

C B P H C A

Office of the Board Of Councillors
Kandi Municipality
Kandi, Murshidabad

Ph. No.03484257345
Fax No.03484-257345
Email:- kandimunicipality@yahoo.com

Memo No. 44/7-k.m/2018

Date 09/04/18

From
The Chairman
Kandi Municipality
Kandi, Murshidabad.

To
The Project Officer, Health
State Urban Development Agency,
Ilgus Bhavan, He -Block, Sec.-III,
Salt Lake City, Kol.-91

Sub:- Submission of UC & Statement of Expenditure (SOE) along with Requirement of Fund in connection with Community Based Health Care Service, during Mar.' 2018 of Kandi Municipality.

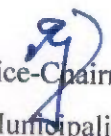
Madam,

I like to submit herewith the statement of expenditure in connection with the Community Based Health Care Service upto the month Mar' 2018 along with statement of further requirement in this regard for your kind perusal and ready referece.

Considering the above, you are requested to allot further fund for this project and oblige.

Thanking You,

Yours faithfully,


Chairman/Vice-Chairman
Kandi Municipality
Vice-Chairman
Kandi Municipality

- Encl:-
1. SOE
 2. Details of Voucher
 3. Xerox of voucher
 4. UC SR 330A



Utilisation Certificate
(Form No. S.R.330 A)

Sl.No.	Letter No & Date	Amount (in Rs)
1	B/F- April'2015 SUDA-Health -501(P1)-08-198(51) dt.14/10/15 (SUDA Health dt.23.11.2015) (SUDA Health dt.29.1.2016) (SUDA Health dt.9.2.2016) (SUDA Health dt. 6.6.2016) (SUDA Health dt. 15.6.2016) (SUDA Health dt. 15.9.2016) (SUDA Health dt. 15.10.2016) SUDA Health dt. 12.05.2017) (SUDA Health dt.02.08.2017) (SUDA Health dt.16.11.2017)	Rs. 680661.00 Rs. 210500.00 Rs. 108000.00 Rs.257800.00 Rs.108000.00 Rs. 257800.00 Rs. 108000.00 Rs. 200000.00 Rs. 357600.00 Rs.304200.00 Rs.304200.00 Rs.848200.00
	Total	Rs.3744961.00

Utilization for the month of Sept.16 Rs.199512.00 Balance Rs.105158.36+ 200000.00 SUDA Health
dt.15.9.2016) + 357600.00 (SUDA Health dt.15.10.2016) Balance Rs. 662758.36
Utilization for the month of Oct.16 Rs.75853.00 Balance Rs. 586905.36
Utilization for the month of Nov.16 Rs.75853.00 Balance Rs. 511052.36
Utilization for the month of Dec..16 Rs.75853.00 Balance Rs. 435199.36
Utilization for the month of Jan.17 Rs.117546.00 Balance Rs. 317653.36
Utilization for the month of Feb.17 Rs.75853.00 Balance Rs. 241800.36
Utilization for the month of Mar.17 Rs.104276.00 Balance Rs. 137524.36
Utilization for the month of April.17 Rs.75853.00 Balance Rs. 61671.36 +304200.00(SUDA Health
dt.12.05.2017) Total Balance Rs. 365871.36
Utilization for the month of May.17 Rs.75853.00 Balance Rs. 290018.36
Utilization for the month of June.17 Rs. 87143.00 Balance Rs. 202875.36
Utilization for the month of July.17 Rs. 75853.00 Balance Rs. 127022.36 +304200.00(SUDA Health
dt.02.08.2017) Total Balance Rs.431222.36
Utilization for the month of Aug.17 Rs. 133905.00 Balance Rs. 297317.36
Utilization for the month of Sept.17 Rs. 1,12,603.00 Balance Rs. 184714.36
Utilization for the month of Oct.17 Rs. 75853.00 Balance Rs. 108861.36 +848200.00(SUDA Health
dt.02.08.2017) Total Balance Rs. 957061.36
Utilization for the month of Nov.17 Rs. 79353.00 Balance Rs. 877708.36
Utilization for the month of Dec.17 Rs. 81403.00 Balance Rs. 796305.36
Utilization for the month of Jan'18 Rs. 75853.00 Balance Rs. 720452.36
Utilization for the month of Feb'18 Rs. 75853.00 Balance Rs. 644599.36
Utilization for the month of Mar'18 Rs. 81403.00 Balance Rs. 563196.36

Certified that I have satisfied myself that the condition on which the Grant-in-aid was sanctioned has been duly fulfilled/are being fulfilled and that I have exercised the following checks to see that the money was actually utilized for the purpose for which it was sanctioned.

KINDS OF CHECK EXERCISED

Original Bill, Receipt & Vouchers.



Signature of Chairman/Vice-Chairman
[Signature]
Vice-Chairman
Kandl Municipality

Community Based Primary Health Care Services in 63 nos. KMA-ULBs Statement of Expenditure (SOE) in Kandi Municipality for the month of Mar -2018

Sl.No.	Item of expenditure	Amount in Rs.
	Non -Recurring	
1.	Equipment	Nil
2.	Furniture	Nil
3.	Construction : (Not applicable for the present)	Nil
	a) Sub-Centre	
	b)OPD cum Maternity Home	Nil
	c)OPD	Nil
4.	I.E.C & Materials	Nil
5.	Renovation Works	Nil
6.	Base Line Survey	Nil
7.	Family Schedule, Training manual, HMIS format & HHW Kitbag	
8.	Strengthening of existing Maternity Home & Dispensaries (Not applicable for the present)	
	Recurring	
9.	Honorarium	53977.00
10.	Salaries	15626.00
11.	Rent	5550.00
12.	Training	0.00
13.	Drug	0.00
14.	I. E. C.	0.00
15.	Operating cost(Sundries, printing, postage & telephone, TA/DA Hire Charge, etc.)	6250.00
16.	TOTAL	81403.00



Chairman/Vice Chairman
Kandi Municipality.
Vice-Chairman
Kandi Municipality

Voucher details statement for the month of Mar'2018

454/17-18 dt.31.03.18	HHW honorarium	Honorarium	40625.00
455/17-18 dt. 31.03.18	FTS honorarium	Honorarium	13352.00
456/17-18 dt 31.03.18	Office Staff Salary	Salary	15626.00
457/17-18 dt. 20.03.18	Contingency	Hire Charge	6250.00
458/17-18 dt. 31.03.18	Rent[Jan to Mar'18]	Jemo Centre	2550.00
459/17-18 dt. 31.03.18	Rent[Jan to Mar'18]	Rasorah Centre	3000.00



**Chairman/Vice-Chairman
Kandi Municipality**

**Vice-Chairman
Kandi Municipality**

Bill for the F.T.S staff of Kandi Municipality for CBPHCS Project(Health)

under Kandi Municipality for the Month of - MARCH (2018)

Sl No.	Name of Health Worker	Designation	Working Days	Payable amount	Net Amount	Signature
1	Hira Ghatak	F.T.S	31	3338.00	3338.00	Hira Ghatak
2	Bhadra Mondal	F.T.S	31	3338.00	3338.00	Bhadra Mondal
3	Shyamoli Das	F.T.S	31	3338.00	3338.00	Shyamoli Dutta Das
4	Purnima Das	F.T.S	31	3338.00	3338.00	Purnima Das

Total Amount Rs. 13352.00

Total Amount Rs. Thirteen thousand three hundred fifty two only

Passed for payment Rs. 13352/-
 (Rupees Thirteen thousand Three hundred
fifty two only.)


 Kandi Municipality

Bill for the H.H.W staff of Kandi Municipality for CBPHCS Project (Health)

under Kandi Municipality for the Month of -.....MARCH.....2018

No.	Name of Health Worker	Designation	Working Days	Payable amount	Net Amount	Signature
1	Rupali Hazra	H.H.W	31	3125.00	3125.00	Rupali Hazra
2	Kumkum Das	H.H.W	31	3125.00	3125.00	Kum Kum Das
3	Susoma Barik	H.H.W	31	3125.00	3125.00	Susoma Barik
4	Suparna Siddhanta	H.H.W	31	3125.00	3125.00	Suparna Siddhanta
5	Chameli Nandi	H.H.W	31	3125.00	3125.00	Chameli Nandi
6	Srimati Mondal	H.H.W	31	3125.00	3125.00	Srimati Mondal
7	Aporna Das	H.H.W	31	3125.00	3125.00	Aporna Das
8	Sarnapti Adhya	H.H.W	31	3125.00	3125.00	Sarnapti Adhya
9	Sima Mazumdar	H.H.W	31	3125.00	3125.00	Sima Mazumdar
10	Mallika Sinha	H.H.W	31	3125.00	3125.00	Mallika Sinha
11	Nasira Khatun	H.H.W	31	3125.00	3125.00	Nasira Khatun
12	Karabi Dutta	H.H.W	31	3125.00	3125.00	Karabi Dutta
13	Papiya Paul	H.H.W	31	3125.00	3125.00	Papiya Paul

Total Amount Rs. 40625.00


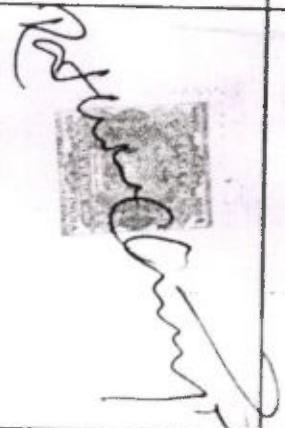
Total Amount Rs. Forty thousand six hundred twenty five only

Passed for
(Rupees) 40625.00
Fourty thousand six hundred twenty five only

[Signature]
Municipality

Bill for the Salary of Office Staff For CBPHCS Project (Health) under Kandi Municipality for the month

of **MARCH 2018**

Name of Employee	Designation	Working days	Total Pay	Net Pay	Signature
Abhijit Das	Computer Assistant	31	7813.00	7813.00	
Rathin Chatterjee	Health Assistant	31	7813.00	7813.00	

Total Amount Rs. 15626.00

Total Amount Rs. Fifteen thousand six hundred twenty six only

Passed for payment Rs. 15626.00
 (Rupees: Fifteen thousand six hundred twenty six only)
 For:


 Kandi Municipality

Nilkanth Paribahan

Mob:- 9734020976

Prop:- Samar Konai

Natunpara, Kandi, Murshidabad

Ref:-

Date:-

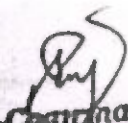
Vice Chairman
Kandi Municipality.

① SUDA - KOLKATA =
(up + down)
45 Km X 12.00 = 5400.00

② CMOH oBbia
Bartup = 850.00
Total = 6250.00

Property uses.
As per as.

Six thousand - Two hundred Fifty Rupees only.


Vice-Chairman
Kandi Municipality

Samar Konai
proprietor.

ঘর ভাড়ার বাসিদ .নং

ঘরের মালিক Sulastik Chatterjee

ঠিকানা Rosrah.

ভাড়াটিয়ার নাম Kandi Municipality.

পিতা/ স্বামীর নাম..... ঠিকানা Kandi.

ক্রমিক নং..... হোল্ডিং নং 55/8/43 মহলা.....

থানা KANDI পোঃ KANDI জেলা MSD

মাসিক ভাড়া 1000 = 00 হিসাবে বকেয়া নন

১৪..... / ২০২৬-সালের JAN 18 - MAR 18 মাসের

ভাড়া 3000.00

মোট ভাড়া (অঙ্কে) 3000 = 00 টাকা..... পরিসা

(কথায়) Three Thousand Rupees পাইনাম।

তারিখ :- 31.3.18 Sulastik Ch অস্বাক্ষরকারীর স্বাক্ষর

Vice-Chairman
Kandi Municipality

বাণী সেন্স কাপী, ২৫৫২৩৫ খালার জেরস করা হয়।

ঘর ভাড়ার রসিদ

1982

1982

তারিখ.....

নাম মুখোপাধ্যায় কান্দী (সোণারগড়া)

ঠিকানা কান্দী, সুন্দরীচর

ছোল্ডিং নং- ৩৪/খ/২০৩ মহলা- মেলা (সোল্ডার্ড ৫২) ফ্লোর

বিবরণ : স্বাক্ষরিত) ২০০৬ মাস হইতে

৫/০৬ ২০০৬ মাস পর্যন্ত

১৫০.০০ টাকা হারে

মোট ১৫০.০০ টাকা বৃদ্ধি পাইলাম।

তারিখ—

Pay ₹ 2550.00 স্বাক্ষরিত)
Rupees Two Thousand Five Hundred and 00/100
Fifty Rupees only

Chairman
Kendi Municipality

CBPMU

Office of the Board Of Councillors
Kandi Municipality
Kandi, Murshidabad

Ph. No.03484257345
Fax No.03484-257345
Email:- kandimunicipality@yahoo.com

Memo No. 5260/F-k.m/2018

Date 19/03/18

From
The Chairman
Kandi Municipality
Kandi, Murshidabad.

