



# NEW DELHI MUNICIPAL COUNCIL

## RECEIPT

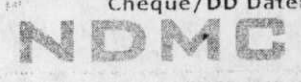
Receipt No.: CI080909NDMC036417  
 Challan Number: 10/470  
 Sub-Field: (PUBLIC HEALTH) HEALTH GENERAL BRANCH  
 Functionary: NDMC

Date: 26-Sep-2008  
 Field: PUBLIC HEALTH ACCOUNTS BRANCH  
 Function: Public Health  
 Received From: R S Meena SJ Sanitation Circle No. 11

On Account of: D 2,16,12 (p)  
 Address: Deposit of unpaid s.a.y in respect of Rani W/o Rontash RMR Sks Vr. No. 101/H dated 14-08-2008 for the month of May 2008

Account Code	Description	Amount
4320207	MECH. OF GARBAGE REMOVAL	1332
<b>Total Amount:</b>		<b>1332</b>

Payment Mode: Cash  
 Total Amount in Words: One Thousand Three Hundred And Thirty Two Rupees Only  
 Cheque/DD No.:  
 Cheque/DD Date: Bank: Counter No.: PK COUNTER 1  
 Name of the Operator: bimal.ekka



नई दिल्ली नगर पालिका परिषद

Signature of Authorised Officer

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

List of L.M.A S/R/LIB in e no 25

B/F - 45 Rs. Month of May 2008.

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① Sh. Dabir of Ram Lal ——— 45

② Smt. Rani w/o late of Sh. Rohitash ——— 45

③ Sh. Anil Kumar of Sh. Laxman ——— 45

Total 135

~~22~~

101

**View Contingent Bill**

Help

Disbursement Type\*  Bill Type\*

Reference Number for Cash Branch

Fund\*  Bill Date\*

Segment\*  Sub Segment\*

Field\*  Sub Field\*

Functionary\*

Sanction By\*  Sanctioned On \*

Sanction Details

Created By  Verified By

Confirmed By  Approved By

Bill Status

Narration

Remarks

Reference JV  SubLedger Type

Function Name	Account Code*	Account Head	Amount*	Details
	<input type="text" value="3202011"/>	<input type="text" value="STG.OF ANTI MALARIA OPERATION"/>	<input type="text" value="5098"/>	<input type="text" value="Click"/>
<b>Gross</b>			<input type="text" value="5098"/>	

Deductions			
Account Code	Account Head	Amount	Details
<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="Click"/>

<b>Deductions</b>	<input type="text" value="0"/>
<b>Net Payable</b>	<input type="text" value="5098"/>

Net Payable In words

Payable To \*

\* - Mandatory Fields

new

# MUSTER ROLL NO. P.M.B (SLK+YR)

from 01/5/2008 To 31/5/2008

Circle No. X Voucher No. 1011/118108 Dated 10/11/08

PART-NOMINAL-ROLL

Accountant (H.C.)

CHIEF MEDICAL OFFICER

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Dates From To																															Rate	Amount Rs.	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
			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			
6.	Sh. Gokhwar 908. Kans Singh.	SLK	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As		
7.	St. Ashwin Kumar 910 St. Chander Ram	SLK	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As		
8.	Sh. Sangar Singh 908/11/11/11/11	SLK	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As		
9.	Dr. Arif Kumar 908. ex-man	SLK	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As	As		
Total			22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22		

Pay Rs. 5095/- (Rupees: Five thousand nine hundred and five only)

Head Cashier: [Signature]

CHIEF MEDICAL OFFICER: [Signature]

Accountant (H.C.): [Signature]

Rs. P.

Certified that the workers mentioned in the muster roll were actually employed by me on NDMC works and they were actually paid on my identification in my presence.



B

