Contingent Bill Number : 30306080900100

Disbursement Type: Cash
Bill Type: ImprestBills
Fund: NDMC Municipal General Fund
Bill Date: 19-Jun-2008
Segment: GENERAL FUND
Sub Segment: CASH IN HAND
Field: PUBLIC HEALTH ACCOUNTS BRANCH
Sub Field: (PUBLIC HEALTH) SANITATION CIRCLE 1
Functionary: NDMC
Payable To: Secretary,NDMC
Sanction By: Chairman
Sanctioned On: 01-Nov-2007
SanctionDetails: Sanctioned By Chairman NDMC vide No. 6797/PS/CH dated 01/11/2007
Bill Status: CREATED
Narration: Payment of 32 daily wages SKs/LBs Circle No. 1 @ 135.25 plus CA Rs.66/-
Remarks:

Code	Payable To	Function	Account Code	Account Head	Amount
		Public Health	3202027	MECH.OF GARBAGE REMOVAL	44167
			Gross Amount		44167

Deductions:

Code	Payable To	Function	Account Code	Account Head	Amount
			Total Deduction		0
			Net Amount		44167

Net Payable in Words :

Created By	dharam.pal	**Verified By**	
Confirmed By		**Approved By**	
Final Approved By			

HEALTH DEPARTMENT

MUSTER ROLL NO. 4178 (From 1/05/08 To 13/05/08)

Contd. sheet V

Circle No. I Voucher No. 120/H Dated

In continuation of Muster Roll No. 4137 23/4/08

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
31	Sarai S/o Charanjit DD- 10- Delivery MD-	D/W	P P P (S) P P P P P (S) P P — 18	11	135.25 + CA	1515	
32	Sujit S/o Chander DDD- 15/6/15 Tri 10/10 Per Del 91	do	P P P (S) P P P P P (S) P P — 18	11	do	1515	
	Pay to Staff Rs 44167 BIFR NIL GA Rs 44167						
	Daily Total					G. Total 44409	44167.00
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer						

Pay Rs. 44167/- (Rupees Rs Forty four thousand one hundred Sixty Seven only)

VERIFIED FOR CASH/CHEQUE PAYMENT
Head Cashier

CANCELLED
Sr. A.O.
(V. K. GOEL)
AO (PH)

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 ... Rs. P.

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

Fees paid S.No 1 to 33 Sign attested

11/6/08
Received on 10/6/08 at 5.30 PM early. Muster Roll No. 667
SO(HE)
M.Roll Received 20/6/08

HEALTH DEPARTMENT

MUSTER ROLL NO. 4178 (From 1/5/08 To 13/05/08)

Contd-Sheet-IV

Circle No. I Voucher No. ..... Dated .....

In continuation of Muster Roll No. 4137

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 ... (1–31)	Total	Rate Rs. P.	Amount Rs. P.	Signature/thumb impression of payee and dated initials of paying officer made at the time of payment
25	Vinod Kumar Sebey – ADD – J-10 Palikadhan M.D	D/W	18	11	135.25 + CA	1515	
26	Sri. Surender Krishan – ADD – E 3 Palikadhan M.D		18	11	DD	Paid 1515	
27	Smt. Radha W/O Chander ADD – B/33 Bapunagar M.D		18	11	DD	Paid 1515	
28	Smt. Santosh W/O Kishan – ADD – J-10 Palikadhan		18	11	DD	Paid 1515	Santosh
29	Preeti W/O – Ramesh – ADD – P-170 Kalyanpuri		18	11	DD	Paid 1515	Preeti
30	Smt. Rani W/O M.Ramesh – ADD – 32 Harijan Basti M.D			11	DD	Paid 1515	रानी
		Daily Total		308	G. Total	41,379 / 41137	
		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

MUSTER ROLL NO. 4178 (From 1/5/08 To 13/05/08)

Circle No. I Voucher No. ..... Dated .....