To
The Project Officer, Health
State Urban Development Agency,
Ilgus Bhavan, Hc -Block, Sec.-III,
Salt Lake City, Kol.-91

Sub:- Submission of UC & Statement of Expenditure (SOE) along with Requirement of Fund in connection with Community Based Health Care Service, during Feb.' 2018 of Kandi Municipality.


Madam,

I like to submit herewith the statement of expenditure in connection with the Community Based Health Care Service upto the month Feb' 2018 along with statement of further requirement in this regard for your kind perusal and ready referece.

Considering the above, you are requested to allot further fund for this project and oblige.

Thanking You,

Yours faithfully,


Chairman/Vice-Chairman
Kandi Municipality
Vice-Chairman
Kandi Municipality

- Enclo:-
1. SOE
 2. Details of Voucher
 3. Xerox of voucher
 4. UC SR 330A



Utilisation Certificate
(Form No. S.R.330 A)

Sl.No.	Letter No & Date	Amount (in Rs)
1	B/F- April'2015 SUDA-Health -501(P1)-08-198(51) dt.14/10/15 (SUDA Health dt.23.11.2015) (SUDA Health dt.29.1.2016) (SUDA Health dt.9.2.2016) (SUDA Health dt. 6.6.2016) (SUDA Health dt. 15.6.2016) (SUDA Health dt. 15.9.2016) (SUDA Health dt. 15.10.2016) SUDA Health dt. 12.05.2017) (SUDA Health dt.02.08.2017) (SUDA Health dt.16.11.2017)	Rs. 680661.00 Rs. 210500.00 Rs. 108000.00 Rs.257800.00 Rs.108000.00 Rs. 257800.00 Rs. 108000.00 Rs. 200000.00 Rs. 357600.00 Rs.304200.00 Rs.304200.00 Rs.848200.00
	Total	Rs.3744961.00

Utilization for the month of Sept.16 Rs.199512.00 Balance Rs.105158.36+ 200000.00 SUDA Health dt.15.9.2016) + 357600.00 (SUDA Health dt.15.10.2016) Balance Rs. 662758.36
 Utilization for the month of Oct.16 Rs.75853.00 Balance Rs. 586905.36
 Utilization for the month of Nov.16 Rs.75853.00 Balance Rs. 511052.36
 Utilization for the month of Dec..16 Rs.75853.00 Balance Rs. 435199.36
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 Utilization for the month of Mar.17 Rs.104276.00 Balance Rs. 137524.36
 Utilization for the month of April.17 Rs.75853.00 Balance Rs. 61671.36 +304200.00(SUDA Health dt.12.05.2017) Total Balance Rs. 365871.36
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 Utilization for the month of Sept.17 Rs. 1,12,603.00 Balance Rs. 184714.36
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 Utilization for the month of Dec.17 Rs. 81403.00 Balance Rs. 796305.36
 Utilization for the month of Jan'18 Rs. 75853.00 Balance Rs. 720452.36
 Utilization for the month of Feb'18 Rs. 75853.00 Balance Rs. 644599.36

Certified that I have satisfied myself that the condition on which the Grant-in-aid was sanctioned has been duly fulfilled/are being fulfilled and that I have exercised the following checks to see that the money was actually utilized for the purpose for which it was sanctioned.

KINDS OF CHECK EXERCISED

Original Bill, Receipt & Vouchers.



Signature of Chairman/Vice-Chairman

Vice-Chairman
Kandi Municipality

Community Based Primary Health Care Services in 63 nos. KMA-ULBs Statement of Expenditure (SOE) in Kandi Municipality for the month of Feb -2018

Sl.No.	Item of expenditure	Amount in Rs.
	Non -Recurring	
1.	Equipment	Nil
2.	Furniture	Nil
3.	Construction : (Not applicable for the present)	Nil
	a) Sub-Centre	
	b)OPD cum Maternity Home	Nil
	c)OPD	Nil
4.	I.E.C & Materials	Nil
5.	Renovation Works	Nil
6.	Base Line Survey	Nil
7.	Family Schedule, Training manual, HMIS format & HHW Kitbag	
8.	Strengthening of existing Maternity Home & Dispensaries (Not applicable for the present)	
Recurring		
9.	Honorarium	53977.00
10.	Salaries	15626.00
11.	Rent	0.00
12.	Training	0.00
13.	Drug	0.00
14.	I. E. C.	0.00
15.	Operating cost(Sundries, printing, postage & telephone, TA/DA Hire Charge, etc.)	6250.00
16.	TOTAL	75853.00




Chairman/Vice Chairman
Kandi Municipality.
Vice-Chairman
Kandi Municipality

Voucher details statement for the month of Feb'2018

450/17-18 dt.28.02.18	HHW honorarium	Honorarium	40625.00
451/17-18 dt. 28.02.18	FTS honorarium	Honorarium	13352.00
452/17-18 dt 28.02.18	Office Staff Salary	Salary	15626.00
453/17-18 dt. 20.02.18	Contingency	Hire Charge	6250.00




Chairman/Vice-Chairman
Kandi Municipality
Vice-Chairman
Kandi Municipality

Bill for the H.H.W staff of Kandi Municipality for CBPHCS Project (Health)

under Kandi Municipality for the Month of FEBRUARY 2018

Sl No.	Name of Health Worker	Designation	Working Days	Payable amount	Net Amount	Signature
1	Rupali Hazra	H.H.W	28	3125.00	3125.00	Rupali Hazra
2	Kumkum Das	H.H.W	28	3125.00	3125.00	Kumkum Das
3	Susoma Barik	H.H.W	28	3125.00	3125.00	Susoma Barik
4	Suparna Siddhanta	H.H.W	28	3125.00	3125.00	Suparna Siddhanta
5	Chameli Nandi	H.H.W	28	3125.00	3125.00	Chameli Nandi
6	Srimati Mondal	H.H.W	28	3125.00	3125.00	Srimati Mondal
7	Aporna Das	H.H.W	28	3125.00	3125.00	Aporna Das
8	Samapti Adhya	H.H.W	28	3125.00	3125.00	Samapti Adhya
9	Sima Mazumdar	H.H.W	28	3125.00	3125.00	Sima Mazumdar
10	Mallika Sinha	H.H.W	28	3125.00	3125.00	Mallika Sinha
11	Nasira Khatun	H.H.W	28	3125.00	3125.00	Nasira Khatun
12	Karabi Dutta	H.H.W	28	3125.00	3125.00	Karabi Dutta
13	Papiya Paul	H.H.W	28	3125.00	3125.00	Papiya Paul

Total Amount Rs. 40625.00

Total Amount Rs. Forty thousand six hundred twenty five only

Passed for

(Rupees 40625.00 Fourty thousand six hundred twenty five only)



Bill for the F.T.S staff of Kandi Municipality for CBPHCS Project(Health)

under Kandi Municipality for the Month of -..FEBRUARY 2018

Name of Health Worker	Designation	Working Days	Payable amount	Net Amount	Signature
Hira Ghatak	F.T.S	28	3338.00	3338.00	Hira Ghatak,
Bhadra Mondal	F.T.S	28	3338.00	3338.00	Bhadra Mondal
Shyamoli Das	F.T.S	28	3338.00	3338.00	Shyamoli Datta Das
Purnima Das	F.T.S	28	3338.00	3338.00	Purnima Das

Total Amount Rs. 13352.00



Total Amount Rs. Thirteen thousand three hundred fifty two only

Passed for payment Rs. 13352/-
(Rupees Thirteen thousand Three Hundred
Fifty Two only)

Ch. 

Bill for the Salary of Office Staff For CBPHCS Project (Health) under Kandi Municipality for the month

of... FEBRUARY 2018...

Name of Employee	Designation	Working days	Total Pay	Net Pay	Signature
Abhijit Das	Computer Assistant		7813.00	7813.00	
Rathin Chatterjee	Health Assistant		7813.00	7813.00	

Total Amount Rs. 15626.00

Total Amount Rs. Fifteen thousand six hundred twenty six only

Passed for payment Rs. 15626.00
 (Rupees... Fifteen thousand six hundred twenty six only)



Nilkantha Paribahan

Mob:- 9734020976

Prop:- Samar Konai

Natunpara, Kandi, Murshidabad

Ref:-

Date:- 20.2.18

Vice Chairman
Kandi Municipality.

① SUDA. KOLKATA =

(up + down)

450 Km X 12.00 =

5400.00

②

CMOH office
Barhmu

50.00

Total = 6250.00

Six thousand - Two Hundred Fifty Rupees.

Proposed uses.
As per ds.
20.2.18


Vice-Chairman
Kandi Municipality

Samar Konai
proprietor.

CBPITCS

Office of the Board Of Councillors
Kandi Municipality
Kandi, Murshidabad

Ph. No.03484257345
Fax No.03484-257345
Email:- kandimunicipality@yahoo.com

Memo No. 5072/IV-K.M/2018

Date 13/02/18

From
The Chairman
Kandi Municipality
Kandi, Murshidabad.

To
The Project Officer, Health
State Urban Development Agency,
Ilgus Bhavan, Hc -Block, Sec.-III,
Salt Lake City, Kol.-91

Sub:- Submission of UC & Statement of Expenditure (SOE) along with Requirement of Fund in connection with Community Based Health Care Service, during Jan'2018 of Kandi Municipality.

Madam,

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Considering the above, you are requested to allot further fund for this project and oblige.

Thanking You,

Yours faithfully,



Chairman/Vice-Chairman
Kandi Municipality
Vice-Chairman
Kandi Municipality

Encl:-

1. SOE
2. Details of Voucher
3. Xerox of voucher
4. UC SR 330A

Utilisation Certificate
(Form No. S.R.330 A)

Sl.No.	Letter No & Date	Amount (in Rs)
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	Total	Rs.3744961.00

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 Utilization for the month of May.17 Rs.75853.00 Balance Rs. 290018.36
 Utilization for the month of June.17 Rs. 87143.00 Balance Rs. 202875.36
 Utilization for the month of July.17 Rs. 75853.00 Balance Rs. 127022.36 +304200.00(SUDA Health dt.02.08.2017) Total Balance Rs.431222.36
 Utilization for the month of Aug.17 Rs. 133905.00 Balance Rs. 297317.36
 Utilization for the month of Sept.17 Rs. 1,12,603.00 Balance Rs. 184714.36
 Utilization for the month of Oct.17 Rs. 75853.00 Balance Rs. 108861.36 +848200.00(SUDA Health dt.02.08.2017) Total Balance Rs. 957061.36
 Utilization for the month of Nov.17 Rs. 79353.00 Balance Rs. 877708.36
 Utilization for the month of Dec,17 Rs. 81403.00 Balance Rs. 796305.36
 Utilization for the month of Jan'18 Rs. 75853.00 Balance Rs. 720452.36

Certified that I have satisfied myself that the condition on which the Grant-in-aid was sanctioned has been duly fulfilled/are being fulfilled and that I have exercised the following checks to see that the money was actually utilized for the purpose for which it was sanctioned.

KINDS OF CHECK EXERCISED

Original Bill, Receipt & Vouchers.



Signature of Chairman/Vice-Chairman

Vice-Chairman
Kandi Municipality

Community Based Primary Health Care Services in 63 nos. KMA-ULBs Statement of Expenditure (SOE) in Kandi Municipality for the month of Jan -2018

Sl.No.	Item of expenditure	Amount in Rs.
	Non -Recurring	
1.	Equipment	Nil
2.	Furniture	Nil
3.	Construction : (Not applicable for the present)	Nil
	a) Sub-Centre	
	b)OPD cum Maternity Home	Nil
	c)OPD	Nil
4.	I.E.C & Materials	Nil
5.	Renovation Works	Nil
6.	Base Line Survey	Nil
7.	Family Schedule, Training manual, HMIS format & HHW Kitbag	
8.	Strengthening of existing Maternity Home & Dispensaries (Not applicable for the present)	
Recurring		
9.	Honorarium	53977.00
10.	Salaries	15626.00
11.	Rent	0.00
12.	Training	0.00
13.	Drug	0.00
14.	I. E. C.	0.00
15	Operating cost(Sundries, printing, postage & telephone, TA/DA Hire Charge, etc.)	6250.00
16	TOTAL	75853.00



Chairman/Vice Chairman
Kandi Municipality.

Vice-Chairman
Kandi Municipality

Voucher details statement for the month of Jan'2018

446/17-18 dt.31.01.18	HHW honorarium	Honorarium	40625.00
447/17-18 dt. 31.01.18	FTS honorarium	Honorarium	13352.00
448/17-18 dt. 31.01.18	Office Staff Salary	Salary	15626.00
449/17-18 dt. 20.01.18	Contingency	Hire Charge	6250.00



Chairman/Vice-Chairman
Kandi Municipality

Vice-Chairman
Kandi Municipality

Bill for the H.H.W staff of Kandi Municipality for CBPHCS Project (Health)

under Kandi Municipality for the Month of -...JANUARY 2018.....

