Contingent Bill Number:

Disbursement Type: Cash

Fund: NDMC Municipal General Fund

Segment: GENERAL FUND

Field: PUBLIC HEALTH ACCOUNTS BRANCH

Functionary: NDMC

Sanction By: Chairman

Sanctioned By Chairman NDMC vide No. 7426/PS/CH dated 20/11/2007

Payment of 24 daily wages SKs/LBs Narration: Circle No. 6 @ 135.25 plus CA Rs.66/-

Remarks:

30306080900091

Bill Type: ImprestBills

Bill Date: 19-Jun-2008

Sub CASH IN HAND

Sub Field: (PUBLIC HEALTH) SANITATION CIRCLE 6

Payable To: Secretary, NDMC

Sanctioned On: 20-Nov-2007

Bill Status: CREATED

Code	Payable To	Function	Account Code	Account Head	Amount
		Public Health	3202027	MECH.OF GARBAGE REMOVAL	65817
			Gross	Amount	65817

Deductions:

SanctionDetails:

Code	Payable To	Function	Account Code	Account Head	Amount
					V-77
			Total De	eduction	0
			Net A	mount	65817

Net Payable in Words :

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

Contingent Bill Number:

Disbursement Type: Cash

Fund: NDMC Municipal General Fund

Segment: GENERAL FUND

Field: PUBLIC HEALTH ACCOUNTS BRANCH

Functionary: NDMC

Sanction By: Chairman

SanctionDetails:

Sanctioned By Chairman NDMC vide No. 3430/PS/CH dated 07/05/2008

Payment of 24 daily wages SKs/LBs

Narration: Circle No. 5 @ 135.25 plus CA
Rs.66/-

30306080900097

Bill Type: ImprestBills

Bill Date: 19-Jun-2008

Sub CASH IN HAND

Sub Field: (PUBLIC HEALTH) SANITATION CIRCLE 5

Payable To: Secretary, NDMC

Sanctioned 07-May-2008

Bill Status: CREATED

Remarks:

Code	Payable To	Function	Account Code	Account Head	Amount
		Public Health	3202027	MECH.OF GARBAGE REMOVAL	25202
			Gross	Amount	25202

Deductions:

Code	Payable To	Function	Account Code	Account Head	Amount
			Total De	eduction	0
			Net A	mount	25202

Net Payable in Words:

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



Payer's Copy SR. NO. D

182531

Receipt No.: CH080907NDMC024507

Challan Number: 93136 COUNCIL NEW DELHI
COUNCIL

Field: PUBLIC HEALTH ACCOUNTS BRANCH

Function: Public Health

Date: 28-Jul-2008

Received From: Sh. Ved Prakash, SI C-VI

On Account of: unpaid salary in respect of Sh. Neeraj S/o Sh. Anup Singh Vr. No. 114/H dt. 28-06-2008 for On Account of: the month of May 2008

Address: Circle NO. VI

Description Account Code MECH, OF GARBAGE REMOVAL 3202027

Payment Mode: Cash

Total Amount in Words: One Thousand Five Hundred And Fifteen Rupees Only

Cheque/DD No.:

Cheque/DD Date:

Name of the Operator: rachna.cash

Counter No: PK COUNTER 1

Signature of Authorised Officer

UNCIL NEW DELHI MUNICIPAL COUNCIL NEW DELHI MUNICIPAL UNCIL NEW DELHI MUNICIPAL COUNCIL NEW DELHI MUNICIPAL

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

J-2-18-18/P HEALTH DEPARTMENT

pare in 26 serior in 646 forme don a 16/88 08/6/00 Certified that the workers mentioned in the muster roll
were actually employed by me on NDMC work(s) and
they were actually paid on myvidentification in mypresence. E FAYMENT 24 8. Ocepak 96 St. Amorp Safey Accountant (HG) The Deepalibari Quita Sani lett (tearfars) 22 St. Manes 9, St. Si Blast B. Soi Deep g. A. Jai Saffy Pay Rs 252 03 - (Rupees 11 > 1 No en livery 17 12 Color (hour what two human) M. Sactor 20/ 5, p. 00-00 Al of 20 Sakar San Name, Father's/Husband's Name & Address Pents thethy 5202 grouped according to classes MUSTER ROLL NO. Initials of person marking the daily attendance Initials of Inspecting Officer PART-NOMINAL-ROLL Designation Daily Total RABARARA ARABARA St. WOWLELL COM COE Upeduct-Payment made, as per details transferred to Register of Unpaid Wages

SURIO IN J. M. Meeray 24 Pund 10 Mill Sig. Living Common Strain Str Grand Total of this Muster Roll ... 14 15 16 24 25 27 29 Accountant (HG), Town of the second ZCC 94 Chig. Total 25202-00 200 Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment mosp simply is unforced CHIEF MEDICAL OFFICER A Horal (1) [Andreway of the former of the f lavi la trud 26 Fall Newhol Hospital Consid-sheet -TV

