46 46 46 S	596 days	Total	91,508.00	
	Initials of person marking the daily attendance		S S S S S S S S S S S S S S S S S				
	Initials of Inspecting Officer		S (A) S (A) S				

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

M.O.H. Sr. A.O

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.

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

Sheet-7

MUSTER ROLL NO. 746 (From 1/8/09 To 16/8/09)

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

In continuation of Muster Roll No. 697

PART-NOMINAL-ROLL

Accountant (HG) — CHIEF MEDICAL OFFICER

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
36	Sh Manish S/o Rajender R/o 16/248 Tilak Pur	D/W SK		13 day	154 CR 66/2 DM	1996.00	Paid (36)
37	Sh Rajesh S/o Ram Dhorany R/o 12/181 Nand Nagri Delhi	-do-		13 day	-do-	1996.00	Paid (37)
38	Sh Manoj S/o Om Parkash R/o 59 Primary Health officer Nehru Enclave	-do-		13 day	-do-	1996.00	Paid (38)
39	Sh Vinod S/o Sh Suresh R/o T. V. Kalkaji	-do-		13 day	-do-	1996.00	Paid (39)
40	Sh Ravi S/o Sh Bal Krishan R/o A-242 Janta Camp Tilak Nagar	-do-		13 day	-do-	1996.00	Paid (40)
41	Sh Arun Kr S/o Sh Om Parkash R/o S/Sh Tilak Pur Delhi	-do-		13 day	-do-	1996.00	Paid (41)
	Daily Total			532 day	G. Total	81,682.00	
	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.

HEALTH DEPARTMENT

Sheet-6

MUSTER ROLL NO. 746 (From 1/8/09 To 16/8/09)

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

In continuation of Muster Roll No. 697

PART-NOMINAL-ROLL

Accountant (HG) — CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped accccrding 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
30	Smt Pushpa W/o Kishan Lal R/o B Bahadur Jyoti Rao Phule Nagar Sangam Vihar	DRS SK		13 day	151+ CP 66½ DA	1996.00	Recd (30)
31	Sh Shammi S/o Ram Singh R/o 274 91 Block Dakshini Puri	do —		13 day	do —	1996.00	Paid (31)
32	Sh Sumit Kar S/o Sultan R/o B 21 Pocket Okhla Vihar Mkt	do —		13 day	do —	1996.00	Recd (32)
33	Sh Rakesh S/o Bishan Chand R/o 164 Model Basti Patparganj Sadar Madhu Vihar	do —		13 day	do —	1996.00	Recd (33)
34	Sh Arvind Kr S/o Prabhu Dayal R/o 53-54 Block Camp No 4 Trilokpuri	do —		13 day	do —	1996.00	Paid (34)
35	Sh Subhash S/o Harichand R/o D-6 Bangla Sahib Rd N	do —		13 day	do —	1996.00	Recd (35)
	Daily Total			454	G. Total	69,706.00	
	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

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

Rs.	P.

Sheet-V

HEALTH DEPARTMENT

MUSTER ROLL NO. 746 (From 1/8/09 To 16/8/09)

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

In continuation of Muster Roll No. 697

PART-NOMINAL-ROLL

Accountant (HG) | CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped accccrding 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
25	Sh Amit Kumar S/o Inder Pal R/o 381 Gali No 3 Purana Dharam Pura Gandhi Nagar Delhi	D/W SK	P S P P P P P S P P P P P P S	12 day	157+ CA 66½ DM	1842.00	(25) Paid
26	Sh Rahul S/o Jaibir Pathan R/o 374 Block K Pura	do	P S P P P P P S P P P P P P S	13 day	do	1996.00	(26) Rahul Paid
27	Sh Rohit Kr S/o Ram Kumar R/o 31/8-95 Gali No 3 Trilok Pura Block 31 Trilok Puri	do	P S P P P P P S P P P P P P S	13 day	do	1996.00	(27) Rohit Paid
28	Sh Sanjay S/o Sh Dharambir R/o 11 Pallia Kalan Gaul Nagar	do	P S P P P P P S P P P P P P S	13 day	do	1996.00	Paid (28)
29	Rajender S/o Sh Babbar Dayal R/o 4/1024 Gali No 1 Mahavir Bhola Nath Nagar Shahdara	do	P S P P P P P S P P P P P P S	13 day	do	1996.00	(29) Paid
	Daily Total			376 day	G. Total	57770.00	
	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

Total amount paid (in words) Rupees

Balance Paid

Rs.	P.

HEALTH DEPARTMENT

Sheet-IV

MUSTER ROLL NO. 746 (From 1/8/09 To 16/8/09)

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

In continuation of Muster Roll No. 697

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
20	Sh Rajender S/o Sh Lalchand R/o 159 Aliganj New Delhi	DW		13 day	157+CA 66/2 DM	1996.00	Rajender (20) Paid
21	Sh Vinay Kumar S/o Sh Madan Lal R/o 31 Mustafa Lodhi Colony New Delhi	do		13 day	do	1996.00	Vinay Kumar (21) Paid
22	Smt Usha W/o Sh Balkishan R/o Sh Jai Gram Sabha Mohan Garden Uttam Nagar	do		13 day	do	1996.00	341 (22) Paid
23	Smt Rani W/o Sh Vijay Kumar R/o 80/84 Gram Sabha Asstal Mohan Garden	do		13 day	do	1996.00	रानी (23) Paid
24	Smt Seroj W/o Sh Ravinder R/o Kothi No. Tughlak Lane New Delhi	do		13 day	do	1996.00	सरोज (24) Paid
	Daily Total			312 day	G. Total	47,904.00	
	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

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

Rs.	P.