Sl No.	Name of Health Worker	Designation	Working Days	Payable amount	Net Amount	Signature
1	Rupali Hazra	H.H.W	31	3125.00	3125.00	Rupali Hazra
2	Kumkum Das	H.H.W	31	3125.00	3125.00	Kumkum Das
3	Susoma Barik	H.H.W	31	3125.00	3125.00	Susoma Barik
4	Suparna Siddhanta	H.H.W	31	3125.00	3125.00	Suparna Siddhanta
5	Chameli Nandi	H.H.W	31	3125.00	3125.00	Chameli Nandi
6	Srimati Mondal	H.H.W	31	3125.00	3125.00	Srimati Mondal.
7	Aporna Das	H.H.W	31	3125.00	3125.00	Aporna Das
8	Samapti Adhya	H.H.W	31	3125.00	3125.00	Samapti Adhya
9	Sima Mazumdar	H.H.W	31	3125.00	3125.00	Sima Mazumdar
10	Mallika Sinha	H.H.W	31	3125.00	3125.00	Mallika Sinha
11	Nasira Khatun	H.H.W	31	3125.00	3125.00	Nasira Khatun
12	Karobi Dutta	H.H.W	31	3125.00	3125.00	Karobi Dutta
13	Papiya Paul	H.H.W	31	3125.00	3125.00	Papiya Paul

Total Amount Rs. 40625.00



Total Amount Rs. Forty thousand six hundred twenty five only

Passed for payment Rs. 40625.00
 Rupees... Forty thousand six hundred twenty five only



Bill for the Salary of Office Staff For CBPHCS Project (Health) under Kandi Municipality for the month

of.....JANUARY.....2018.....

Name of Employee	Designation	Working days	Total Pay	Net Pay	Signature
Abhijit Das	Computer Assistant	31	7813.00	7813.00	
Rathin Chatterjee	Health Assistant	31	7813.00	7813.00	

Total Amount Rs. 15626.00

Total Amount Rs. Fifteen thousand six hundred twenty six only

Total Amount Rs. 15626.00
 For & Amount Rs. 15626.00
 For & Amount Rs. 15626.00


 Kandi Municipality

Nilkantha Paribahan

Mob: - 9734020976

Prop:- Samar Konai

Natunpara, Kandi, Murshidabad

Ref:-

Date:- 2001-18

Vice Chairman
Kandi Municipality.

① SUDA. KOLKATA =

(UP + DOWN)

450 Km X 12.00 =

5400.00

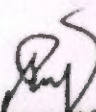
② CMOH office
Barhulp =

850.00

Jobs - 6250 = 00

Six Hand - Two Hand Fifty Pps ay.

Propriety uses.
Accepted as.
2001-18


Vice Chairman
Kandi Municipality

Samar Konai
proprietor.

Office of the Board Of Councillors
Kandi Municipality
Kandi, Murshidabad

Ph. No.03484257345
Fax No.03484-257345

Email:- kandimunicipality@yahoo.com

Memo No.

3950 / D-KM/18.

Date 10-1-18

From
The Chairman
Kandi Municipality
Kandi, Murshidabad.

To
The Project Officer, Health
State Urban Development Agency,
Ilgus Bhavan, Hc -Block, Sec.-III,
Salt Lake City, Kol.-91

Sub:- Submission of UC & Statement of Expenditure (SOE) along with Requirement of Fund in connection with Community Based Health Care Service, during Dec.' 2017 of Kandi Municipality.

Madam,

I like to submit herewith the statement of expenditure in connection with the Community Based Health Care Service upto the month Dec' 2017 along with statement of further requirement in this regard for your kind perusal and ready referece.

Considering the above, you are requested to allot further fund for this project and oblige.

Thanking You,

Yours faithfully,



Chairman/Vice-Chairman
Kandi Municipality
Vice-Chairman
Kandi Municipality

Encl:-

1. SOE
2. Details of Voucher
3. Xerox of voucher
4. UC SR 330A

Utilisation Certificate
(Form No. S.R.330 A)

Sl.No.	Letter No & Date	Amount (in Rs)
1	B/F- April'2015 SUDA-Health -501(P1)-08-198(51) dt.14/10/15 (SUDA Health dt.23.11.2015) (SUDA Health dt.29.1.2016) (SUDA Health dt.9.2.2016) (SUDA Health dt. 6.6.2016) (SUDA Health dt. 15.6.2016) (SUDA Health dt. 15.9.2016) (SUDA Health dt. 15.10.2016) SUDA Health dt. 12.05.2017) (SUDA Health dt.02.08.2017) (SUDA Health dt.16.11.2017)	Rs. 680661.00 Rs. 210500.00 Rs. 108000.00 Rs.257800.00 Rs.108000.00 Rs. 257800.00 Rs. 108000.00 Rs. 200000.00 Rs. 357600.00 Rs.304200.00 Rs.304200.00 Rs.848200.00
	Total	Rs.3744961.00

Utilization for the month of Sept.16 Rs.199512.00 Balance Rs.105158.36+ 200000.00 SUDA Health dt.15.9.2016) + 357600.00 (SUDA Health dt.15.10.2016) Balance Rs. 662758.36
 Utilization for the month of Oct.16 Rs.75853.00 Balance Rs. 586905.36
 Utilization for the month of Nov.16 Rs.75853.00 Balance Rs. 511052.36
 Utilization for the month of Dec..16 Rs.75853.00 Balance Rs. 435199.36
 Utilization for the month of Jan.17 Rs.117546.00 Balance Rs. 317653.36
 Utilization for the month of Feb.17 Rs.75853.00 Balance Rs. 241800.36
 Utilization for the month of Mar.17 Rs.104276.00 Balance Rs. 137524.36
 Utilization for the month of April.17 Rs.75853.00 Balance Rs. 61671.36 +304200.00(SUDA Health dt.12.05.2017) Total Balance Rs. 365871.36
 Utilization for the month of May.17 Rs.75853.00 Balance Rs. 290018.36
 Utilization for the month of June.17 Rs. 87143.00 Balance Rs. 202875.36
 Utilization for the month of July.17 Rs. 75853.00 Balance Rs. 127022.36 +304200.00(SUDA Health dt.02.08.2017) Total Balance Rs.431222.36
 Utilization for the month of Aug.17 Rs. 133905.00 Balance Rs. 297317.36
 Utilization for the month of Sept.17 Rs. 1,12,603.00 Balance Rs. 184714.36
 Utilization for the month of Oct.17 Rs. 75853.00 Balance Rs. 108861.36 +848200.00(SUDA Health dt.02.08.2017) Total Balance Rs. 957061.36
 Utilization for the month of Nov.17 Rs. 79353.00 Balance Rs. 877708.36
 Utilization for the month of Dec,17 Rs. 81403.00 Balance Rs. 796305.36

Certified that I have satisfied myself that the condition on which the Grant-in-aid was sanctioned has been duly fulfilled/are being fulfilled and that I have exercised the following checks to see that the money was actually utilized for the purpose for which it was sanctioned.

KINDS OF CHECK EXERCISED

Original Bill, Receipt & Vouchers.



Signature of Chairman/Vice-Chairman

Vice-Chairman
Kandi Municipality


Bill for the F.T.S staff of Kandi Municipality for CBPHCS Project(Health)

under Kandi Municipality for the Month of DECEMBER 2017

No.	Name of Health Worker	Designation	Working Days	Payable amount	Net Amount	Signature
1	Hira Ghatak	F.T.S		3338.00	3338.00	Hira Ghatak
2	Bhadra Mondal	F.T.S		3338.00	3338.00	Bhadra Mondal
3	Shyamoli Das	F.T.S		3338.00	3338.00	Shyamoli Dutta Das
4	Purnima Das	F.T.S		3338.00	3338.00	Purnima Das

Total Amount Rs. 13352.00

Total Amount Rs. Thirteen thousand three hundred fifty two only

Classed for payment Rs. 13352.00
Rupees Thirteen thousand Three Hundred
Fifty Two


Bill for the Salary of Office Staff For CBPHCS Project (Health) under Kandi Municipality for the month

of..... ~~DECEMBER~~ 2017

Name of Employee	Designation	Working days	Total Pay	Net Pay	Signature
Abhijit Das	Computer Assistant	30	7813.00	7813.00	
Rathin Chatterjee	Health Assistant	30	7813.00	7813.00	

Total Amount Rs. 15626.00

Total Amount Rs. Fifteen thousand six hundred twenty six only

Passed for payment Rs. 15626.00

for copy
 Secy
 Kandi

Nilkantha Paribahan

Mob:- 9734020976

Prop:- Samar Konai

Natunpara, Kandi, Murshidabad

Ref:-

Date:- 31.12.17

Vice Chairman
Kandi Municipality.

① SUDA - KOLKATA

(UP + DOWN)

450 Km X 12.00

=

5400.00

② CMOH office
Barhulp


=

850.00

Total - 6250.00

Proprietary uses.
Account as.
31.12.17

Six Hand - Jew Hand Friday Peps ay.


Vice-Chairman
Kandi Municipality
31.12.17

Samar Konai
proprietor.

ঘর ভাড়া বসিদ

তারিখ.....

নাম শ্রীমতী বসন্ত দেবী (স্বামী)

ঠিকানা বসন্ত, সুপ্রভা নগর,

হোল্ডিং নং— ৩৪/৫/২০৭ মহলা— ১ম (স্বামী দেবী)

বিবরণ : শ্রীমতী বসন্ত ২০২৭ মাস হইতে

ডিসেম্বর ২০২৭ মাস পর্যন্ত

৬০০.০০ টাকা হারে

মোট ২৫০০.০০ টাকা বৃষ্টিয়া পাইলাম।

তারিখ— 31-12-17

২৫০০/- আদায়কারী
বাসন্ত দেবী

Passed for payment Rs.....
(Rupee Five Thousand Five Hundred only.)

Chairman
Kandi Municipality

এই চুক্তি বসন্ত দেবী ও শ্রীমতী বসন্ত দেবী (স্বামী) এর মধ্যে প্রযোজ্য হইবে।

ঘর ভাড়া বন্দি

নং

ঘরের মালিক SUHASIS CHAKRABORTY

ঠিকানা VILETP.O- RAJSHAH, P.S- KANDI

ভাড়াটিয়ার নাম Kandi Municipality

পিতা/ স্বামীর নাম - ঠিকানা -

ক্রমিক নং..... হোল্ডিং নং: 75 মহালা ABNER

থানা ANWER পোঃ ANWER জেলা SUDHAMA

মাসিক ভাড়া 1000/- হিসাবের বকেয়া সন

১৪..... / ২০১৭ সালের ০১ মাসের

ভাড়া October, November, December

মোট ভাড়া (অঙ্কে) ৯,০০০/- টাকা ০০ পয়সা

(কথায়) THIRTY THOUSAND ONLY পাইলাশ ।

অর্থঃ ৩০০০ = ০০

তারিখঃ ৩/১২/১৭

Charman
Kandi Municipality

Suhasis Chakraborty
স্বাক্ষরকারীর স্বাক্ষর

Office of the Board Of Councillors
Kandi Municipality
Kandi, Murshidabad

Ph. No.03484257345
Fax No.03484-257345
Email:- kandimunicipality@yahoo.com

Memo No. 3849/IV-k.m/2017

Date 21/12/17

From
The Chairman
Kandi Municipality
Kandi, Murshidabad.

To
The Project Officer, Health
State Urban Development Agency,
Ilgus Bhavan, Hc -Block, Sec.-III,
Salt Lake City, Kol.-91



Sub:- Submission of UC & Statement of Expenditure (SOE) along with Requirement of Fund in connection with Community Based Health Care Service, during Nov.' 2017 of Kandi Municipality.

Madam,

I like to submit herewith the statement of expenditure in connection with the Community Based Health Care Service upto the month Nov' 2017 along with statement of further requirement in this regard for your kind perusal and ready referece.

Considering the above, you are requested to allot further fund for this project and oblige.