HEALTH DEPARTMENT

Accountant (HG) M.O.H. Sr. A.O	The state of the s	*	>	Initials of person marking the daily attendance 2 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	Daily Total 5		The sall		18, 5 Carp N. N. 87. 4 18, 100, 10, 10, 10, 10, 10, 10, 10, 10, 1		As the fill fill the the form to the fill the fi	70.10.	29 9 8 8 9 9 4 4 4 4 4 4 4 4 4 4 4 4 4 4	£ 61.100000000000000000000000000000000000		of 319/ Rejestion coay CC \$ \$ \$ 8 5 5 5 5 5 5 6 5 6	Om Pal 9. St. Kishen takken de Port of 18 18 18 18 18 18 18 18 18 18 18 18 18	Maram 1000 1000 1000	Socker g.	R. Davida B. St. Companied. of work of a a a a a a a	S.No. Name, Famer S/Husband's Name & Address Designation 1 2 3 4 5 6 7 8 9 10 10 12 13	Dates From	PART-NOMINAL-ROLL	In continuation of Muster Roll No	Circle No. Dated Dated	MUSTER ROLL NO. 4182	
Grand Total of this Muster Roll	Rs. P.		()	F 73687-va	8 Selipa Total 27 (87) co	172	Month (2) Surform	- VIOUS BEAU	8	1 1211 6 (MC104)	D-LLZI	1515-8 AT) PM	Chapter of the control of the contro		8 200 (Mas) 00-9191 1 Janes 2		7	A Gos Many II down	135.C		14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Total Rs. P. Hs. P.	Rate Amount S	7	1		(From 1/5/08 To 13/05/08) Conset Sheep-TIL	

HEALTH DEPARTMENT

St. AO Deduct-Payment made, as per details transferred to Register of United St. A.O. Deduct-Payment made, as per details transferred to Register of United St. A.O.	8. Address Designation 1 2 3 6 5 6 7 8 9 10 10 12 13 10 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Fotol Rs. P. R	MUSTER ROLL NO. 4/88. (From 1/5/08 To 13/05/08 No. 10 Voucher No. 1/40 Voucher No. 4/10 PART-NOMINAL-ROLL Dated Part-Nominal-Roll Dates From To To
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HEALTH DEPARTMENT

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.	Accountant (HG)	Pay Rs. (Rupees	Initials of Inspecting Officer	daily attendance	Initials of person m	1 din have Cuit	110x backer yest dames suff	Jan Ranch !	to M. Kom N. S. Badan Vd	1	1 2-11/1/200 3.	Ja84 9. 8. Cir Res	A Miller grain ser less substitutes inquisit s	Py 7. Tridok Rum B.	8. A. April B. St. Galabsigh	1 my 1 com	A Santos W. S. Rose	Š			In continuation of Muster Boll No.	4	* MUSTER ROLL NO.
Deduct	M.O.H. Sr. A.O		ting Officer S	daily attendance of PLS PRP 1 2 250 9.		0 8000000000000000000000000000000000000	9 9		THE WASHINGTON STATES AND WASHINGTON TO A STATES AND A ST			00000			to the same of the		9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Designation 1 2 3 @ 5 6 7 8 9 10 @ 12 13 @ 15	Dates From	BART-NOMINAL-BOLL			4/83
Deduct-Payment made, as per details transferred to Register of Unpaid Wages	Grand Total of this Muster Roll				3 Specificated 10879.00	11 day 1 1515.00 (Sepan		The same of the sa	Company (State)		1 239 To			T MY TON		C3 13770	0	16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Total MS Amount		Accountant (HG) CHIEF MEDICAL OFFICER		m // 3/50 10 13/63/60 m	1/2/08

0.0-No-136 D/84 MOH 27 14/02/08

HEALTH DEPARTMENT

(Sy) clarty wager 8/1/ LD

days of a

Circle No... S.No. they were actually paid on my identification in my presence were actually employed by me on NDMC work(s) and Certified that the workers mentioned in the muster roll Accountant (HG) 16. PR Cont 2.0.3 Rshi J. M. Soni Rom Ch Shown ky St. S. lavis sadn, Name, Father's/Husband's Name & Address 64 Sin light Colon · Lalitha P. A. 77/408 7/Km of 8 C. NOG4 Bellikilos + Anits N. S. Resbir Kirshon W/o St Bo Bulen G. J. Coly Colony as May 5, 8 Sut 84 P. Road No. 1 grouped according to classes V1____Voucher No..... MUSTER ROLL NO. (Swhite Sodan (Bupees..... Initials of person marking the Initials of Inspecting Officer PART-NOMINAL-ROLL Designation daily attendance de of 6 Daily Total M.O.H. CONTRACTOR OF THE PARTY OF 2 ယ Dates From... 5 04 580 6 Sr. A.O S ..Dated... 4183 0 0 00 7 4 00 9 000 1 5 11 12 (From 1)5 08 13 14 15 16 17 18 19 Grand Total of this Muster Roll ... Deduct-Payment made, as per details transferred to Register of Unpaid Wages 20 21 22 23 24 25 26 27 28 ..To.... 29 30 Accountant (HG) $\frac{3}{2}$ 130508 Total らし 辛 de Rate Amount Rs. P. HS. P 35:25 AS 15:00 G-Jotal 1377.100 15160 1102-0 300 6748-1239-10 2515 the state of F Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment CHIEF MEDICAL OFFICER Me & wind Rs. 401 Total sheet = Salamy 7

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

.Balance Paid