Contingent Bill Number : 30306080900105

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: 16-Jan-2008
Sanction Details: Sanctioned By Chairman NDMC vide No. 462/PS/CH dated 16/01/2008
Bill Status: CREATED
Narration: Payment of 18 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	22720
			Gross Amount		22720

Deductions:

Code	Payable To	Function	Account Code	Account Head	Amount
			Total Deduction		0
			Net Amount		22720

Net Payable in Words :

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

HEALTH DEPARTMENT

MUSTER ROLL NO. 4232. (From 21/5/08 To 31/5/08)

Cover Sheet – 2.

Circle No. I Voucher No. 12/4 Dated

In continuation of Muster Roll No. Fresh. 23/6/08

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 ... (1–31)	Total	Rate Rs. P.	Amount Rs. P.	Signed thumb impression of payee and dated initials of paying officer made at the time of payment
13	Sanjay S/o Babulal Ph 7-J-275 Manyal Pur	D/W	Free	10	@135-25 + DA	1377-0	
14	Jeeram S/o Ramsingh Ph 7 Sultan Pur	DO	Free	10	4	1377-0	Strictly not to pay for want of leaving of complete recommendation
15	Smt Pushpawati W/o Ramesh Ph 0-114 Moti Nagar	do	Free	10	4	1377-0	
16	Balbir S/o Likhi Ram Ph 7-132 Harijan Basti	DO		10	4	1377-0	
17	Sadeep S/o Madan Ph 7-E-15 Palika Dhar	DO	Free	10	4	1377-0	
18	Harikishan S/o Sukhbir Ph 0-S.W. Metro Nagar	DO	Free	10	4	1377-0	
				165	G. Total	22,720/-	

Daily Total

Initials of person marking the daily attendance

Initials of Inspecting Officer

Pay Rs. 22720/= (Rupees Twenty two thousand seven hundred Twenty only)

Accountant (HG)

M.O.H.

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.

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

VERIFIED FOR CASH/CHEQUE PAYMENT

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 18, Females.

HEALTH DEPARTMENT

MUSTER ROLL NO. 4232. (From 21/5/08 To 31/5/08)

Cover Sheet - I

Circle No. I 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
7.	Rahul S/o Jai Bhan R/o D-15 Ali Vihar	D/W	20	10	135-25 + CA	1377-00	Rahul
8	Smt. Premwati W/o Sh. Pal R/o D-26 Pratap Nagar Delhi	DO	20	10	11	1377-00	प्रेमवती
9	Neelam W/o Jai Pal R/o D-15 P.R. Lane	DO	20	10	4	1377-00	नीलम
10	Vikash S/o Sneler R/o E-222 Sneler Vihar	DO	20	10	10	1377-00	V. Kumar
11	Smt. Reena W/o Mukesh R/o 18/940 Tri Nagar	DO	20	10	11	1377-00	[illegible]
12	Sh. Dayal S/o Mangal	DO		NIL	1	NIL	
	Daily Total			105	G. Total	14,458	
	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:- 206 | CMO | HQ | D Dt 16/5/08

(18) daily wages Sh. C/B @ 135.25 Pd
daye CA @ 66/Pm

(1+2) Total Sheet = 3.

HEALTH DEPARTMENT

MUSTER ROLL NO. 4232. (From 21/5/08 To 31/5/08)

Circle No. I 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 ... (1–31)	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. Yogesh S/o Parveen Kumar R/o Gali No. 4 Dharampur	Sw	4, 11, 18, 21, 25	10	135.25 + CA	1377-00	
2	Sh. Sanjay S/o Faraj Ram Sushil R/o H-15 Gali No. 1 Lucknow	Sw	21, 25	10	1,	1377-00	सुशील
3	Smt. Sushilata W/o Bhil. R/o 3/33 Trilokpuri Delhi	do	21, 25	10	4	1377-00	Pushkalata
4	Smt. Sunita W/o Sonu R/o E-10 Gali No. 1 Dharampur	do	21, 25, 28, 29, 30, 31	05	1	688-00	सुनीता
5	Manju W/o Mohan R/o 10/416 Trilokpuri	do	21, 25	10	1	1377-00	मंजू
6	Smt. Baby W/o Goudam R/o 17/414 Trilokpuri		21, 25	10	1	1377-00	बेबी
	Daily Total			55	G. Total	7573-00	
	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