Confirmation

49/H
11/6/08

**Contingent Bill Number :** 30306080900037

**Disbursement Type:** Cash
**Bill Type:** ~~ImprestBills~~ Contingency
**Fund:** NDMC Municipal General Fund
**Bill Date:** 06-Jun-2008
**Segment:** GENERAL FUND
**Sub Segment:** CASH IN HAND
**Field:** PUBLIC HEALTH ACCOUNTS BRANCH
**Sub Field:** (PUBLIC HEALTH) SANITATION CIRCLE 12
**Functionary:** NDMC
**Payable To:**
**Sanction By:** Chairman
**Sanctioned On:** 20-Nov-2007
**SanctionDetails:** Sanctioned By Chairman NDMC vide No. 7426/PS/CH dated 20/11/2007
**Bill Status:** CREATED
**Narration:** Payment of 21 daily wages SKs/LBs Circle No. 12 @ 133.45 plus CA Rs.66/-
**Remarks:**

| Code | Payable To | Function | Account Code | Account Head | Amount |
|---|---|---|---|---|---|
| | | Public Health | 3202027 | MECH.OF GARBAGE REMOVAL | 76836 |
| | | | **Gross Amount** | | 76836 |

**Deductions:**

| Code | Payable To | Function | Account Code | Account Head | Amount |
|---|---|---|---|---|---|
| | | | | | |
| | | | **Total Deduction** | | 0 |
| | | | **Net Amount** | | 76836 |

Net Payable in Words :

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

D-2-16-12(P)

# HEALTH DEPARTMENT

## MUSTER ROLL NO. 4215 (From 1/5/08 To 31/5/08)

Contact Sheet-III

Circle No. XII Voucher No. 419/H Dated

In continuation of Muster Roll No. 4174 11/6/08

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 ... (1/5 – 31/5) | 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 | Smt Usha w/o Balram 16/207 Tilak Puri WD 91 | S.K | | 27 days | 135.25 + CCA 66.00 | Paid 3718.00 | 301 Sig Attend |
| 17 | Smt. Mukeshwari w/o Vinod 8/246 Khichripur WD 91 | " | | 27 days | do | Paid 3718.00 | 302 Sig Attend |
| 18 | Smt Krishna w/o Gyan chand D-279 Moti Bagh New Delhi | " | | 27 days | do | Paid 3718.00 | 303 Sig Attend |
| 19 | Sh. Amit s/o Raj Kumar H.No C-45 Churiwala Multani Dhanda N. Delhi | " | | 26 days | do | Paid 3580.00 | Amit Sig Attend |
| 20 | Smt Suman w/o Manoj Q-39 Kali Bedi Gal. Mashoot N. Delhi | " | | 25 days | do | Paid 3442.00 | Suman Sig Attend |
| 21 | Sh. Rajesh s/o Ved pal 21 Madangir N. Delhi | " | | 26 days | do | Paid 3580.00 | Rajesh Sig Attend |
| | Pay to Staff 476836 | | | | | | |
| | Daily Total | 21 21 20 / 20 21 20 21 21 21 / 21 21 21 21 21 21 / 21 21 19 21 21 21 / 20 21 21 21 18 21 | | 558 | G. Total | 76836-00 | |
| | Initials of person marking the daily attendance | | | | | | |
| | Initials of Inspecting Officer | | | | | | |

Pay Rs. 76836/= (Rupees) Rs Seventy six thousand eight hundred thirty six only

Recd on 05/6/08 Recd on 06/6/08 at 11.50 AM Entry 16 page no 25 Sanction 610

SO(HG) Muster Roll Recd on 10.6.08

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 the amount shown against each name in my presence.

M.O.H.

Sr. A.O

Released for Payment (V.K. GOEL) AO (PH)

Grand Total of this Muster Roll ... ... ...

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

Fully paid & attested Sr. no 1 to 21 Roundwise Sl. 7 XII

| Rs. | P. |
|---|---|
| | |

# HEALTH DEPARTMENT

## MUSTER ROLL NO. 4215 (From 1/5/08 To 31/5/08)

Contd. sheet-II

Circle No. XII Voucher No. ..... Dated .....

In continuation of Muster Roll No. 4174

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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 11 | Smt. Rani W/o Pappi B-1/903 Madan Pur Khadar J.J Colony N. Delhi | S-K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 27 days | 135.25 + CA 66.00 | 3648.00 Paid 3718.00 | रानी Sig Attend |
| 12 | Smt. Sunita W/o Bhagwan Dass Q No 50 Ali-yawar Lodhi Road N. Delhi | " | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 26 days | do | Paid 3580.00 | सुनीता Sig Attend |
| 13 | Sh. Rahul S/o Madan Str F13 Vetanary Hospital N. Delhi | " | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 27 days | do | Paid 3718.00 | Rahul Sig Attend |
| 14 | Sh. Vinay S/o Madan lal 31 Malt Story Ali Yawar Lodhi Road N. Delhi | " | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 27 days | do | Paid 3718.00 | Vinay Kumar Sig Attend |
| 15 | Smt. Jaiwati W/o Tirlok chand 1499 Gafam Puri Malad Bund Malad Bund N. Delhi | " | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 27 days | do | Paid 3718.00 | जयवती Sig Attend |
| | Daily Total | | 15 | 15 | 14 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | | 15 | 15 | 15 | 15 | 15 | 15 | | 15 | 15 | 15 | 15 | 15 | 15 | | 14 | 15 | 15 | 15 | 14 | 15 | 4400 | G. Total | 55080-00 | |
| | 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

