SC No 56
Page No 25

Conf

92/H
15/9/09

Contingent Bill Number : 30309091000134

Disbursement Type: Cash
Bill Type: ImprestBills
Fund: NDMC Municipal General Fund
Bill Date: 14-Sep-2009
Segment: GENERAL FUND
Sub Segment: CASH IN HAND
Field: PUBLIC HEALTH ACCOUNTS BRANCH
Sub Field: (PUBLIC HEALTH) SANITATION CIRCLE
Functionary: DIRECTOR (MS)
Payable To: Secretary,NDMC
Sanction By: Chairman
Sanctioned On: 17-Aug-2009
SanctionDetails: Office Order No. D-360/CMO(HQ) dated: 18.08.09 vide approval of Chairman No. 4876/D/PS dated: 17.08.09
Bill Status: CREATED
Narration: Payment 20 daily wagers S/K in circle No. -05 w.e.f. 18.08.09 to 31.08.09 @Rs151+CA per day
Remarks:

Code	Payable To	Function	Account Code	Account Head	Amount
		Public Health	2308003	GARBAGE REMOVAL CLEARANCE	29476
				Gross Amount	29476

Deductions:

Code	Payable To	Function	Account Code	Account Head	Amount
				Total Deduction	0
				Net Amount	29476

Net Payable in Words :

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

Sheet-III

HEALTH DEPARTMENT

MUSTER ROLL NO. 792 (From 18/8/09 To 31/8/09)

Circle No. V Voucher No. 02/H Dated

In continuation of Muster Roll No. Fresh. 15/9/09

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
16.	Sh. Sachin S/o Ramkishan H.No. Q-5, Gali No-5, Wazirabad Village Delhi-84.	Daily wager S/K	P P P P P P S P P P P P P S P P	10 days		1535=00	Sign Attd
17.	Sh. Rohit S/o Sunder H.No. E-3, Convent of Jesus Mary Sale mkt.	do	P P P P P P S P P P P P P S P P	10 days		1535=00	Sign Attd
18.	Sh. Sachin S/o Sh Madanlal H.No. 142, Block-21, Trilok Puri Delhi-	do	P P P S P P P P (A) P S P P	09 days		1382=00	Sign Attd
19.	Sh. Nitin S/o Babulal H.No-38, N.D.M.C. Complex Balmiki Sadan N.D.	do	P P S P P P P P S (A)	08 days		1228=00	Sign Attd
20.	Sh. Satish Kr S/o Kishan H.No-Q-7/103 Mangal Puri N. Delhi 83	do	P S P P P (A) P S P	07 days		1075=00	Sign Attd
						B29,476=00	
	Daily Total		5 12 18 17 5 19 16 18 19 16 18 5 17	192 days	G. Total	23182=00	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer						

Net Payable Rs. 29,476=00

Pay Rs. 29,476=00 (Rupees Twenty nine thousand four hundred Seventy six only)

Bill Paid & fully

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

Grand Total of this Muster Roll ... H-128

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

Rs.	P.

CANCELLED AO(PH) 14/9

Released for Payment

VERIFIED FOR CASH/CHEQUE PAYMENT

Recd. on 2-9-09 Entry has been made in Page 55 at Sr. No. 1506

NEW DELHI MUNICIPAL COUNCIL

Payer's Copy

SR. NO. E 179655

RECEIPT

Receipt No.: CH091010NDMC035993 **Date:** 22-Oct-2009

Challan Number: 190772 **Field:** PUBLIC HEALTH ACCOUNTS BRANCH

Sub-Field: (PUBLIC HEALTH) SANITATION CIRCLE 5 **Function:** Public Health

Functionary: DIRECTOR (PH) **Received From:** SH. S.K. BHARDWAJ(S.I), CIRCLE-5

On Account of: UNPAID SALARY OF SH. PARSHANT S/O SH. RAVINDER DAILY WAGER S/K CIRCLE-05 FOR THE MONTH OF AUGUST-2009, VIDE VR. NO. 92/H DATED: 15.09.09.

Address: SH. S.K. BHARDWAJ(S.I), CIRCLE-5.

Account Code	Description	Amount
2308003	GARBAGE REMOVAL CLEARANCE	154

Payment Mode: Cash **Total Amount:** 154

Total Amount in Words: One Hundred And Fifty Four Rupees Only

Cheque/DD No.: **Cheque/DD Date:** **Bank:**

Name of the Operator: shamsher.singh **Counter No:** 1

NDMC

नई दिल्ली नगर पालिका परिषद्

Signature of Authorised Officer

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

Sheet II

HEALTH DEPARTMENT

MUSTER ROLL NO. 792 (From 18/8/09 To 31/8/09)

Circle No. V Voucher No. ..... Dated .....

In continuation of Muster Roll No. Fresh.