Thanking You,

Yours faithfully,

Chairman/Vice-Chairman
Kandi Municipality

**Vice-Chairman
Kandi Municipality**

Encl:-

1. SOE
2. Details of Voucher
3. Xerox of voucher
4. UC SR 330A



Utilisation Certificate
(Form No. S.R.330 A)

Sl.No.	Letter No & Date	Amount (in Rs)
1	B/F- April'2015 SUDA-Health -501(P1)-08-198(51) dt.14/10/15 (SUDA Health dt.23.11.2015) (SUDA Health dt.29.1.2016) (SUDA Health dt.9.2.2016) (SUDA Health dt. 6.6.2016) (SUDA Health dt. 15.6.2016) (SUDA Health dt. 15.9.2016) (SUDA Health dt. 15.10.2016) SUDA Health dt. 12.05.2017) (SUDA Health dt.02.08.2017) (SUDA Health dt.16.11.2017)	Rs. 680661.00 Rs. 210500.00 Rs. 108000.00 Rs.257800.00 Rs.108000.00 Rs. 257800.00 Rs. 108000.00 Rs. 200000.00 Rs. 357600.00 Rs.304200.00 Rs.304200.00 Rs.848200.00
	Total	Rs.3744961.00

Utilization for the month of Sept.16 Rs.199512.00 Balance Rs.105158.36+ 200000.00 SUDA Health
dt.15.9.2016) + 357600.00 (SUDA Health dt.15.10.2016) Balance Rs. 662758.36
Utilization for the month of Oct.16 Rs.75853.00 Balance Rs. 586905.36
Utilization for the month of Nov.16 Rs.75853.00 Balance Rs. 511052.36
Utilization for the month of Dec..16 Rs.75853.00 Balance Rs. 435199.36
Utilization for the month of Jan.17 Rs.117546.00 Balance Rs. 317653.36
Utilization for the month of Feb.17 Rs.75853.00 Balance Rs. 241800.36
Utilization for the month of Mar.17 Rs.104276.00 Balance Rs. 137524.36
Utilization for the month of April.17 Rs.75853.00 Balance Rs. 61671.36 +304200.00(SUDA Health
dt.12.05.2017) Total Balance Rs. 365871.36
Utilization for the month of May.17 Rs.75853.00 Balance Rs. 290018.36
Utilization for the month of June.17 Rs. 87143.00 Balance Rs. 202875.36
Utilization for the month of July.17 Rs. 75853.00 Balance Rs. 127022.36 +304200.00(SUDA Health
dt.02.08.2017) Total Balance Rs.431222.36
Utilization for the month of Aug.17 Rs. 133905.00 Balance Rs. 297317.36
Utilization for the month of Sept.17 Rs. 1,12,603.00 Balance Rs. 184714.36
Utilization for the month of Oct.17 Rs. 75853.00 Balance Rs. 108861.36 +848200.00(SUDA Health
dt.02.08.2017) Total Balance Rs. 957061.36
Utilization for the month of Nov.17 Rs. 79353.00 Balance Rs. 877708.36

Certified that I have satisfied myself that the condition on which the Grant-in-aid was sanctioned has been duly fulfilled/are being fulfilled and that I have exercised the following checks to see that the money was actually utilized for the purpose for which it was sanctioned.

KINDS OF CHECK EXERCISED

Original Bill, Receipt & Vouchers.



Signature of Chairman/Vice-Chairman

Vice-Chairman
Kandi Municipality

Community Based Primary Health Care Services in 63 nos. KMA-ULBs Statement of Expenditure (SOE) in Kandi Municipality for the month of Nov -2017

Sl.No.	Item of expenditure	Amount in Rs.
	Non -Recurring	
1.	Equipment	Nil
2.	Furniture	Nil
3.	Construction : (Not applicable for the present)	Nil
	a) Sub-Centre	
	b)OPD cum Maternity Home	Nil
	c)OPD	Nil
4.	I.E.C & Materials	Nil
5.	Renovation Works	Nil
6.	Base Line Survey	Nil
7.	Family Schedule, Training manual, HMIS format & HHW Kitbag	
8.	Strengthening of existing Maternity Home & Dispensaries (Not applicable for the present)	
Recurring		
9.	Honorarium	53977.00
10.	Salaries	15626.00
11.	Rent	0.00
12.	Training	0.00
13.	Drug	0.00
14.	I. E. C.	0.00
15.	Operating cost(Sundries, printing, postage & telephone, TA/DA etc.)	9750.00
16.	TOTAL	79353.00



Chairman/Vice Chairman
Kandi Municipality.

Vice-Chairman
Kandi Municipality

Voucher details statement for the month of Nov' 2017

436/17-18 dt.30.11.17	HHW honorarium	Honorarium	40625.00
437/17-18 dt. 30.11.17	FTS honorarium	Honorarium	13352.00
438/17-18 dt. 30.11.17	Office Staff Salary	Salary	15626.00
439/17-18 dt. 20.11.17	Contingency	Hire Charge	6250.00
439/17-18 dt. 20.11.17	Contingency	T.A	3500.00



**Chairman/Vice-Chairman
Kandi Municipality**

**Vice-Chairman
Kandi Municipality**

Bill for the H.H.W staff of Kandi Municipality for CBPHCS Project (Health)

under Kandi Municipality for the Month of NOVEMBER 2017

Sl No.	Name of Health Worker	Designation	Working Days	Payable amount	Net Amount	Signature
1	Rupali Hazra	H.H.W	30	3125.00	3125.00	Rupali Hazra
2	Kumkum Das	H.H.W	30	3125.00	3125.00	Kumkum Das
3	Susoma Barik	H.H.W	30	3125.00	3125.00	Susoma Barik
4	Suparna Siddhanta	H.H.W	30	3125.00	3125.00	Suparna Siddhanta
5	Chameli Nandi	H.H.W	30	3125.00	3125.00	Chameli Nandi
6	Srimati Mondal	H.H.W	30	3125.00	3125.00	Srimati Mondal
7	Aporna Das	H.H.W	30	3125.00	3125.00	Aporna Das
8	Samapti Adhya	H.H.W	30	3125.00	3125.00	Samapti Adhya
9	Sima Mazumdar	H.H.W	30	3125.00	3125.00	Sima Mazumdar
10	Mallika Sinha	H.H.W	30	3125.00	3125.00	Mallika Sinha
11	Nasira Khatun	H.H.W	30	3125.00	3125.00	Nasira Khatun
12	Karobi Dutta	H.H.W	30	3125.00	3125.00	Karobi Dutta
13	Papiya Paul	H.H.W	30	3125.00	3125.00	Papiya Paul

Total Amount Rs. 40625.00

Total Amount Rs. Forty thousand six hundred twenty five onely

Payment of Rs. 40625.00
 Forty thousand six hundred twenty five onely

Bill for the F.T.S staff of Kandi Municipality for CBPHCS Project(Health)

under Kandi Municipality for the Month of -.....NOVEMBER 2017

No.	Name of Health Worker	Designation	Working Days	Payable amount	Net Amount	Signature
1	Hira Ghatak	F.T.S		3338.00	3338.00	Hira Ghatak
2	Bhadra Mondal	F.T.S		3338.00	3338.00	Bhadra Mondal
3	Shyamoli Das	F.T.S		3338.00	3338.00	Shyamali Dutta Das
4	Purnima Das	F.T.S		3338.00	3338.00	Purnima Das

Total Amount Rs. 13352.00


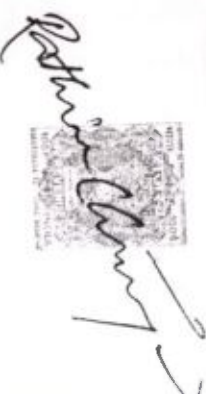
Total Amount Rs. Thirteen thousand three hundred fifty two only

Passed for payment Rs. 13352.00
Rupees Thirteen thousand three hundred
fifty two only.



Bill for the Salary of Office Staff For CBPHCS Project (Health) under Kandi Municipality for the month

of... NOVEMBER 2017

Name of Employee	Designation	Working days	Total Pay	Net Pay	Signature
Abhijit Das	Computer Assistant	30	7813.00	7813.00	
Rathin Chatterjee	Health Assistant	30	7813.00	7813.00	

Total Amount Rs. 15626.00

Total Amount Rs. Fifteen thousand six hundred twenty six only

Passed for payment Rs. 15626.00
 (Project Officer) Pradip Kumar Pradip Kumar
 Kandi Municipality

7. Particulars to furnished along with hotel receipts etc. in case where higher rate of D.A. is claimed for stay in hotel other establishment providing board and / or lodging at scheduled tariffs.

Period of stay		Name of Hotel	Daily rate of lodging Charge (Rs.)	Total amount paid (Rs.)
From	To			

8. Particulars of journeys for which higher of accommodation than the one to which the Govt. servant is entitled was used.

Date	Name of Places		Mode of Conveyance used	Class to which entitled	Class by which traveled	Fare of the entitled Class
	From	To				

If the journey (s) performed by road between place connected by Rail

Date	Name of Places	
	From	To

9. Amount of T.A. Advance, if any drawn.

Certified that the information as given above is true to the best of my knowledge and belief.

Abhejit S

SIGNATURE OF THE GOVT. SERVANT WITH DATE

PART-B (TO BE FILLED IN THE BILL SECTION)

The net entitlement or account of traveling allowance works out of Rs. As detailed below:

a) Railway / Air / Steamer fare	By Rs.	Rs.	
b) Road mileage for Kms.	@ Rs.		
c) Daily Allowance	150 x 2 x 4		1200 - 00
(i) Days	200 x 4	Per day	800 - 00
(ii) Days	@ Rs.	Per day	800 - 00
(iii) Days	100 @ Rs.	Per day	400 - 00
d) Actual expenses	50 x 4		300 - 00
Gross Amount	75 x 4		
			<u>3500 - 00</u>

e) Less amount of T.A. Advance, if any drawn vide token No.

Date

(Bill No.

) for Rs.

Abhejit S *Abhejit S* *Abhejit S*

f) The expenditure is debitable to

Vice-Chairman
Kandi Municipality

Nilkantha Paribahan

Mob:- 9734020976

Prop:- Samar Konai

Natunpara, Kandi, Murshidabad

Ref:-

Date:- 20.11.17

vice Chairmon

Kandi Municipality.

① SUDA - KOLKATA

(UP + DOWN)

450 Km X 12.00

= 5400.00


② CMOH office
Barhup

= 850.00

Total = 6250.00

Six thousand - Two Hundred Fifty Rupees only.

Proposed by
Sachin Das
20.11.17


Vice-Chairman
Kandi Municipality

Samar Konai
Proprietor

Office of the Board Of Councillors
Kandi Municipality
Kandi, Murshidabad

Ph. No.03484257345
Fax No.03484-257345
Email:- kandimunicipality@yahoo.com

Memo No. 3411/I-K.M/2017

Date 10/11/17

From
The Chairman
Kandi Municipality
Kandi, Murshidabad.

To
The Project Officer, Health
State Urban Development Agency,
Ilgus Bhavan, Hc -Block, Sec.-III,
Salt Lake City, Kol.-91

Sub:- Submission of UC & Statement of Expenditure (SOE) along with Requirement of Fund in connection with Community Based Health Care Service, during Oct.' 2017 of Kandi Municipality.

Madam,

I like to submit herewith the statement of expenditure in connection with the Community Based Health Care Service upto the month Oct' 2017 along with statement of further requirement in this regard for your kind perusal and ready referece.

Considering the above, you are requested to allot further fund for this project and oblige.

Thanking You,

Yours faithfully,

Chairman/Vice-Chairman
Kandi Municipality

Vice-Chairman
Kandi Municipality

- Encl:-
1. SOE
 2. Details of Voucher
 3. Xerox of voucher
 4. UC SR 330A



Utilisation Certificate
(Form No. S.R.330 A)

Sl.No.	Letter No & Date	Amount (in Rs)
1	B/F- April'2015 SUDA-Health -501(P1)-08-198(51) dt.14/10/15 (SUDA Health dt.23.11.2015) (SUDA Health dt.29.1.2016) (SUDA Health dt.9.2.2016) (SUDA Health dt. 6.6.2016) (SUDA Health dt. 15.6.2016) (SUDA Health dt. 15.9.2016) (SUDA Health dt. 15.10.2016) SUDA Health dt. 12.05.2017) (SUDA Health dt.02.08.2017)	Rs. 680661.00 Rs. 210500.00 Rs. 108000.00 Rs.257800.00 Rs.108000.00 Rs. 257800.00 Rs. 108000.00 Rs. 200000.00 Rs. 357600.00 Rs.304200.00 Rs.304200.00
	Total	Rs.2896761.00

Utilization for the month of April.16 Rs. 102,197.00 Balance Rs.263625.36
 Utilization for the month of May.16 Rs. 75010.00 Balance Rs.188615.36
 Utilization for the month of June.16 Rs. 94228.00 Balance Rs.94387.36 + 257800.00 (SUDA Health dt.6.6.2016) + 108000.00 (SUDA Health dt.15.6.2016) Total Balance Rs. 460187.36
 Utilization for the month of July.16 Rs. 77953.00 Balance Rs.382234.36
 Utilization for the month of Aug.16 Rs.77564.00 Balance Rs.304670.36
 Utilization for the month of Sept.16 Rs.199512.00 Balance Rs.105158.36+ 200000.00 SUDA Health dt.15.9.2016) + 357600.00 (SUDA Health dt.15.10.2016) Balance Rs. 662758.36
 Utilization for the month of Oct.16 Rs.75853.00 Balance Rs. 586905.36
 Utilization for the month of Nov.16 Rs.75853.00 Balance Rs. 511052.36
 Utilization for the month of Dec..16 Rs.75853.00 Balance Rs. 435199.36
 Utilization for the month of Jan.17 Rs.117546.00 Balance Rs. 317653.36
 Utilization for the month of Feb.17 Rs.75853.00 Balance Rs. 241800.36
 Utilization for the month of Mar.17 Rs.104276.00 Balance Rs. 137524.36
 Utilization for the month of April.17 Rs.75853.00 Balance Rs. 61671.36 +304200.00(SUDA Health dt.12.05.2017) Total Balance Rs. 365871.36
 Utilization for the month of May.17 Rs.75853.00 Balance Rs. 290018.36
 Utilization for the month of June.17 Rs. 87143.00 Balance Rs. 202875.36
 Utilization for the month of July.17 Rs. 75853.00 Balance Rs. 127022.36 +304200.00(SUDA Health dt.02.08.2017) Total Balance Rs.431222.36
 Utilization for the month of Aug.17 Rs. 133905.00 Balance Rs. 297317.36
 Utilization for the month of Sept.17 Rs. 1,12,603.00 Balance Rs. 184714.36
 Utilization for the month of Oct.17 Rs. 75,853.00 Balance Rs. 108861.36

Certified that I have satisfied myself that the condition on which the Grant-in-aid was sanctioned has been duly fulfilled/are being fulfilled and that I have exercised the following checks to see that the money was actually utilized for the purpose for which it was sanctioned.