# HEALTH DEPARTMENT

## MUSTER ROLL NO. 4215 (From 1/5/08 To 31/5/08)

Contd. Sheet-I

Circle No. XII Voucher No. ..... Dated .....

In continuation of Muster Roll No. 4174

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 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 |
|---|---|---|---|---|---|---|---|
| 6 | Smt Babita w/o Sh. Ajay to mandir marg Beri Wali Sudar N-Delhi | TMR SK | | 27 days | 135.25 + CA 66.00 | 3718.00 | Babita Sig Attend |
| 7 | Sh. Rockey S/o Sh. Jai Parkash R-20 Dashinpuri N. Delhi | TMR SK | | 27 days | do | 3718.00 | Rocky Sig Attend |
| 8 | Sh. Sunil S/o Sh. Rajender G-39 Kali Badi gali market N-Delhi | TMR SK | | 27 days | do | 3718.00 | Sunil Sig Attend |
| 9 | Sh. Ashish S/o Sh. Laxman Singh 8B D.D.A 32 Qtrs Phase-Ganj N-Delhi | TMR SK | | 27 days | do | 3718.00 | Sig Attend |
| 10 | Smt Kamlesh W/o Sh. Suresh H.N. 52 Khud. mangal Delhi | TMR SK | | 26 days | do | 3580.00 | Sig Attend |
| | Daily Total | | 10 10 9 / 10 10 9 10 10 10 / 10 10 10 10 10 10 / 10 10 10 10 10 10 / 9 10 10 10 10 10 | 262 | G. Total | 36628.00 | |
| | Initials of person marking the daily attendance | | | 266 | | | |
| | Initials of Inspecting Officer | | R R R | | | | |

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. 69/D/CMO/HQ Dt. 11/3/08

(21) daily wager S/K, L/B @ C 135.25 + CA @ 66/p.m

(143) Total Sheet = 4.

# HEALTH DEPARTMENT

## MUSTER ROLL NO. 4215 (From 1/5/08 To 31/5/08)

Circle No. XII Voucher No. ..... Dated .....

In continuation of Muster Roll No. 4174

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 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 Asha W/o Ravikumar A-3 D.D.A Flat Munirka N. Delhi | S.K | P | P | P | S | P | P | P | P | P | P | S | P | P | P | P | P | P | S | P | P | P | P | P | P | S | P | P | P | P | P | P | 27 days | 135.25 + CA 66.00 | Paid 3718-00 | 341211 S/S Attd |
| 2 | Smt Rohtashi W/o Sh. Rohtash 30 Tilak Puri N. Delhi | Tmr Dhi SK | P | P | P | S | P | P | P | P | P | P | S | P | P | P | P | P | P | S | P | P | P | P | P | P | S | P | P | P | P | P | P | 27 days | do | Paid 3718-00 | R.T.I. Attd |
| 3 | Smt Usha W/o Sh. Bal Kishan 80/85 Mohan Garden Uttam Nagar N. Delhi | Tmr Dhi SK | P | P | P | S | P | P | A | P | P | P | P | P | P | P | P | P | P | S | P | P | P | P | P | P | S | P | P | P | P | P | P | 26 days | do | Paid 3580-00 | S/S Attd 341 |
| 4 | Sh. Pardeep S/o Sh. Rajender 9-39 Khali Bandi Gali Market N. Delhi | " | P | P | A | S | P | P | P | P | P | P | P | P | P | P | P | P | P | S | P | P | P | P | P | P | S | P | P | A | P | P | P | 25 days | do | Paid 3442-00 | S/S Attd 344 |
| 5 | Smt Rani W/o Sh. Vijay 80/84 Mohan Garden Uttam Nagar N. Delhi | " | P | P | P | S | P | P | P | P | P | P | P | P | P | P | P | P | P | S | P | P | P | P | P | P | S | P | P | P | P | P | P | 27 days | do | Paid 3718-00 | S/S Attd 2191 |
| | Daily Total | | 5 | 5 | 4 | / | 5 | 5 | 4 | 5 | 5 | 5 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | / | 5 | 5 | 5 | 5 | 5 | 5 | / | 5 | 5 | 5 | 5 | 5 | 5 | 132 | G. Total | 18176-00 | |
| | Initials of person marking the daily attendance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Initials of Inspecting Officer | | | | | M | | | | | | | M | | | | | | | | | | | M | | | | | | | M | | | | | | |

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

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

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.

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