30307081100156

View Contingent Bill Help

Disbursement Type* Cash

Reference Number for Cash Branch 30311070800047

Bill Type* Imprest / MR Bills

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 * 11/06/2007

Sanction Details Sanctioned by chaiarperson, NDMC vide No.2930/ PS to Chairp, DT. 11.6.2007

Created By dharam.pal

Verified By

Confirmed By

Approved By

Bill Status CREATED

Narration Payment to 24 daily wazes S/K, L/B C.NO. VI @ 133.45/- P.Day + C.A. 66/=

Remarks

Reference JV

Function Name	Account Code*	Account Head	Amount*	Details
Public Health	2101000	SALARIES,WAGES AND BONUS	79088	Click
		Gross	79088	

Deductions

Account Code	Account Head	Amount	Details
		0	Click
	Deductions	0	
	Net Payable	79088	

Net Payable in words Seventy Nine Thousand And Eighty Eight Rupees Only

*- Mandatory Fields

Back Modify Print

HEALTH DEPARTMENT

MUSTER ROLL NO. 3820 (From 1/10/07 To 31/10/07)

Contd-Sheet-IV

Circle No. VI Voucher No. ..... Dated .....

In continuation of Muster Roll No. 3761

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
		Daily Total																																	G. 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.

Sanitation Officer

Chief Sanitation I...

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

HEALTH DEPARTMENT

MUSTER ROLL NO. 3820 (From 1/10/07 To 31/10/07)

Circle No. VI Voucher No. 41/17 Dated 7/11/07

In continuation of Muster Roll No. 3761

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
19	Shri Satish Kr. S/o Rajesh 16/446, Trilok Puri, Delhi	Sweeper		25 days	133.45	3397-00	
20	Smt. Kisanti W/o Suresh H.No 76, Trilok Puri, Delhi	do		25 days	4	3397-00	
21	9. Smt. Beena W/o Charanjeet H/No 3, Darbam Pur, Delhi	do		25 days	4	3397-00	
22	Sh. Vineed S/o Ram Saran H/56, Trilok Puri	do		8 days	4	1087-00	
23	11. Sham Sher Singh S/o Ramkishan C Ali Delhi	do		24 days	4	3261-00	
24	12. Manish S/o Dharampal 12-11-P-R Lane No. Vill. Greeta	do		19 days	4	2584-00	
			Daily Total	582 days	G. Total	79088-00	
			Initials of person marking the daily attendance				
			Initials of Inspecting Officer				

Pay Rs. 79088/- (Rupees Rs Seventy Nine thousand Eighty Eight only)

Accountant (HG) 3-11-07

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.

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

VERIFIED FOR CASH/CHEQUE PAYMENT
Head Cashier

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

HEALTH DEPARTMENT

MUSTER ROLL NO. 3820 (From 1/10/07 To 31/10/07)

Contd. Sheet – VI

Circle No. VI Voucher No. ..... Dated .....

