

**Contingent Bill Number :** 30303070800159**Disbursement Type:** Cash**Bill Type:** ImprestBills**Fund:** NDMC Municipal General Fund**Bill Date:** 28-Mar-2008**Segment:** GENERAL FUND**Sub Segment:** CASH IN HAND**Field:** PUBLIC HEALTH ACCOUNTS BRANCH**Sub Field:** PUBLIC HEALTH ACCOUNTS BRANCH**Functionary:** NDMC**Payable To:****Sanction By:** Chairman**Sanctioned On:** 03-Sep-2007**SanctionDetails:** Sanctioned By Chairman NDMC vide No. 5218/PS/CH dated 03/09/2007**Bill Status:** CREATED**Narration:** Payment of 8 daily wages SKs/LBs  
Circle No. 6 @ 133.45 plus CA  
Rs.66/-**Remarks:**

Code	Payable To	Function	Account Code	Account Head	Amount
		Public Health	3202027	MECH.OF GARBAGE REMOVAL	14832
<b>Gross Amount</b>					14832

**Deductions:**

Code	Payable To	Function	Account Code	Account Head	Amount
<b>Total Deduction</b>					0
<b>Net Amount</b>					14832

Net Payable in Words :

<b>Created By</b>	dharam.pal	<b>Verified By</b>	
<b>Confirmed By</b>		<b>Approved By</b>	
<b>Final Approved By</b>			

List of B.P. R.M.R. S.K. cases  
for the month ~~2007~~ <sup>NOV</sup> 2007

Sl No	R.M.R. S.K.	RS
1) Sr Anil Sr Sr Deep Singh	4	45-00
2) Sr. Pawan Sr Sr Pawan	4	45-00
3) Sr. Sharda W. Sr. Basender	4	45-00
4) Sr. Hari Ram, Sr Sr. Palraj	4	45-00
5) Sr. Sanjay Sr Sr. Deep Chand	4	45-00
<u>Total RS</u>		225-00

V.A.O (H.G.)

10/11  
4/12/07



1/11/07 To 30/11/07

**MUSTER ROLL NO.**

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

In continuation of Muster Roll No. ....

**PART-NOMINAL-ROLL**

S.No.	Name, Father's/Husband's Name & Address grouped according to classes	Designation	Daily Total	Dates From: ..... To: .....																															Total
				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	
32/10	Sr. Jangir of Deep Chand Rink H.No. 38 Nil Nagari N.D.	Spk		P	P	P	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	19 days
32/12	Amul Bho Bazar Singh H.No. 324 USK Nagarpur			P	P	P	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	23 days	
34/16	Rafan Bho Bazar H.No. 333, Doreykhari N.D.			P	P	P	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	24		
34/18	Sharda Bho Bazar H.No. Tido K Pan			P	P	P	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	25		
36/24	Moni Ram Mohyare H.No. 904 Saub Singh PanMad.			P	P	P	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	18		
Employer Mode e-er																																			

Accountant (HG)

CHIEF MEDICAL OFFICER

Accountant (HG)

M.O.H.  
Sr. A. ...  
Released for Payment

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.

u111 cm

Grant Total of this Muster Roll ...  
Deduct-Payment made, as per details transferred to Register of Uppal ...  
Total amount paid (in words) Rupees ...

Rate	Amount	Sign. or thumb impression of payee and dated initials of paying officer made at the time of payment
33.45	2584.00	[Signature]
31.28	4500.00	[Signature]
32.64	4500.00	[Signature]
34.00	4100.00	[Signature]
36.00	4500.00	[Signature]
Total	148240.00	[Signature]