KINDS OF CHECK EXERCISED

Original Bill, Receipt & Vouchers.



Signature of Chairman/Vice-Chairman

Vice-Chairman
Kandi Municipality

Community Based Primary Health Care Services in 63 nos. KMA-ULBs Statement of Expenditure (SOE) in Kandi Municipality for the month of Oct -2017

Sl.No.	Item of expenditure	Amount in Rs.
	Non –Recurring	
1.	Equipment	Nil
2.	Furniture	Nil
3.	Construction : (Not applicable for the present)	Nil
	a) Sub-Centre	
	b)OPD cum Maternity Home	Nil
	c)OPD	Nil
4.	I.E.C & Materials	Nil
5.	Renovation Works	Nil
6.	Base Line Survey	Nil
7.	Family Schedule, Training manual, HMIS format & HHW Kitbag	
8.	Strengthening of existing Maternity Home & Dispensaries (Not applicable for the present)	
	Recurring	
9.	Honorarium	53977.00
10.	Salaries	15626.00
11.	Rent	
12.	Training	0.00
13.	Drug	0.00
14.	I. E. C.	0.00
15.	Operating cost(Sundries, printing, postage & telephone, TA/DA etc.)	6250
16	TOTAL	75853.00



Chairman/Vice Chairman
Kandi Municipality.

Vice-Chairman
Kandi Municipality

Voucher details statement for the month of Oct' 2017

432/17-18 dt.31.10.17	HHW honorarium	Honorarium	40625.00
433/17-18 dt.31.10.17	FTS honorarium	Honorarium	13352.00
434/17-18 dt.31.10.17	Office Staff Salary	Salary	15626.00
435/17-18 dt. 25.09.17	Contingency	Myke(Dengue Perpous)	6250.00




Chairman/Vice-Chairman
Kandi Municipality
Vice-Chairman
Kandi Municipality

শালিখা গাউড

জেমো * কান্দী * মুর্শিদাবাদ

[* যে কোন অনুষ্ঠানে মাইক ভাড়া পাওয়া যায় *]

সভাসভা
কান্দী পৌরসভা.

Dt 25.9.17

মাইক ভাড়া
Dengue purpose.

2 Month 3000 x 2 = 6000.00

VAN Fee - 250.00

Total - 6250.00


Vice-Chairman
Kandi Municipality
Properly used.

বন্দ কমান্ডার পক্ষ -
প্রস্তুত -
Mollika Ghosh.

Bill for the H.H.W staff of Kandi Municipality for CBPHCS Project (Health)

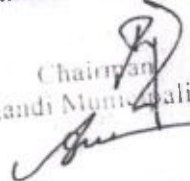
under Kandi Municipality for the Month of -...OCTOBER 2017

SI No.	Name of Health Worker	Designation	Working Days	Payable amount	Net Amount	Signature
1	Rupali Hazra	H.H.W	31	3125.00	3125.00	Rupali Hazra
2	Kumkum Das	H.H.W	31	3125.00	3125.00	Kumkum Das
3	Susoma Barik	H.H.W	31	3125.00	3125.00	Susoma Barik
4	Suparna Siddhanta	H.H.W	31	3125.00	3125.00	Suparna Siddhanta
5	Chameli Nandi	H.H.W	31	3125.00	3125.00	Chameli Nandi
6	Srimati Mondal	H.H.W	31	3125.00	3125.00	Srimati Mondal
7	Aporna Das	H.H.W	31	3125.00	3125.00	Aporna Das
8	Samapti Adhya	H.H.W	31	3125.00	3125.00	Samapti Adhya
9	Sima Mazumdar	H.H.W	31	3125.00	3125.00	Sima Mazumdar
10	Mallika Sinha	H.H.W	31	3125.00	3125.00	Mallika Sinha
11	Nasira Khatun	H.H.W	31	3125.00	3125.00	Nasira Khatun
12	Karobi Dutta	H.H.W	31	3125.00	3125.00	Karobi Dutta
13	Papiya Paul	H.H.W	31	3125.00	3125.00	Papiya Paul

Total Amount Rs. 40625.00

Total Amount Rs. Forty thousand six hundred twenty five only

Passed for payment Rs. 40625/-
 (Rupees. Forty Thousand Six Hundred
Twenty Five only.)

Chairman
 Kandi Municipality


Bill for the F.T.S staff of Kandi Municipality for CBPHCS Project(Health)

under Kandi Municipality for the Month of -.....OCTOBER.....2017

Sl No.	Name of Health Worker	Designation	Working Days	Payable amount	Net Amount	Signature
1	Hira Ghatak	F.T.S	31	3338.00	3338.00	Hira Ghatak.
2	Bhadra Mondal	F.T.S	31	3338.00	3338.00	Bhadra Mondal
3	Shyamoli Das	F.T.S	31	3338.00	3338.00	Shyamoli Dutta Das.
4	Purnima Das	F.T.S	31	3338.00	3338.00	Purnima Das.



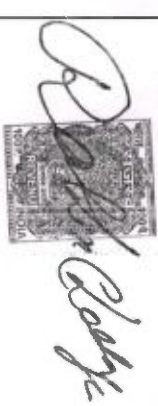

Total Amount Rs. 13352.00

Total Amount Rs. Thirteen thousand three hundred fifty two only

Passed for payment Rs. 13352/-
(Rupees Thirteen thousand Three Hundred
And Fifty two only.)

Chairman
Kandi Municipality

Bill for the Salary of Office Staff For CBPHCS Project (Health) under Kandi Municipality for the month
of OCTOBER 2017

Name of Employee	Designation	Working days	Total Pay	Net Pay	Signature
Abhijit Das	Computer Assistant	31	7813.00	7813.00	 
Rathin Chatterjee	Health Assistant	31	7813.00	7813.00	 

Total Amount Rs. 15626.00

Total Amount Rs. Fifteen thousand six hundred twenty six only

Passed for payment Rs. Fifteen thousand six hundred twenty six
(Rupees) only 15626/-


 Chairperson
 Kandi Municipality

Office of the Board Of Councillors
Kandi Municipality
Kandi, Murshidabad



Ph. No.03484257345
Fax No.03484-257345
Email:- kandimunicipality@yahoo.com

Memo No. 3274/R-K-11/17

Date 13-10-17

From
The Chairman
Kandi Municipality
Kandi, Murshidabad.

To
The Project Officer, Health
State Urban Development Agency,
Ilgus Bhavan, Hc -Block, Sec.-III,
Salt Lake City, Kol.-91

Sub:- Submission of UC & Statement of Expenditure (SOE) along with Requirement of Fund in connection with Community Based Health Care Service, during Sept.' 2017 of Kandi Municipality.

Madam,

I like to submit herewith the statement of expenditure in connection with the Community Based Health Care Service upto the month Sept' 2017 along with statement of further requirement in this regard for your kind perusal and ready referece.

Considering the above, you are requested to allot further fund for this project and oblige.

Thanking You,

Yours faithfully,

Chairman/Vice-Chairman
Kandi Municipality
Vice-Chairman
Kandi Municipality

- Encl:-
1. SOE
 2. Details of Voucher
 3. Xerox of voucher
 4. UC SR 330A

Utilisation Certificate
(Form No. S.R.330 A)

Sl.No.	Letter No & Date	Amount (in Rs)
1	B/F- April'2015 SUDA-Health -501(P1)-08-198(51) dt.14/10/15 (SUDA Health dt.23.11.2015) (SUDA Health dt.29.1.2016) (SUDA Health dt.9.2.2016) (SUDA Health dt. 6.6.2016) (SUDA Health dt. 15.6.2016) (SUDA Health dt. 15.9.2016) (SUDA Health dt. 15.10.2016) SUDA Health dt. 12.05.2017) (SUDA Health dt.02.08.2017)	Rs. 680661.00 Rs. 210500.00 Rs. 108000.00 Rs.257800.00 Rs.108000.00 Rs. 257800.00 Rs. 108000.00 Rs. 200000.00 Rs. 357600.00 Rs.304200.00 Rs.304200.00
	Total	Rs.2896761.00

Utilization for the month of April.16 Rs. 102,197.00 Balance Rs.263625.36
 Utilization for the month of May.16 Rs. 75010.00 Balance Rs.188615.36
 Utilization for the month of June.16 Rs. 94228.00 Balance Rs.94387.36 + 257800.00 (SUDA Health dt.6.6.2016) + 108000.00 (SUDA Health dt.15.6.2016) Total Balance Rs. 460187.36
 Utilization for the month of July.16 Rs. 77953.00 Balance Rs.382234.36
 Utilization for the month of Aug.16 Rs.77564.00 Balance Rs.304670.36
 Utilization for the month of Sept.16 Rs.199512.00 Balance Rs.105158.36+ 200000.00 SUDA Health dt.15.9.2016) + 357600.00 (SUDA Health dt.15.10.2016) Balance Rs. 662758.36
 Utilization for the month of Oct.16 Rs.75853.00 Balance Rs. 586905.36
 Utilization for the month of Nov.16 Rs.75853.00 Balance Rs. 511052.36
 Utilization for the month of Dec..16 Rs.75853.00 Balance Rs. 435199.36
 Utilization for the month of Jan.17 Rs.117546.00 Balance Rs. 317653.36
 Utilization for the month of Feb.17 Rs.75853.00 Balance Rs. 241800.36
 Utilization for the month of Mar.17 Rs.104276.00 Balance Rs. 137524.36
 Utilization for the month of April.17 Rs.75853.00 Balance Rs. 61671.36 +304200.00(SUDA Health dt.12.05.2017) Total Balance Rs. 365871.36
 Utilization for the month of May.17 Rs.75853.00 Balance Rs. 290018.36
 Utilization for the month of June.17 Rs. 87143.00 Balance Rs. 202875.36
 Utilization for the month of July.17 Rs. 75853.00 Balance Rs. 127022.36 +304200.00(SUDA Health dt.02.08.2017) Total Balance Rs.431222.36
 Utilization for the month of Aug.17 Rs. 133905.00 Balance Rs. 297317.36
 Utilization for the month of Sept.17 Rs. 1,12,603.00 Balance Rs. 184714.36

Certified that I have satisfied myself that the condition on which the Grant-in-aid was sanctioned has been duly fulfilled/are being fulfilled and that I have exercised the following checks to see that the money was actually utilized for the purpose for which it was sanctioned.

KINDS OF CHECK EXERCISED

Original Bill, Receipt & Vouchers.

Signature of Chairman/Vice Chairman

Vice-Chairman
Kandi Municipality

Community Based Primary Health Care Services in 63 nos. KMA-ULBs Statement of Expenditure (SOE) in Kandi Municipality for the month of Sept -2017

Sl.No.	Item of expenditure	Amount in Rs.
	Non -Recurring	
1.	Equipment	Nil
2.	Furniture	Nil
3.	Construction : (Not applicable for the present)	Nil
	a) Sub-Centre	
	b)OPD cum Maternity Home	Nil
	c)OPD	Nil
4.	I.E.C & Materials	Nil
5.	Renovation Works	Nil
6.	Base Line Survey	Nil
7.	Family Schedule, Training manual, HMIS format & HHW Kitbag	
8.	Strengthening of existing Maternity Home & Dispensaries (Not applicable for the present)	
Recurring		
9.	Honorarium	53977.00
10.	Salaries	15626.00
11.	Rent	15750.00
12.	Training	0.00
13.	Drug	0.00
14.	I. E. C.	0.00
15.	Operating cost(Sundries, printing, postage & telephone, TA/DA etc.)	27250.00
16	TOTAL	1,12603.00

Chairman/Vice Chairman
Kandi Municipality.