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
11.	Sh. Prashant S/o Ravinder Singh H.No-WC-103. Netaji Nagar N.D.	Daily wager	P P A A A P A A A A A A A P P P S	10 days		1542=00	
12.	Sh. Raja S/o Ramkishan H.No. 65. Gali No-5. Wazirabad Village Delhi-84	— do —	P P P P S P P P P P P S P P P P P P P P	10 days		1535=00	Sig Attd
13.	Sh. Jagbir Singh S/o. Tarachand H.No-74, Village-Sharada Mazra Burari Delhi	— do —	P P P A P P P P P P P S P P P P P P P P	10 days		1535=00	Sig Attd
14.	Smt. Reena W/o. Somprakash H.No-39. Block-A. Ayur Vigyan Nagar N.D.	— do —	P P P S P P P P P P S P P P P P P P P P	10 days		1535=00	Sig Attd
15.	Smt. Santosh W/o. Sunder H.No-E-3. Palikadham Bangla Sahib Road N.D.	— do —	P P P P P P P P P P S P P P S P P P P P	10 days		1535=00	Attested
	Daily Total		5 13 15 14 12 x 14 11 13 14 13 13 x 13	148 days	G. Total	Rs 22721-00	
	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 ... ... Rs. P.

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

Total amount paid (in words) Rupees

Sheet-I

HEALTH DEPARTMENT

MUSTER ROLL NO. 792. (From 18/8/09 To 31/8/09)

Circle No. V Voucher No. ..... Dated .....

In continuation of Muster Roll No. Fresh.

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
				S	S	S	S	K	S	S	S	S	S	S	S	S	58 day			
6.	Sh. Manoj Kumar S/o Rameshwar H.No-12. Block-B. Palika Gram N.D.	Daily wage		P P	P P	P P	P P	S	P P	P P	P P	P P	P P	P	S	P P	11 days		1689=00	
7.	Sh. Anil Kr S/o Madanlal H.No-B-95 Block-31 Trilok Puri Delhi.	— do —		P P	P P	P P	P P	S	P P	P P	P P	P P	P P	P	S	P P	11 days		1689=00	
8.	Sh. Vikram Kr S/o Ramkumar H.No-D5/53 Block-D5. P.K. Road N.D.	— do —		P P	P P	P P	P P	S	P P	(A)	P P	P P	P P	P	S	P P	10 days		1535=00	
9.	Sh. Sunil Kr S/o Dharmpal H.No-WZ-280 Harijan Colony. Tilak Nagar N.D.	— do —		P P	P P	P P	P P	S	(A)	(A)	P P	P P	(A)	(A)	S	P P	07 days		1075=00	
10.	Sh. Manish S/o Dharmpal H.No. 183. Labour Camp Humayun Road N.D-3	— do —		P P	P P	P P	P P	S	P P	(A)	P P	P P	P P	P	S	P P	10 days		1535=00	
	Daily Total			5	10	10	10	9	8	10	7	9	10	9	9	8	107 day	G. Total	16427=00	
	Initials of person marking the daily attendance			h	h	h	h	h	h	h	h	h	h	h	h	h				
	Initials of Inspecting Officer			h						h					h					

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 ... ... Rs. P.

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

O-O-No:- D/360/CMO/HQ Dt 18/8/09

(20) Daily wager Sk. LB @ 151+CA per day

(1+3) = 4 sheet.

HEALTH DEPARTMENT

MUSTER ROLL NO. 792 (From 18/8/09 To 31/8/09)

Circle No. V Voucher No. ..... Dated .....

In continuation of Muster Roll No. Fresh.

L. Ss
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
1.	Sh. Deepak S/o Sh. Ramkishan H.No-16/456, Block-16, Trilok Puri Delhi.	Daily Wager Sk.																		P	P	P	P	P	S	P	P	P	P	P	S	P		12 day.		1842/-	Sig Attest
2.	Sh. Dalip S/o Sh Rohtash H.No-4/168 Dakin Puri New Delhi-62	-do-																		P	P	P	P	P	S	P	P	P	P	P	S	P		12 day		1842/-	Sig Attest
3.	Sh. Harish S/o Rajinder Kr H.No-C-51, Palika Kunj Karwala N.D-1	-do-																		P	P	P	P	P	S	P	P	P	P	P	S	P		12 day		1842/-	Sig Attest
4.	Sh. Raghav Sikhta S/o Ramkishan H.No 1.A. Palikadham Gale Mkt. N.D-1	-do-																		P	P	P	P	P	S	P	P	(A)	P	P	S	P		11 days		1689/-	Sig Attest
5.	Sh. Sukhbir S/o Ramkumar H.No-639, J.J. Colony Phase II. Block. B. Naglai	-do-																		P	P	P	(A)	P	S	P	P	P	P	P	S	P		11 days		1689/-	Sig Attest
	Daily Total																			5	5	5	4	5	S	5	5	4	5	5	S	5		58 day	G. Total	8904/-	
	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		
The amount paid (in words) Rupees ... Balance Paid		