In continuation of Muster Roll No. 4137

PART-NOMINAL-ROLL

Accountant (HG)

S.No.	Name, Father's/Husband's Name & Address grouped accc rding to classes	Designation	Dates From ... To ... (1–31)	Total	Rate per day Rs. P.	Amount Rs. P.	Signature thumb impression of payee and date of receipt of the paying officer/ Signature of the time of payment
19	Sunny S/o – K – R/o D/o –		18	11	135-00 TCA	1515	
	H.No – Mayur Vihar						
20	Suraj S/o – Ravinder – R/o		18	11	Do	1515	
	H.No – EE – J. Kanchir Puri Delhi						
21	Pardeep Singh – S/o Rajeet – R/o		18	07	Do	964	
	H.No – Bhagwan Mandir 4/199						
22	Rakesh Kr S/o – Sultan – R/o		18	07	Do	964	
	H.No – 1133 Sultanpuri						
23	Jagan Kr S/o – Late Chander Bhan – R/o		18	11	Do	1515	
	H.No – P-15 Aligarh Lodhi Road						
24	Magy S/o Satpal – R/o		18	4	Do	1515	
	H.No – 31/303 Trilokpuri						
	Daily Total			234	G. Total	32,289	
	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

MUSTER ROLL NO. 4178 (From 1/5/08 To 13/05/08)

Circle No. I Voucher No. ..... Dated .....

In continuation of Muster Roll No. 4137

Guard-sheet-II

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
13	Sh. Mandeep S/o Suresh R/o H-194 Bapa Dham	D/o	P	P	P	S	P	P	P	P	P	P	S	P	P								18											08	135.25 + CA	1082	Mandeep
14	Sandeep S/o Madan R/o D-15 Palika Dham M.P.	D/o	P	P	P	S	P	P	P	P	P	P	S	P	P						18													11	Do	1515	Sandeep
15	Deepak S/o Rajesh R/o D-Arvind Puri Delhi	D/o	P	P	P	S	P	P	P	P	P	P	S	P	P						18													14	Do	1515	Deepak
16	Rajeev S/o Ashok R/o 303 Kalyan Puri	D/o	P	P	P	S	P	P	P	P	P	P	S	P	P						18													11	Do	1515	Rajeev
17	Vijay Kr S/o Jagdish R/o 1333 Jaffarpur Kalan M.P.	D/o	P	P	P	S	P	P	P	P	P	P	S	P	P						18													09	Do	1239 Pm	Vijay
18	Rakesh S/o Kapur R/o E 405 Kidwai Nagar	D/o	P	P	P	S	P	P	P	P	P	P	S	P	P						18													10	Do	1377 Pm	Rakesh
	Daily Total																																	176	G. Total	24239 - 24301	
	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

HEALTH DEPARTMENT

MUSTER ROLL NO. 4178 (From 1/5/08 To 13/05/08)

Contd. sheet-I

Circle No. I Voucher No. ..... Dated .....

In continuation of Muster Roll No. 4137

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
(7)	Smt. Meena S/o Vinod R/o 32 Harijan Basti M.J	DW	18	10	135 + DA	1377	
(8)	Smt. Rishi S/o Rani R/o 10/307 Jai Ole Kari	DW	18	11	DO	1515 + 1377	
(9)	Sh. Jitender S/o Ramphal R/o 3/3 Balmiki Basti	DW	18	NIL			
(10)	Sh. Ravi Kr. S/o Sitaram R/o 11 Kalyan Puri Delhi	DW	18	11	DO	1515	
(11)	Sh. Anil Kr. S/o Jai Ram R/o Lakhera Kalan Delhi	DW	18	11	DO	1515	
(12)	Sandeep S/o Rajesh R/o 151 Ali Gali Lodhi Road	DW	18	08	DO	1102	
	Daily Total			116	G. Total	15976 / 16038	
	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.

O.O. No - 136/D/PA/MOH Dt. 14/02/08

(32) daily wages Sik, L/B @ 135.25 Per day + CA @ 66/Pm

HEALTH DEPARTMENT

MUSTER ROLL NO. 4178 (From 01/05/08 To 13/05/08)

(1+5) Total Sheet = 6

Circle No. I Voucher No. ..... Dated .....

In continuation of Muster Roll No. 4137

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
(1)	Ajit Kumar - Rajkar - ADD - 10/5 Tri 10/Ch	DLW	18	11	135.25 + CA	1545 -	
(2)	Smt. Pubbur w/o Ram Singh - ADD - 15 R.R. Lane M.C.	do	18	10	DO	1377 -	
(3)	Smt. Laxmi W/o Ramesh - ADD - 12 Beami Bas M.C.	do	18	11	DO	1515 -	
(4)	Rajkumar S/o Mohan - ADD - J-10 Tahir Dhem	do	18	11	DO	1515 -	
(5)	Smt. Seema W/o Ramesh - ADD - 8/39 Bap Dham M.C.	do	18	11	DO	1515 -	
(6)	Smt. Urmila Kri W/o Ca - ADD - 15 R.R. Lane Ch M.C.	do	18	11	DO	1515 -	
	Daily Total			65	G. Total	8952 -	
	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