Sheet-III

HEALTH DEPARTMENT

MUSTER ROLL NO. 746 (From 1/8/09 To 16/8/09)

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

In continuation of Muster Roll No. 697

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
15	Sh Neeraj S/o Sh Ram Rattan R/o Rohtia Distt Nuh	Pl Sk		13 day	1314 CP 66/2 DM	1996.00	Paid Neeraj (15)
16	Sh Kanhaiya Lal S/o Sh Manphool R/o S-1413 Indl Labour Court Faridabad Hanumanpur	do		13 day	do	1996.00	Paid Kanhaiya (16)
17	Sh Vijay S/o Sh Ram Rattan R/o C-4 Bral M/C Nuh	do		13 day	do	1996.00	Paid Vijay (17)
18	Sh Vinod Kumar S/o Sh Satbir Singh R/o A/103 Sikandarpur Nuh	do		13 day	do	1996.00	Paid Vinod (18)
19	Sh Vijay Kumar S/o Sh Rajbir R/o A/148 Sikandarpur Nuh	do		13 day	do	1996.00	Paid Vijay (19)
	Daily Total		19 19 19 19 19 19 19 19 19 19 19 19 19	247 day	Total	37924.00	
	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

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

Rs.	P.

Sheet-II

K.

HEALTH DEPARTMENT

MUSTER ROLL NO. 746 (From 1/8/09 To 16/8/09)

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

In continuation of Muster Roll No. 697

L.8 11/H 3/9/09

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
10	Sh Vikash S/o Sh Mukesh Kumar R/o HH-5 Gandhi Sadan H.N.	DIW	P S P P P P P S P P P P P P S	13 dy	117 CA 66 1/2 pm	1996.00	Vikas (10)
11	Smt Sunita w/o Sh Rajkumar R/o H.No. 38/2 Lal Bahadur Sadan H.N.	do	P S P P P P P S P P P P P P S	13 dy	do	1996.00	सुनीता (11)
12	Sh Subhash S/o Sh Bhajan Lal R/o 38/2 Lal Bahadur Sadan Okhla H.N.	do	P S P P P P P S P P P P P P S	13 dy	do	1996.00	(12)
13	Sh Sunny Kishan S/o Sh Kishan R/o B-21 Pehlwan Kali Mandir Okhla H.N.	do	P S P P P P P S P P P P P P S	13 dy	do	1996.00	(13)
14	Sh Sheesh Pal S/o Sh Raghabir Singh R/o 50 Block J-2 Madan Pur H.N.	do	P S P P P P P S P P P P P P S	13 dy	do	1996.00	(14)
	Daily Total		M S M M M M M S M M M M M M S	182 dy	G. Total	27,944.00	
	Initials of person marking the daily attendance		W S W W W W W S W W W W W W S				
	Initials of Inspecting Officer		S 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.

	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		

HEALTH DEPARTMENT

Sheet-I

MUSTER ROLL NO. 746 (From 1/8/09 To 16/8/09)

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

In continuation of Muster Roll No. 697

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
6	Sh Ravi Kumar S/o Lala Ram R/o A16 Palika Dham Narela	D/W SK		13 day	157 CA 66/2 Pen	1996.00	Ravi (6)
7	Sh Sachin S/o Vijay Singh R/o 7, Block F, Near Electric Palika Dham Narela	do		13 day	do	1996.00	(7)
8	Sh Amit Kumar S/o Om Prakash R/o B-506 Budh Nagar Industrial Area	do		13 day	do	1996.00	Amit (8)
9	Sh Rajender S/o Lala Ram R/o Jamto Kalan Hangali Narela	do		13 day	do	1996.00	(9)
	Daily Total		9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	117 day	G. Total	17,964.00	
	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		

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

(51) daily wager Sk 1/B @ 151+CA per day

(1+9) = 10 Sheet.

HEALTH DEPARTMENT

MUSTER ROLL NO. 746 (From 1/8/09 To 16/8/09)

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

In continuation of Muster Roll No. 697.

L. Ra Accountant (HG), 11/H 3/9/09 CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped accccrding 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 Per day 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 Babli W/o Sh Rajender R/o D-139 Gali No 6 Laxmi Nagar	D/W SK	P P S P P P P P S P P P P P P S	13 day	151+CA 66/= Per day	1996.00	1
2	Sh. Vetan S/o Sh. Raj Pal R/o GH Dome Opp Community Centre Algni Lodhi Rd	do	P S P P P P P P S P P P P P P S	13 day	do	1996.00	2
3	Smt Chandrawati W/o Sh Rakesh R/o 16/15 Kalyan Puri Delhi	do	P S P P P P P S P P P P P P P S	13 day	do	1996.00	3
4	Sh Prem Parkash S/o Harish Chand R/o 6/297 Dumger Mohalla Shahdara Delhi	do	P S P P P P P S P P P P P P P S	13 day	do	1996.00	4
5	Sh Rahul S/o Sh Rohtash Kumar R/o Jostli Block No 10 Karol Bagh Delhi	do	P S P P P P P S P P P P P P P S	13 day	do	1996.00	5
	Daily Total		5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	65	G. Total	9980-00	
	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

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

Rs.	P.