View Contingent Bill Help

Disbursement Type* Cash
Bill Type* Imprest / MR Bills
Reference Number for Cash Branch 30311070800069
Voucher Number 30307081100187
Fund * NDMC Municipal General Fund
Bill Date* 3/11/2007
Segment* GENERAL FUND
Sub Segment* CASH IN HAND
Field* PUBLIC HEALTH ACCOUNTS BRANCH
Sub Field* PUBLICH HEALTH ACCOUNTS BRANCH
Functionary* NDMC
Sanction By* chairperson
Sanctioned On * 23/08/2007
Sanction Details * sanctioned by chairperson MDMC VIDE DT. 23.08.2007

Created By dharam.pal
Verified By prem.sharma
Confirmed By mahesh.mishra
Approved By
Bill Status CONFIRMED

Narration Payment to 8 daily wazes S/K, L/B C.NO. 8 @ Rs.133.45/- + Rs.66.00 C.A.

ConfirmApprove Remarks

Reference JV

Function Name	Account Code*	Account Head	Amount*	Details
Public Health	2101000	SALARIES,WAGES AND BONUS	28400	Click
		Gross	28400	

Deductions

Account Code	Account Head	Amount	Details
		0	Click
	Deductions	0	
	Net Payable	28400	

Net Payable in words Twenty Eight Thousand Four Hundred Rupees Only

*- Mandatory Fields

Back Modify Print

Vide approved Chairperson No- 4972/D/PS dt 23/8/07.
O.O. No- 854/D/PA/Mon dt 17/9/07.

HEALTH DEPARTMENT

Contd. Sheet-I

MUSTER ROLL NO. 3801 (From 1/10/07 To 31/10/07)

Circle No. VIII Voucher No. 55/H Dated 7/11/07

In continuation of Muster Roll No. 3783

Accountant (HG) CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

Dates From ..... To .....

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	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
5	Sh. Sono S/o Musadi Lal H.No. D I Palika Dham N. Delhi	UB	P	D/H	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S/H	P	P	P	P	P/H	P	S	P	P	P	105 109 28 27	133.45	14,268 14,268 3802 3669 3669	
6	Smt Vijay Laxmi W/o Vijay Sun Light Colony N. Delhi	S/K	P	P/H	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S/H	P	P	P	P	P/H	P	S	P	P	P	28 27	do	3802 3669 3669	
7	Smt Chanchal W/o Raj Kapoor H.No. 95 Ansari Nagar (West) N. Delhi.	S/K	P	P/H	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S/H	P	P	P	P	P/H	P	S	P	P	P	28 27	do	3802 3669 3669	
8	Sh. Rishi Raj S/o Sh. Ishwar Ashwani 100 Quater Karol Bagh N. Delhi	UB C-I	P	P/H	P	P	S	P	P	P	P	P	A	S	P	A	A	P	P	P	P	P	S/H	P	P	A	P	A/H	P	S	P	P	P	24 23 23	do	3261 3125 3125	
	Daily Total		8	8	8	8	8	8	S	8	8	8	8	7	7	S	8	8	7	7	8	7	S/H	8	8	7	8	8	8	S	7	8	8	209	G. Total	28,400	29,473
	Initials of person marking the daily attendance								S																						S						
	Initials of Inspecting Officer																S																				

Pay to staff Rs. 28400/- B/F Nil

G. Total: Rs. 29473/- 28400-00 (Twenty eight thousand four hundred only)

Pay Rs. 29473/- 28400/- (Rupees Twenty ~~eight~~ thousand four hundred only) ~~Seventy three only~~

Pay - Rs. 28400/-

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 on my identification in my presence.

M.O.H. Sr. A.O. (Th)

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

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

PAID IN FULL

O.O. No-854 | D | PA | MOH dt 17/9/07.

(08) daily wager 8/K L/B @ 133.45 LCA.

(171) = Total = 2 Sheet.

HEALTH DEPARTMENT

MUSTER ROLL NO. 3801 (From 1/10/07 To 31/10/07)

Circle No. VIII Voucher No. ..... Dated .....

In continuation of Muster Roll No. 3783

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
1	Sh. Brij Mohan S/o Vinod Pd. H.No. Tri Lokpuri Delhi – 91	Daily wager L/B.	P	P/h	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	P	P	P	P	P	P/h	P	P	S	P	P	~~28 dy~~ 27	133.45 + L.A	3802=00 3669=00 3669	Brijmohan
2	Sh. Sunil S/o Sh. Raj Kumar H.No. 425 Sun Light Colony N. Delhi	LB	P	P/h	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	P	P	P	P	P	P/h	P	P	S	P	P	27 ~~28 dy~~	do	3669 ~~3802=00~~ 3669=00	Sunil
3	Smt Bimla W/o Shri Brij Bhan H. No – Sun Light Colony N. Delhi	S/K	P	P/h	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	P	P	P	P	P	P/h	P	P	S	P	P	27 ~~28 dy~~ 26	do	3669=00 3537=00 3537	Bimla
4	Sh. Pradeep S/o Raj Kumar Tri Lok Puri	LB	P	P/h	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	A	P	P	P	P	P	P	P/h	P	P	S	A	P	25 ~~26~~ ~~25 dy~~	do.	3537=00 3397=00 3397	Pradeep
	Daily Total		4	4	4	4	4	4	S	4	4	4	4	3	4	S	4	4	4	4	3	4	S	4	4	4	4	4	4	4	S	3	4	4	~~109~~ 105	G. Total	~~14,268=00~~ 14,806=00 14,268	
	Initials of person marking the daily attendance																																				
	Initials of Inspecting Officer								S							S							S								S						

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

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

Rs.	P.