Contingent Bill Number : 30306080900096

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 6
Functionary: NDMC
Payable To: Secretary,NDMC
Sanction By: Chairman
Sanctioned On: 07-May-2008
SanctionDetails: Sanctioned By Chairman NDMC vide No. 3430/PS/CH dated 07/05/2008
Bill Status: CREATED
Narration: Payment of 24 daily wages SKs/LBs Circle No. 6 @ 135.25 plus CA Rs.66/-
Remarks:

Code	Payable To	Function	Account Code	Account Head	Amount
		Public Health	3202027	MECH.OF GARBAGE REMOVAL	30295
			Gross Amount		30295

Deductions:

Code	Payable To	Function	Account Code	Account Head	Amount
			Total Deduction		0
			Net Amount		30295

Net Payable in Words :

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

NEW DELHI MUNICIPAL COUNCIL

Payer's Copy

SR. NO. D 182583

RECEIPT

Receipt No.: CH080907NDMC024510 **Date:** 28-Jul-2008

Challan Number: 93137 **Field:** PUBLIC HEALTH ACCOUNTS BRANCH

Sub-Field: (PUBLIC HEALTH) SANITATION CIRCLE 6 **Function:** Public Health

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

On Account of: unpaid salary of Sh. Deepak S/o Sh. Anup Singh vide Vr. No. 113/H dt. 28/06/2008for the month of May 2008

Address: Circle NO. VI

Account Code	Description	Amount
3202027	MECH.OF GARBAGE REMOVAL	138

Payment Mode: Cash **Total Amount:** 138

Total Amount in Words: One Hundred And Thirty Eight Rupees Only

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

Name of the Operator: rachna.cash **Counter No:** PK COUNTER 1

NDMC

नई दिल्ली नगर पालिका परिषद्

Signature of Authorised Officer

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

D-2-16-12/P2 B.O.T.

HEALTH DEPARTMENT

Contd. Sheet-IV

MUSTER ROLL NO. 4224 (From 16/5/08 To 31/5/08)

Circle No. VI Voucher No. 113/84 23/6/08 Dated

In continuation of Muster Roll No. Fresh.

Accountant (HG), CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

S.No.	Name, Father's/Husband's Name & Address grouped accrding to classes	Designation	Dates From ... To ... (1–31)	Total days	Rate Rs. P.	Amount Rs. P.	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
22	Sh. Manoj S/o Sh. Subhash R/o 4/534 Sakur Pur Delhi-34 N. Delhi	Sweeper Safai	15	14 days	135-25 + CA	1925-00	
23	Sh. Jaideep S/o Sh. Jai Singh R/o W/ Deepali Par Distt. Sonipath (Haryana)	do	15	Nil	11	NIL	
24	Sh. Deepak S/o Sh. Amar Singh R/o Sector 20/82 Noida	do	15	01 day	4	138-	unpaid Balance
	Daily Total			220 days	G. Total	30295-00	
	Initials of person marking the daily attendance						
	Initials of Inspecting Officer						

Pay this bill Rs 30295-
BIFR Nil
GA Rs 30295-

Pay Rs. 30295/= (Rupees Rs Thirty Thousand two hundred ninety five only)

Grant 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

Accountant (HG)

M.O.H.

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

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.

Balance Paid

HEALTH DEPARTMENT

MUSTER ROLL NO. 4234 (From 16/5/08 To 31/5/08)

Cont. sheet-III

Circle No. VI 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 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
19	Smt Malti W/o Sh. Sri Parkash R/o Juggi No 375/Tigri Khampur N. Delhi.	Helper Sfr.	15 → (16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31)	13 days	135.25 x C.A	1790-00	Sy Ali
20	Smt Satya W/o Sh. Sukhbir R/o H/39 Sri Niwas Puri N. Delhi	do	15 → (16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31)	13 days	4	1790-00	Sy Ali
21	Smt Rekha W/o Sh. Ravi Raj R/o N.C.R.T. Camp N-98 Type I. Delhi	do	15 → (16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31)	14 days	4	1928-00	Sy Ali
	Daily Total			905 days	G. Total	28229-00	
	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

