30307081000338

Circle-6

105/H
18/10

View Contingent Bill

Help

Disbursement Type*	Cash	Bill Type*	Imprest / MR Bills
Reference Number for Cash Branch	30310070800096		
Fund *	NDMC Municipal General Fund	Bill Date*	15/10/2007
Segment*	GENERAL FUND	Sub Segment*	CASH IN HAND
Field*	PUBLIC HEALTH ACCOUNTS BRANCH	Sub Field*	PUBLICH HEALTH ACCOUNTS BRANCH
Functionary*	NDMC		
Sanction By*	Chairman	Sanctioned On *	23/08/2007

Sanction Details: Sanctioned by Chairman Vide No. 4912/PS/Chairman dt. 23/08/2007

Created By	dharam.pal	Verified By	
Confirmed By		Approved By	
		Bill Status	CREATED

Narration: Payment to 07 Daily Wager Safai karamchair/LB posted in Circle No. 06 @ Rs.133.45p. + Rs.66/- CA

Remarks

Function Name	Account Code*	Account Head	Amount*	Details
Public Health	2101000	SALARIES,WAGES AND BONUS	11295	Click

Gross	11295

Deductions

Account Code	Account Head	Amount	Details
		0	Click

Deductions	0
Net Payable	11295

Net Payable in words: Eleven Thousand Two Hundred And Ninety Five Rupees Only

* *- Mandatory Fields

Back Modify

Contd. Sheet - I

HEALTH DEPARTMENT

MUSTER ROLL NO. 3781 (From 12/09/07 To 30/09/07)

Circle No. VI Voucher No. 105/17/3 Dated 15/10/07

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 Rs. P.	Amount Rs. P.	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
5	Sh. Sanjeev Kr S/o Sukbeer Singh H.No. 275 Shakarpur New Delhi	D/Cleaner	P P S P P P P P P P P P P P S P P P P P P P P P P P

HEALTH DEPARTMENT

MUSTER ROLL NO. 3781 (From 12/09/07 To 30/09/07)

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 accccrding 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
1	Sh. Arun Kumar S/o Sh. Sumer Singh Add- 129 Balmiki Sadan Delhi-1	D/Wger Sk.		~~13 days~~ 12	133.95 + CD	~~1769.00~~ 1633-00	
2	Sh. Ravinder S/o Sh. Jhabbar Singh Add- C-30 H/Basti Patel Vihar Karol Bagh New Delhi 54	do		13 ~~13 days~~	4	~~1769.00~~ 1769-00	
3	Sh. Amit Kumar S/o Sh. Ram Singh W-2-270 Basai Dhara Pari Delhi	do		12 days	4	1633-00	
4	Sh. Anil Kumar S/o Sh. Sukh Pal Add- 5/386 Far Rawal Nagar Karol Bagh New Delhi	do		11 days	4	1497-00	
				48 ~~48 days~~		6532-00 Total 6804-00	
	Daily Total						
	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

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