**Vice-Chairman
Kandi Municipality**

Voucher details statement for the month of Sept' 2017

422/17-18 dt.25.09.17	HHW honorarium	Honorarium	40625.00
423/17-18 dt. 25.09.17	FTS honorarium	Honorarium	13352.00
424/17-18 dt. 25.09.17	Office Staff Salary	Salary	15626.00
425/17-18 dt. 25.09.17	Contingency	Rent[Rasorah-july'17 to Sept'17]	3000.00
426/17-18 dt. 25.09.17	Contingency	Rent[Jemo-july'17 to Sept'17]	2550.00
427/17-18 dt. 25.09.17	Contingency	Rent[Chhatinakaindi-Oct'16 to Sept'17]	10200.00
428/17-18 dt. 25.09.17	Contingency	T.A	3200.00
429/17-18 dt. 15.09.17	Contingency	Printing(press)	16800.00
430/17-18 dt. 15.09.17	Contingency	Xerox	1000.00
431/17-18 dt. 20.09.17	Contingency	Myke (Polio)	6250.00


Chairman/Vice-Chairman
Kandi Municipality
Vice-Chairman
Kandi Municipality

Bill for the H.H.W staff of Kandi Municipality for CBPHCS Project (Health)

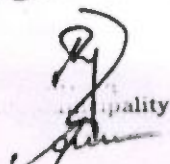
under Kandi Municipality for the Month of - September 2017

SI No.	Name of Health Worker	Designation	Working Days	Payable amount	Net Amount	Signature
1	Rupali Hazra	H.H.W	30	3125.00	3125.00	Rupali Hazra
2	Kumkum Das	H.H.W	30	3125.00	3125.00	Kumkum Das
3	Susoma Barik	H.H.W	30	3125.00	3125.00	Susoma Barik
4	Suparna Siddhanta	H.H.W	30	3125.00	3125.00	Suparna Siddhanta
5	Chameli Nandi	H.H.W	30	3125.00	3125.00	Chameli Nandi
6	Srimati Mondal	H.H.W	30	3125.00	3125.00	Srimati Mondal
7	Aporna Das	H.H.W	30	3125.00	3125.00	Aporna Das
8	Samapti Adhya	H.H.W	30	3125.00	3125.00	Samapti Adhya
9	Sima Mazumdar	H.H.W	30	3125.00	3125.00	Sima Mazumdar
10	Mallika Sinha	H.H.W	30	3125.00	3125.00	Mallika Sinha
11	Nasira Khatun	H.H.W	30	3125.00	3125.00	Nasira Khatun
12	Karobi Dutta	H.H.W	30	3125.00	3125.00	Karobi Dutta
13	Papiya Paul	H.H.W	30	3125.00	3125.00	Papiya Paul

Total Amount Rs. 40625.00

Total Amount Rs. Forty thousand six hundred twenty five onely

Pay Rs. 40625.00 Rupees Forty thousand
Six Hundred Twenty Five


Papiya Paul

Bill for the F.T.S staff of Kandi Municipality for CBPHCS Project(Health)

under Kandi Municipality for the Month of - *September 2017*

Sl No.	Name of Health Worker	Designation	Working Days	Payable amount	Net Amount	Signature
1	Hira Ghatak	F.T.S	30	3338.00	3338.00	<i>Hira Ghatak</i>
2	Bhadra Mondal	F.T.S	30	3338.00	3338.00	<i>Bhadra Mondal</i>
3	Shyamoli Das	F.T.S	30	3338.00	3338.00	<i>Shyamoli Datta Das</i>
4	Purnima Das	F.T.S	30	3338.00	3338.00	<i>Purnima Das.</i>

Total Amount Rs. 13352.00



Total Amount Rs. Thirteen thousand three hundred fifty two only

13352.00 *Thirteen thousand*
Three Hundred, thirty two

[Signature]
Chairman
Kandi Municipality

Bill for the Salary of Office Staff For CBPHCS Project (Health) under Kandi Municipality for the month

of September 2017

Name of Employee	Designation	Working days	Total Pay	Net Pay	Signature
Abhijit Das	Computer Assistant	30	7813.00	7813.00	
Rathin Chatterjee	Health Assistant	30	7813.00	7813.00	

Total Amount Rs. 15626.00

Total Amount Rs. Fifteen thousand six hundred twenty six only

15626.00
 Ekhaada, Goudy A/C only
 105


 105

BABA LOKENATH CANON XEROX CENTRE

Prop.- Joydeb Dutta

381

P.O.-KANDI ☆ JAIL ROAD ☆ MURSHIDABAD.

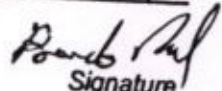
Name: Chairman

Address: Kandi Municipality

Copies	Description	Rate	Amount	
			Rs.	P.
①	A14 ph 600 cy	1.00	600	00
②	A13 ph 300 cy	-	400	00
Total-			1000	00

Passed for payment Rs. 1000.00
(Rupees... ONE THOUSAND RS)


Chairman
Kandi Municipality


Signature

Date.- 26.9.17

মল্লিকা সাউন্ড

জমো * কান্দী * মুর্শিদাবাদ
[* যে কোন অনুষ্ঠানে মাইক ভাড়া পাওয়া যায় *]

মাসিক

২৩ ৭ ১৮

কান্দী মৌসুমি

১) সান্দ্র স্ট্রিং মাস -
সেভার ৩০২ ৭ দিন -

6000.00

২) VAN ভাড়া -

250.00

Total - 6250.00

ইস মাসে দুই মাসে কান্দী মৌসুমি

বন্দ মিলিয়ে

Passed for payment Rs. 6250.00
(Rupees ~~six thousand~~ ~~two hundred~~
~~twenty~~ only.)

Charan
Kandi Municipality

ঘর ভাড়ার রসিদ

তারিখ 31.03.2017

নাম মিলন কুমার চক্রবর্তী

ঠিকানা বাজাড়া, ওয়ার্ড নং- ০৭

হোডিং নং- 118 মহল্লা - নান্দুলাড়া

বিবরণ : ফেব্রুয়ারি 2017 মাস হইতে

সেপ্টেম্বর 2017 মাস পর্যন্ত

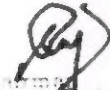
1000 টাকা হারে

মোট 3,000 টাকা বুকিয়া পাইলাম।

Suhovish Chakraborty
MILON KR Chakraborty

তারিখ - 31.03.17 আদায়কারী

3000 (Rupees Three
Thousand Rupees) only


Chairman
Kandi Municipality

Phone - (03484) 255011

Sri Ramkrishna Co-Op. Printing Press Society Ltd.

Regd. No.- 11, Dated - 05/11/79 Under I.R.D.P. Scheme
E.M. No.- 190072100306, Dated - 03/03/2007

270

GST NO.- 19AAALS2945J1Z1 P.O.- Kandi * Dist.- Murshidabad.

Memo No. 3153/K.M/2017 Challan No. Bill No. Date 20/9/17

Messers / To The Chairman / Vice Chairman, Kandi Municipality, msd

Description	Quantity	Rate	Amount Rs.	P.
<i>Supply of: printing Materials</i>				
1. Immunization Register: -	6-Books	@ 950/-	5,700-00	
2. Monthly Report Form: -	1000 pes @	120/-	1,200-00	
3. Weekly Report Form: -	3000 / @	120/-	3,600-00	
4. Monthly Report Form. (Threethousand)	1000 p. @	120/-	1,200-00	
5. Vaccine Requisition Form: - (Excell)	1500 p. @	100/-	1,500-00	
6. Child Register: -	4-Books @	900/-	3,600-00	
Enter in stock register. Page no - (27) Date - 20.9.17 Pay Rs. 16,800-00 (Rupees Sixteen thousand eight hundred only) Shri. Chit. Haldar (only)				
Total -			16,800-00	

E. & O.E.

(In Words Sixteen thousand eight hundred only...)

Rs. - 16,800/-

Our Order No.-

Nandadulal Dey
For - Sri Ramkrishna Co-Op. P.P.S. Ltd.

ঘর ভাড়ার রসিদ

তারিখ.....

নাম শ্রীমতী কান্দী সৌর গায়ে

ঠিকানা কান্দী, সুন্দরী বাগ

হোল্ডিং নং— ৩৪/২/২০৭ মহলা— পেছো গোড়োনা গ্যারাজ

বিবরণ : সুন্দরী ২০২৭ মাস হইতে

মে ২০২৭ মাস পর্যন্ত

৮০০.০০ টাকা হারে

মোট ২৫০০.০০ টাকা বৃথিয়া পাইলাম।

১৯৭৬ সালের ১৯শে মার্চ তারিখে কলকাতা নগর কর্পোরেশন কর্তৃক প্রদত্ত নং ৩৪/২/২০৭ হোল্ডিং নং ৩৪/২/২০৭ মহলা পেছো গোড়োনা গ্যারাজ

তারিখ ২৫/৫/২০২৭ সুন্দরী গায়ে আদায়কারী

Pay Rs. ২৫০০/-
Five Hundred, Twenty

Chairman
Kend Municipality
[Signature]

TRAVELLING ALLOWANCE BILL FOR TOUR

Sub Bill No.

Note :- This bills should be prepared in duplicate. One for payment and other as office copy.

1. Name

Abhijit Das

2. Designation

Computer Asst (Health)

(a) Residential Address in the case of Local Journey

3. Head Quarter

Konark Municipality

(b) Date of half-commenced outside Head Quarter

4. Pay

5. Details and purpose of journey (s) performed:

Date & Time	Department	Date & Time	Arrival to	Mode of Travel and Class of Accommodation	Fare Paid	Distances in Kms. for road mileage	Duration of half days	Purpose of Journey
1	2	3	4	5	6	7	8	9
12-6/17	Health	3 A.M 9 P.M	SUDA	BY BUS		450 km upto		other
16-7/17	Health	DO	SUDA	BY BUS		00		00
19-8/17	Health	DO	SUDA	BY BUS		00		00
12-9/17	Health	DO	SUDA	BY BUS		00		00

6. Mode of Journey :

(i) Air :

(a) Exchange voucher arranged by office : Yes/No

(b) Ticket / Exchange voucher arranged by

(ii) Rail :

(a) Whether traveled by Mail / Express / or Ordinary train ?

(b) Whether return tickets available ? Yes / No.

(c) If available, whether return tickets purchases, if not, state reasons

(iii) Road :

Mode of conveyance used i.e. by Government transport / by taking a taxi / a single seat in a bus or other public conveyance / by sharing with another Government date of advance from place of half on account of

(a) R.H. and C.L.

(b) Not being actually in camp on Sundays and Holidays

Date on which free and / or lodging provided by the state or any organization financed by State Funds

(a) Board only

(b) Lodging

Office of the Board Of Councillors
Kandi Municipality
Kandi, Murshidabad

Ph. No.03484257345
Fax No.03484-257345

Email:- kandimunicipality@yahoo.com

Memo No. 2848/I-k.m/2017

Date 28/08/17

From
The Chairman
Kandi Municipality
Kandi, Murshidabad.

To
The Project Officer, Health
State Urban Development Agency,
Ilgus Bhavan, He -Block, Sec.-III,
Salt Lake City, Kol.-91

Sub:- Submission of UC & Statement of Expenditure (SOE) along with Requirement of Fund in connection with Community Based Health Care Service, during July.' 2017 of Kandi Municipality.

Madam,

I like to submit herewith the statement of expenditure in connection with the Community Based Health Care Service upto the month July' 2017 along with statement of further requirement in this regard for your kind perusal and ready referece.

Considering the above, you are requested to allot further fund for this project and oblige.