MUSTER ROLL NO. 4224 (From 16/5/08 To 31/5/08)

Contd. sheet-II

Circle No. VI 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 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 days	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
13	Sh. Naveen S/o Sh. Kartar Singh R/o P/4/444/Sultan Puri Delhi	Sfwgu Sfa	15	P P P P P P P P P P P P P P P P P	12½ days	Total of 155.00 + CM	1542 1652	Naveen
14	Sh. Neeraj S/o Sh. Anoop Singh R/o 725/Village Narada Delhi	do	15	A A A A A A A A A A A A A A A A A	NIL	4	NIL	
15	Sh. Anil Kr S/o Sh. Mangal Singh R/o M/101 PH/II Nangloi Delhi	do	15	A A A A A A A A A A A A A A A A A	NIL	4	NIL	
16	Sh. Vikash S/o Sh. Hamed Singh R/o 49/3 Nagloi Delhi	do	15	P P P P P P P P P P P P P P P P P	15 days	4	1790.00	Vikash
17	Sh. Ravi Kr S/o Sh. Benwari Lal R/o Jaggi No 1075/Sector II Rik. Puram N. Delhi	do	15	P P P P P P P P P P P P P P P P P	14 days	1	1928.00	
18	Sh. Om Pal S/o Sh. Kishan Lal R/o 328/Rajesthani Colony Del	do	15	P P P P P P P P P P P P P P P P P	14 days	4	1928.00	Om Pal
	Daily Total				165 days	G. Total	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 ... ...

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

Rs.	P.

HEALTH DEPARTMENT

MUSTER ROLL NO. 4224 (From 16/5/08 To 31/05/08)

Cont-Sheet-I

Circle No. VI 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 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 days	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
7	Smt Santosh W/o Sh. Kishan Kr R/o G-I Lodhi Colony N. Delhi	Dhrajan Sk.	15	16 days	Total 135-25 + C.A	1377-00	
8	Sh Anil Kr S/o Sh. Gulab Singh R/o 7 Tridok Puri N.D.	do	15	—		Nil	
9	Sh Jassu S/o Sh. Gir Raj R/o S-II/PR Lane N. Delhi-3	do	15	11 days	4	1515-00	
10	Sh Ram S/o Sh Badri Pd R/o T/1078 Mangol Puri Delhi	do	15	Nil	4	Nil	
11	Sh Sachin S/o Sh. Sumer Singh R/o 836 Balmiki Basti N/Nagar	do	15	14 days	4	1928-00	
12	Sh Naresh S/o Sh. Ram Mehar R/o H/No 416/32 T/Nagar Delhi	do	15	14 days	4	1928-00	Naresh Kumar
	Daily Total			112 days	G. Total	15423-00	
	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.

O.O.No- 185/CMO/HQ/D Dt. 12/5/08

(24) daily wager Sk, L/B @ 135.25 Per day + CA 66/- pm

(144) Total Sheet=5

HEALTH DEPARTMENT

MUSTER ROLL NO. 4224. (From 16/5/08 To 31/05/08)

Circle No. VI 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 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	Sh. Shyam Kr S/o Sh. Ram Singh R/o 64 Balmiki Basti M/marg N. Delhi	Sweeper SA	15	14 days	135.25 + CA	1928-00	Sy Ally
2.	Sh. Rishi S/o Sh. Sri Ram R/o 77/405 Tilak Nagar Sh-Ex	do	15	ML	do	ML	
3.	Sh. Lalit Kr S/o Sh. Hari Chand R/o 628 Sunlight Colony N. Delhi	do	15	14 days		1928-00	Sy Ally
4.	Sh. Vinay S/o Sh. Santosh R/o 33 Balmiki Basti P. Road N.D. 1	do	15	14 days		1928-00	Sy Ally
5.	Smt Anita W/o Sh. Rajbir R/o G-1 Lodhi Colony N.D	do	15	12 days	do	1652-00	Sy Ally
6.	Smt Kishan W/o Sh. Babu Lal R/o 10 P.R Lane N.D. 3		15	9 days	do	1239-00	Sy Ally
	Daily Total			63 days	G. Total	8675-00	
	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.