In continuation of Muster Roll No. 3761

PART-NOMINAL-ROLL

Accountant (HG), CHIEF MEDICAL OFFICER

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
13	Sanney S/o Sh. Vijay Add- G-44 Balmiki Sadan M/marg N. Delhi	D/wiper Lo	P	H	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	H	P	S	P	P	P	27 days	133-45 & CA	3669-00	Sy Ally RL
14	Sh. Sachin S/o Sh. Naresh Add- 8/1/456 Vikash Puri Delhi	Lo	A	H	P	P	P	P	S	P	P	P	P	A	P	E	P	P	P	P	P	P	S	P	P	P	P	H	P	S	P	P	P	25 days	4	3397-00	Sy Ally RL
15	Sh. Ajay S/o Sh. Harsarup Add- B-5 Palika Dham N. Delhi	Lo	P	H	P	P	P	P	S	P	P	A	P	P	A	S	P	P	P	P	A	P	S	P	P	P	P	H	P	S	P	P	P	24 days	4	3261-00	LTI Ilaz Ally RL
16	Sh. Rohit S/o Sh Tirlok Add. 101 Balmiki Basti M/marg N.D.S.	Lo	P	H	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	H	P	S	P	P	P	27 days	4	3669-00	Sy Ally RL
17	Sh. Deepak S/o Sh. Ishwarchand Add. 153 Chander Vihar Dl-82	do	P	H	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	H	P	S	P	P	P	25 days	4	3397-00	Sy Ally RL
18	Smt. Sunita W/o Sh. Ishwar Add. 196 H/Basti Nawada M/marg	Lo	P	H	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	P	P	S	P	P	P	P	H	P	S	P	P	P	27 days	4	3669-00	Sy Ally RL
	Daily Total															S							S					H		S				456 days	Total	61965-00	
	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

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

Rs.	P.

HEALTH DEPARTMENT

Contd. Sheet-I

MUSTER ROLL NO. 3820 (From 1/10/07 To 31/10/07)

Circle No. VI Voucher No. ..... Dated .....

In continuation of Muster Roll No. 3761

Accountant (HG) CHIEF MEDICAL OFFICER

PART-NOMINAL-ROLL

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 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
7 1.	Sh. Rajan S/o Sh. Chotey Lal, Add. B-27 MCD Flat T/Mar Pur Delhi 54	S/K.	P P P	H	P P P	P P P	P P P	P	P P P	P P P	P P P	P P P	P P P	P P P	P	P	P P P	P P P	P P P	P P P	P P P	P	P	P P P	P P P	P P P	P	H	P P P	P	P P P	P P P	P	27 days	133.45 + C.A	3669.00	Sd/-
8 2.	Sh. V. Jay S/o Sh. Laxman Add 270 Welfare Seelampur Delhi	do	P P P	H	A	A	A	A	P	P P P	P P P	P P P	P P P	P P P	P	P	P P P	A	P P P	P P P	P P P	A	P	A	P P P	P P P	P P P	H	P P P	P	P P P	A	P P P	19 days	4	2584.00	Sd/-
9 3.	Sh. Deepak S/o Sh. Ram Kishan Add. 16/456 T. Puri Delhi 91	do	P P P	H	P P P	A	A	A	P	P P P	P P P	P P P	P P P	P P P	P	P	P P P	P P P	P P P	P P P	P P P	P	P	P P P	P P P	P P P	P	H	P P P	P	P P P	P P P	P	24 days	4	3261.00	Sd/-
10 4.	Sh. Amit S/o Sh. Ramesh Kumar Add 21/272 T. Puri Delhi 91	do	P P P	H	P P P	P P P	P P P	P	P P P	P P P	P P P	P P P	P P P	P P P	P	P	P P P	P P P	P P P	P P P	P P P	P	P	P P P	P P P	P P P	P	H	P P P	P	P P P	P P P	P	27 days	4	3669.00	Sd/-
11 5.	Sh. Jai Parkash S/o Sh. Babulal Add. A/456 Dakshin Puri N. Delhi	do	P P P	H	P P P	P P P	P P P	P	P P P	P P P	P P P	P P P	P P P	P P P	P	P	P P P	P P P	P P P	P P P	P P P	P	P	P P P	P P P	P P P	P	H	P P P	P	P P P	P P P	P	27 days	4	3669.00	Sd/-
12 6.	Sh. Yogesh S/o Sh. Chamman Lal Add. D/939/Gali No. 13 Ashok Nagar Shadara Delhi	do	P P P	P P P	P P P	P P P	P P P	P	P P P	P P P	P P P	P P P	P P P	P P P	P	P	P P P	P P P	P P P	P P P	P P P	P	P	P P P	P P P	P P P	P	H	P P P	P	P P P	P P P	P	27 days	4	3669.00	Sd/-
	Daily Total		4	4	4	4	4	4	4	4	4	4	4	4	4	5	4	4	4	4	4	4	5	4	4	4	4	4	4	5	4	4	4	301 days	Total	40903.00	
	Initials of person marking the daily attendance								S							S							S							S							
	Initials of Inspecting Officer								S							S							S							S							

Pay Rs. ..... (Rupees .....)