Thanking You,

Yours faithfully,



Chairman/Vice-Chairman
Kandi Municipality

**Vice-Chairman
Kandi Municipality**

- Encl:-
1. SOE
 2. Details of Voucher
 3. Xerox of voucher
 4. UC SR 330A

Utilisation Certificate
(Form No. S.R.330 A)

Sl.No.	Letter No & Date	Amount (in Rs)
1	B/F- April'2015 SUDA-Health -501(P1)-08-198(51) dt.14/10/15 (SUDA Health dt.23.11.2015) (SUDA Health dt.29.1.2016) (SUDA Health dt.9.2.2016) (SUDA Health dt. 6.6.2016) (SUDA Health dt. 15.6.2016) (SUDA Health dt. 15.9.2016) (SUDA Health dt. 15.10.2016) SUDA Health dt. 12.05.2017)	Rs. 680661.00 Rs. 210500.00 Rs. 108000.00 Rs.257800.00 Rs.108000.00 Rs. 257800.00 Rs. 108000.00 Rs. 200000.00 Rs. 357600.00 Rs.304200.00
	Total	Rs.2592561.00

Utilization for the month of April.16 Rs. 102,197.00 Balance Rs.263625.36
 Utilization for the month of May.16 Rs. 75010.00 Balance Rs.188615.36
 Utilization for the month of June.16 Rs. 94228.00 Balance Rs.94387.36 + 257800.00 (SUDA Health dt.6.6.2016) + 108000.00 (SUDA Health dt.15.6.2016) Total Balance Rs. 460187.36
 Utilization for the month of July.16 Rs. 77953.00 Balance Rs.382234.36
 Utilization for the month of Aug.16 Rs.77564.00 Balance Rs.304670.36
 Utilization for the month of Sept.16 Rs.199512.00 Balance Rs.105158.36+ 200000.00 SUDA Health dt.15.9.2016) + 357600.00 (SUDA Health dt.15.10.2016) Balance Rs. 662758.36
 Utilization for the month of Oct.16 Rs.75853.00 Balance Rs. 586905.36
 Utilization for the month of Nov.16 Rs.75853.00 Balance Rs. 511052.36
 Utilization for the month of Dec..16 Rs.75853.00 Balance Rs. 435199.36
 Utilization for the month of Jan.17 Rs.117546.00 Balance Rs. 317653.36
 Utilization for the month of Feb.17 Rs.75853.00 Balance Rs. 241800.36
 Utilization for the month of Mar.17 Rs.104276.00 Balance Rs. 137524.36
 Utilization for the month of April.17 Rs.75853.00 Balance Rs. 61671.36 +304200.00(SUDA Health dt.12.05.2017) Total Balance Rs. 365871.36
 Utilization for the month of May.17 Rs.75853.00 Balance Rs. 290018.36
 Utilization for the month of June.17 Rs. 87143.00 Balance Rs. 202875.36
 Utilization for the month of July.17 Rs. 75853.00 Balance Rs. 127022.36

Certified that I have satisfied myself that the condition on which the Grant-in-aid was sanctioned has been duly fulfilled/are being fulfilled and that I have exercised the following checks to see that the money was actually utilized for the purpose for which it was sanctioned.

KINDS OF CHECK EXERCISED

Original Bill, Receipt & Vouchers.



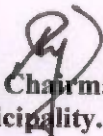
Signature of Chairman/Vice-Chairman

Vice-Chairman
Kandi Municipality

Community Based Primary Health Care Services in 63 nos. KMA-ULBs Statement of Expenditure (SOE) in Kandi Municipality for the month of July -2017

Sl.No.	Item of expenditure	Amount in Rs.
	Non -Recurring	
1.	Equipment	Nil
2.	Furniture	Nil
3.	Construction : (Not applicable for the present)	Nil
	a) Sub-Centre	
	b)OPD cum Maternity Home	Nil
	c)OPD	Nil
4.	I.E.C & Materials	Nil
5.	Renovation Works	Nil
6.	Base Line Survey	Nil
7.	Family Schedule, Training manual, HMIS format & HHW Kitbag	
8.	Strengthening of existing Maternity Home & Dispensaries (Not applicable for the present)	
Recurring		
9.	Honorarium	53977.00
10.	Salaries	15626.00
11.	Training	0.00
12.	Drug	0.00
13.	I. E. C.	0.00
14.	Operating cost(Sundries, printing, postage & telephone, TA/DA etc.)	6250.00
15.	TOTAL	75853.00

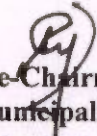



Chairman/Vice Chairman
Kandi Municipality.
Vice-Chairman
Kandi Municipality

Voucher details statement for the month of July' 2017

413/17-18 dt.31.07.17	HHW honorarium	Honorarium	40625.00
414/17-18 dt. 31.07.17	FTS honorarium	Honorarium	13352.00
415/17-18 dt. 31.07.17	Office Staff Salary	Salary	15626.00
416/17-18 dt. 25.07.17	Contingency	Hire Charge	6250.00




Chairman/Vice-Chairman
Kandi Municipality
Vice-Chairman
Kandi Municipality



ফোন: ৯৬৩৩৩৮২৫০০/ ৯৬৩৩৮২০৯৭৬

নীলকণ্ঠ পরিবহন

এখানে ছোট লর্ডি ডাড়া পাওয়া যায়।

প্রাঃ- সুনীল কুমার কোনাই ও সমর কোনাই

কান্দী ✪ নতুনপাড়া ✪ মুর্শিদাবাদ ✪ পিন - ৭৪২১৩৭

Chairman
Kandi Municipality -

তারিখ 25.7.17

25.7.17

Kandi to SUDA


- 4900.00

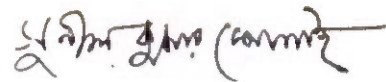
Boardroom meeting
3 day

1350.00

RS - 6250.00

Sri Kund Sri Kund, fifty day.


Vice-Chairman
Kandi Municipality
25.7.17



Bill for the F.T.S staff of Kandi Municipality for CBPHCS Project(Health)

under Kandi Municipality for the Month of -.....*July*.....2017

Sl No.	Name of Health Worker	Designation	Working Days	Payable amount	Net Amount	Signature
1	Hira Ghatak	F.T.S	31	3338.00	3338.00	<i>Hira Ghatak.</i>
2	Bhadra Mondal	F.T.S	31	3338.00	3338.00	<i>Bhadra Mondal</i>
3	Shyamoli Das	F.T.S	31	3338.00	3338.00	<i>Shyamoli Dulha Das.</i>
4	Purnima Das	F.T.S	31	3338.00	3338.00	<i>Purnima Das.</i>

Total Amount Rs. 13352.00

Total Amount Rs. Thirteen thousand three hundred fifty two only

Passed for Payment
of Rs. 13352.00

Chairman
Kandi Municipality

Thirteen thousand, Three hundred fifty two.

Bill for the H.H.W staff of Kandi Municipality for CBPHCS Project (Health)

under Kandi Municipality for the Month of -July'2017

Sl No.	Name of Health Worker	Designation	Working Days	Payable amount	Net Amount	Signature
11	Nasira Khatun	H.H.W		3125.00	3125.00	Nasira Khatun



Total Amount Rs. 3125.00

Total Amount Rs. Three thousand one hundred twenty five only


Vice-Chairman
Kandi Municipality

Bill for the Salary of Office Staff For CBPHCS Project (Health) under Kandi Municipality for the month

of... *July* - 2017.

Name of Employee	Designation	Working days	Total Pay	Net Pay	Signature
Abhijit Das	Computer Assistant	31	7813.00	7813.00	<i>Abhijit Das</i> 
Rathin Chatterjee	Health Assistant	31	7813.00	7813.00	<i>Rathin Chatterjee</i> 

Total Amount Rs. 15626.00

Total Amount Rs. Fifteen thousand six hundred twenty six only

Passed for Payment
of Rs. 15626.00 Rupees...
Chairman
Kandi Municipality

Signature of Chairman
Chairman
Kandi Municipality

Office of the Board Of Councillors
Kandi Municipality
Kandi, Murshidabad

Ph. No.03484257345
Fax No.03484-257345
Email:- kandimunicipality@yahoo.com

Memo No. 3083/I-k.m/2017

Date 11/09/17

From
The Chairman
Kandi Municipality
Kandi, Murshidabad.

To
The Project Officer, Health
State Urban Development Agency,
Ilgus Bhavan, Hc -Block, Sec.-III,
Salt Lake City, Kol.-91

Sub:- Submission of UC & Statement of Expenditure (SOE) along with Requirement of Fund in connection with Community Based Health Care Service, during Aug.' 2017 of Kandi Municipality.

Madam,

I like to submit herewith the statement of expenditure in connection with the Community Based Health Care Service upto the month Aug' 2017 along with statement of further requirement in this regard for your kind perusal and ready referece.

Considering the above, you are requested to allot further fund for this project and oblige.

Thanking You,

Yours faithfully,

Chairman/Vice-Chairman
Kandi Municipality
Vice-Chairman
Kandi Municipality

- Encl:-
1. SOE
 2. Details of Voucher
 3. Xerox of voucher
 4. UC SR 330A



Utilisation Certificate
(Form No. S.R.330 A)

Sl.No.	Letter No & Date	Amount (in Rs)
1	B/F- April'2015 SUDA-Health -501(P1)-08-198(51) dt.14/10/15 (SUDA Health dt.23.11.2015) (SUDA Health dt.29.1.2016) (SUDA Health dt.9.2.2016) (SUDA Health dt. 6.6.2016) (SUDA Health dt. 15.6.2016) (SUDA Health dt. 15.9.2016) (SUDA Health dt. 15.10.2016) SUDA Health dt. 12.05.2017) (SUDA Health dt.02.08.2017)	Rs. 680661.00 Rs. 210500.00 Rs. 108000.00 Rs.257800.00 Rs.108000.00 Rs. 257800.00 Rs. 108000.00 Rs. 200000.00 Rs. 357600.00 Rs.304200.00 Rs.304200.00
	Total	Rs.2896761.00

Utilization for the month of April.16 Rs. 102,197.00 Balance Rs.263625.36
 Utilization for the month of May.16 Rs. 75010.00 Balance Rs.188615.36
 Utilization for the month of June.16 Rs. 94228.00 Balance Rs.94387.36 + 257800.00 (SUDA Health dt.6.6.2016) + 108000.00 (SUDA Health dt.15.6.2016) Total Balance Rs. 460187.36
 Utilization for the month of July.16 Rs. 77953.00 Balance Rs.382234.36
 Utilization for the month of Aug.16 Rs.77564.00 Balance Rs.304670.36
 Utilization for the month of Sept.16 Rs.199512.00 Balance Rs.105158.36+ 200000.00 SUDA Health dt.15.9.2016) + 357600.00 (SUDA Health dt.15.10.2016) Balance Rs. 662758.36
 Utilization for the month of Oct.16 Rs.75853.00 Balance Rs. 586905.36
 Utilization for the month of Nov.16 Rs.75853.00 Balance Rs. 511052.36
 Utilization for the month of Dec..16 Rs.75853.00 Balance Rs. 435199.36
 Utilization for the month of Jan.17 Rs.117546.00 Balance Rs. 317653.36
 Utilization for the month of Feb.17 Rs.75853.00 Balance Rs. 241800.36
 Utilization for the month of Mar.17 Rs.104276.00 Balance Rs. 137524.36
 Utilization for the month of April.17 Rs.75853.00 Balance Rs. 61671.36 +304200.00(SUDA Health dt.12.05.2017) Total Balance Rs. 365871.36
 Utilization for the month of May.17 Rs.75853.00 Balance Rs. 290018.36
 Utilization for the month of June.17 Rs. 87143.00 Balance Rs. 202875.36
 Utilization for the month of July.17 Rs. 75853.00 Balance Rs. 127022.36 +304200.00(SUDA Health dt.02.08.2017) Total Balance Rs.431222.36

Utilization for the month of Aug.17 Rs. 133905.00 Balance Rs. 297317.36

Certified that I have satisfied myself that the condition on which the Grant-in-aid was sanctioned has been duly fulfilled/are being fulfilled and that I have exercised the following checks to see that the money was actually utilized for the purpose for which it was sanctioned.

KINDS OF CHECK EXERCISED

Original Bill, Receipt & Vouchers.



Signature of Chairman/Vice-Chairman

Vice-Chairman
Kandi Municipality

Community Based Primary Health Care Services in 63 nos. KMA-ULBs Statement of Expenditure (SOE) in Kandi Municipality for the month of Aug -2017

Sl.No.	Item of expenditure	Amount in Rs.
	Non -Recurring	
1.	Equipment	Nil
2.	Furniture	Nil
3.	Construction : (Not applicable for the present)	Nil
	a) Sub-Centre	
	b)OPD cum Maternity Home	Nil
	c)OPD	Nil
4.	I.E.C & Materials	Nil
5.	Renovation Works	Nil
6.	Base Line Survey	Nil
7.	Family Schedule, Training manual, HMIS format & HHW Kitbag	
8.	Strengthening of existing Maternity Home & Dispensaries (Not applicable for the present)	
	Recurring	
9.	Honorarium	53977.00
10.	Salaries	15626.00
11.	Ad-hoc-Bonus	58052.00
12.	Training	0.00
13.	Drug	0.00
14.	I. E. C.	0.00
15.	Operating cost(Sundries, printing, postage & telephone, TA/DA etc.)	6250.00
16.	TOTAL	133905.00




Chairman/Vice Chairman
Kandi Municipality.