Grand Total of this Muster Roll ... ... Rs. P.

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.

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

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

Vide approval Chairman No.- 213/

(24) daily wager SK, 4/B @ 133.45 +DA.

HEALTH DEPARTMENT

MUSTER ROLL NO. 3820 (From 1/10/07 To 31/10/07)

(1+4) Total Sheet = 5

Circle No. VI Voucher No. ..... Dated .....

In continuation of Muster Roll No. 3761

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	Shri Sanjay S/o Money 605, Tahir pur village Bilshad Garden Delhi	D/W Sk 4	P P P P	H	A	P P P	A	P P P	S	A	P P P P	P P P P	P P P P	P P P P	P P P P	S	P P P P	P P P P	P P P P	P P P P	P P P P	P P P P	S	P P P P	P P P P	P P P P	P P P P	H	P P P	S	P P P	P P P	P P P	24 days	133.45 + CA	3261-0	Sig Allu BL
2	Shri Rajender S/o Lal Chand 189, Ali Gaon Lodhi Road, New Delhi	4	P P P	H	P P P P	P P P P	P P P P	P	P P P P	P P P P	P P P P	P P P P	P P P P	P P P P	P P P P	S	P P P P	P P P P	P P P P	P P P P	P P P P	P P P P	S	P P P P	P P P P	P P P P	P P P P	H	P P P	S	P P P	P P P	P P P	27 days	4	3669-00	Sig Allu BL
3	Shri Pawleen Kr S/o Jai Krishan J-2/35 Madan Puri, New Delhi	4	P P P	H	P P P P	P P P P	P P P P	P P P P	S	P P P	P P P	A	P P P	P P P	P P P	A	S	P P P P	P P P P	P P P P	P P P P	P P P P	S	P P P P	P P P P	P P P P	P P P P	H	P P P	S	P P P	P P P	P P P	25 days	4	3397-00	Sig Allu BL
4	Shri Deepak S/o Buddal 9/4820 Main Road Old Seelampur, Delhi	4	P P P	H	P P P P	P P P P	P P P P	P P P P	S	P P P	P P P P	P P P P	P P P P	P P P P	P P P P	A	P P P P	P P P P	P P P P	P P P P	P P P P	P P P P	S	P P P P	P P P P	P P P P	P P P P	H	P P P	S	P P P	P P P	P P P	27 days	4	3669-00	Sig Allu BL
5	Shri Bijender S/o Veer Pal 31/188, Tri Nagar Pur, Delhi	4	A	H	P P P P	P P P P	P P P P	P P P P	S	P P P	P P P P	P P P P	P P P P	P P P P	P P P P	A	P P P P	P P P P	P P P P	P P P P	P P P P	A	S	A	P P P P	P P P P	P P P P	H	P P P	S	A	P P P	P P P	23 days	4	3125-00	Sig Allu BL
6	Smt Sarsij W/o Kiram Pal J.J.N.S. Pehlwan Dhani	4	P P P	H	A	P P P P	P P P P	P P P P	S	P P P	P P P P	P P P P	A	P P P P	P P P P	A	P P P P	P P P P	P P P P	P P P P	P P P P	A	S	P P P P	P P P P	P P P P	P P P P	H	P P P	S	P P P	P P P	P P P	24 day	4	3261-00	Sig Allu BL
	Daily Total																																	150 days	G. Total	20382-00	
	Initials of person marking the daily attendance		V	H	V	V	V	V	S	V	V	V	V	V	V	V	V	V	V	V	V	V	S	V	V	V	V	V	V	V	S	V	V				
	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