Vice-Chairman
Kandi Municipality

Voucher details statement for the month of Aug' 2017

417/17-18 dt.31.08.17	HHW honorarium	Honorarium	40625.00
418/17-18 dt. 31.08.17	FTS honorarium	Honorarium	13352.00
419/17-18 dt. 31.08.17	Office Staff Salary	Salary	15626.00
420/17-18 dt. 25.08.17	Contingency	Hire Charge	6250.00
421/17-18 dt. 31.08.17	Ad-hoc- Bonus	Bonus	58052.00




Chairman/Vice-Chairman
Kandi Municipality

Vice-Chairman
Kandi Municipality

Bill for the H.H.W staff of Kandi Municipality for CBPHCS Project (Health)

under Kandi Municipality for the Month of -....*August*.... 2017

Sl No.	Name of Health Worker	Designation	Working Days	Payable amount	Net Amount	Signature
1	Rupali Hazra	H.H.W		3125.00	3125.00	Rupali Hazra
2	Kumkum Das	H.H.W		3125.00	3125.00	Kumkum Das
3	Susoma Barik	H.H.W		3125.00	3125.00	Susoma Barik
4	Suparna Siddhanta	H.H.W		3125.00	3125.00	Suparna Siddhanta
5	Chameli Nandi	H.H.W		3125.00	3125.00	Chameli Nandi
6	Srimati Mondal	H.H.W		3125.00	3125.00	Srimati Mondal
7	Aporna Das	H.H.W		3125.00	3125.00	Aporna Das
8	Samapti Adhya	H.H.W		3125.00	3125.00	Samapti Adhya
9	Sima Mazumdar	H.H.W		3125.00	3125.00	Sima Mazumdar
10	Mallika Sinha	H.H.W		3125.00	3125.00	Mallika Sinha
11	Nasira Khatun	H.H.W		3125.00	3125.00	Nasira Khatun
12	Karobi Dutta	H.H.W		3125.00	3125.00	Karobi Dutta
13	Papiya Paul	H.H.W		3125.00	3125.00	Papiya Paul

Total Amount Rs. 40625.00

Total Amount Rs. Forty thousand six hundred twenty five only

Passed for payment Rs. 40625.00
(Rupees Forty Thousand Six Hundred Twenty Five only.)

Chairman
Kandi Municipality

Bill for the F.T.S staff of Kandi Municipality for CBPHCS Project(Health)

under Kandi Municipality for the Month of -.....August- 2017

Sl No.	Name of Health Worker	Designation	Working Days	Payable amount	Net Amount	Signature
1	Hira Ghatak	F.T.S		3338.00	3338.00	H. Ghatak
2	Bhadra Mondal	F.T.S		3338.00	3338.00	Bhadra Mondal
3	Shyamoli Das	F.T.S		3338.00	3338.00	Shyamoli Datta Das
4	Purnima Das	F.T.S		3338.00	3338.00	Purnima Das

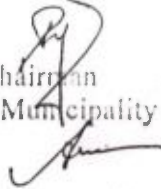
Total Amount Rs. 13352.00

Total Amount Rs. Thirteen thousand three hundred fifty two only

Passed for payment Rs.....13352.00.....

(Rupees Thirteen thousand three hundred, fifty two only.....)only.

Chairman
Kandi Municipality




Bill for the Salary of Office Staff For CBPHCS Project (Health) under Kandi Municipality for the month

of August - 2017

Name of Employee	Designation	Working days	Total Pay	Net Pay	Signature
Abhijit Das	Computer Assistant		7813.00	7813.00	 
Rathin Chatterjee	Health Assistant		7813.00	7813.00	 

Total Amount Rs. 15626.00

Total Amount Rs. Fifteen thousand six hundred twenty six only

Passed for payment Rs. 15626.00
 (Rupees: Fifteen thousand six hundred twenty six only.
only.

 Chairperson
 Kandi Municipality

Bill of Ad-hoc Bonus to CBPHCS, HHWs, FTS & Office Staff during 2016-17
Vide GO no. 3707-F(p2)/FA/0/2M/493/12 dt.13.6.17,Suda-Health/532/09/164(73) dt.
23/8/17

Sl. No.	Name of Office Staff	Duration work as on 31.3.17	Basic Pay (consolited) Fixed Pay	Amount of Ad-hoc Bonus	signature
1	Rupali Hazra	11 Yrs.	3125.00	3125.00	Rupali Hazra
2	Kumkum Das	11 Yrs.	3125.00	3125.00	Kumkum Das
3	Susoma Barik	11 Yrs.	3125.00	3125.00	Susoma Barik
4	Suparna Siddhanta	11 Yrs.	3125.00	3125.00	Suparna Siddhanta
5	Chameli Nandi	11 Yrs.	3125.00	3125.00	Chameli Nandi
6	Srimati Mondal	11 Yrs.	3125.00	3125.00	Srimati Mondal
7	Aporna Das	11 Yrs.	3125.00	3125.00	Aporna Das
8	Samapti Adhya	11 Yrs.	3125.00	3125.00	Samapti Adhya
9	Sima Mazumdar	11 Yrs.	3125.00	3125.00	Sima Mazumdar
10	Mallika Sinha	11 Yrs.	3125.00	3125.00	Mallika Sinha
11	Karobi Dutta	11 Yrs.	3125.00	3125.00	Karobi Dutta
12	Papiya Paul	11 Yrs.	3125.00	3125.00	Papiya Paul

37500.00

Rupees Thirty seven thousand five hundred only

Passed for payment Rs. 37,500/-
 (Rupees Thirty Seven Thousand, Five Hundred only.)

Chairman
Kandi Municipality

Bill of Ad-hoc Bonus to CBPHCS, HHWs, FTS & Staff during 2016-17
 Vide GO no.3707-F(p2)/FA/0/2M/493/12 dt.13/6/17 &
 SUDA-Health/532/09/164(73) dt. 23/8/17

Sl. No.	Name of FTS	Duration work as on 31.3.16	Basic Pay (consolited) Fixed Pay	Amount of Ad-hoc Bonus	signature
1	Hira Ghatak	11 Yrs.	3338.00	3338.00	H. Ghatak
2	Bhadra Mondal	11 Yrs.	3338.00	3338.00	Bhadra Mondal
3	Shyamoli Das	11 Yrs.	3338.00	3338.00	Shyamoli Datta Das
4	Purnima Das	11 Yrs.	3338.00	3338.00	Purnima Das.

13352.00

Rupees Thirteen thousand three hundred fifty two only

Passed for payment Rs.....13352.00
 (Rupees *Thirteen thousand three hundred, fifty two* only.)


 Chairman
 Kandi Municipality

Bill of Ad-hoc Bonus to CBPHCS, HHWS, FTS & Staff during 2016-17

Vide GO no. 3707-F(p2)/FA/0/2M/493/12 dt.13.6.17 SUDA-Health/532/09/164(73) dt. 23/8/17

Sl. No.	Name of Office Staff	Duration work as on 31.3.16	Basic Pay (consolidated) Fixed Pay	Amount of Ad-hoc Bonus	signature
1	Abhijit Das	9 yrs.	7813.00	3600.00	<i>Abhijit Das</i>
2	Rathin Chatterjee	9 yrs.	7813.00	3600.00	<i>Rathin Chatterjee</i>
				7200.00	

Rupees seven thousand two hundred only

Passed for payment Rs. 7200/-
 (Rupees Seven thousand two hundred only) only.

[Signature]
 Chairman
 Kandi Municipality

ফোন ৯৭৩৩৩৮২৫০০/ ৯৭৩৪৭২০৯৭৬



নীলকণ্ঠ পরিবহন

এখানে ছোট লোর্ডি ডাড়া পাওয়া যায়।

প্রাঃ- সুনীল কুমার কোনাই ও সমর কোনাই

কান্দী ✪ নতুনপাড়া ✪ মুর্শিদাবাদ ✪ পিন - ৭৪২১৩৭

Chairman
Kandi Municipality -

তারিখ 25.8.17

25.8.17

Kandi to SUDA

- 4900.00

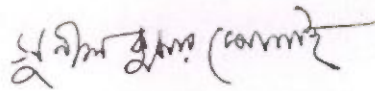
Boardroom meeting
3 day.

- 1350.00

RS - 6250.00

৳ ৬২৫০.০০
৳ ৬২৫০.০০, ৳ ৩০০.০০


Vice-Chairman
Kandi Municipality


Chairman (Kandi)

Office of the Board Of Councillors
Kandi Municipality
Kandi, Murshidabad

Ph. No.03484257345
Fax No.03484-257345

Email:- kandimunicipality@yahoo.com

Memo No. 2636/I-K.M/2017

Date 25/07/17

From
The Chairman
Kandi Municipality
Kandi, Murshidabad.

To
The Project Officer, Health
State Urban Development Agency,
Ilgus Bhavan, Hc -Block, Sec.-III,
Salt Lake City, Kol.-91

Sub:- Submission of UC & Statement of Expenditure (SOE) along with Requirement of Fund in connection with Community Based Health Care Service, during June.' 2017 of Kandi Municipality.

Madam,

I like to submit herewith the statement of expenditure in connection with the Community Based Health Care Service upto the month June' 2017 along with statement of further requirement in this regard for your kind perusal and ready referece.

Considering the above, you are requested to allot further fund for this project and oblige.

Thanking You,

Yours faithfully,



Chairman/Vice-Chairman
Kandi Municipality

Vice-Chairman
Kandi Municipality

- Encl:-
1. SOE
 2. Details of Voucher
 3. Xerox of voucher
 4. UC SR 330A

Utilisation Certificate
(Form No. S.R.330 A)

Sl.No.	Letter No & Date	Amount (in Rs)
1	B/F- April'2015 SUDA-Health -501(P1)-08-198(51) dt.14/10/15 (SUDA Health dt.23.11.2015) (SUDA Health dt.29.1.2016) (SUDA Health dt.9.2.2016) (SUDA Health dt. 6.6.2016) (SUDA Health dt. 15.6.2016) (SUDA Health dt. 15.9.2016) (SUDA Health dt. 15.10.2016) SUDA Health dt. 12.05.2017)	Rs. 680661.00 Rs. 210500.00 Rs. 108000.00 Rs.257800.00 Rs.108000.00 Rs. 257800.00 Rs. 108000.00 Rs. 200000.00 Rs. 357600.00 Rs.304200.00
	Total	Rs.2592561.00

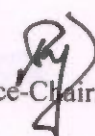

Utilization for the month of April.16 Rs. 102,197.00 Balance Rs.263625.36
 Utilization for the month of May.16 Rs. 75010.00 Balance Rs.188615.36
 Utilization for the month of June.16 Rs. 94228.00 Balance Rs.94387.36 + 257800.00 (SUDA Health dt.6.6.2016) + 108000.00 (SUDA Health dt.15.6.2016) Total Balance Rs. 460187.36
 Utilization for the month of July.16 Rs. 77953.00 Balance Rs.382234.36
 Utilization for the month of Aug.16 Rs.77564.00 Balance Rs.304670.36
 Utilization for the month of Sept.16 Rs.199512.00 Balance Rs.105158.36+ 200000.00 SUDA Health dt.15.9.2016) + 357600.00 (SUDA Health dt.15.10.2016) Balance Rs. 662758.36
 Utilization for the month of Oct.16 Rs.75853.00 Balance Rs. 586905.36
 Utilization for the month of Nov.16 Rs.75853.00 Balance Rs. 511052.36
 Utilization for the month of Dec..16 Rs.75853.00 Balance Rs. 435199.36
 Utilization for the month of Jan.17 Rs.117546.00 Balance Rs. 317653.36
 Utilization for the month of Feb.17 Rs.75853.00 Balance Rs. 241800.36
 Utilization for the month of Mar.17 Rs.104276.00 Balance Rs. 137524.36
 Utilization for the month of April.17 Rs.75853.00 Balance Rs. 61671.36 +304200.00(SUDA Health dt.12.05.2017) Total Balance Rs. 365871.36
 Utilization for the month of May.17 Rs.75853.00 Balance Rs. 290018.36
 Utilization for the month of June.17 Rs. 87143.00 Balance Rs. 202875.36

Certified that I have satisfied myself that the condition on which the Grant-in-aid was sanctioned has been duly fulfilled/are being fulfilled and that I have exercised the following checks to see that the money was actually utilized for the purpose for which it was sanctioned.

KINDS OF CHECK EXERCISED

Original Bill, Receipt & Vouchers.



Signature of Chairman/Vice-Chairman

Vice-Chairman
Kandi Municipality


Community Based Primary Health Care Services in 63 nos. KMA-ULBs Statement of Expenditure (SOE) in Kandi Municipality for the month of June -2017

Sl.No.	Item of expenditure	Amount in Rs.
	Non -Recurring	
1.	Equipment	Nil
2.	Furniture	Nil
3.	Construction : (Not applicable for the present)	Nil
	a) Sub-Centre	
	b)OPD cum Maternity Home	Nil
	c)OPD	Nil
4.	I.E.C & Materials	Nil
5.	Renovation Works	Nil
6.	Base Line Survey	Nil
7.	Family Schedule, Training manual, HMIS format & HHW Kitbag	
8.	Strengthening of existing Maternity Home & Dispensaries (Not applicable for the present)	
Recurring		
9.	Honorarium	53977.00
10.	Salaries	15626.00
11.	Bonus	3125.00
12.	Rent	5550.00
13.	Training	0.00
14.	Drug	2615.00
15.	I. E. C.	0.00
16.	Operating cost(Sundries, printing, postage & telephone, TA/DA etc.)	6250.00
17.	TOTAL	87143.00



Chairman/Vice Chairman
Kandi Municipality.
Vice-Chairman
Kandi Municipality

Voucher details statement for the month of June' 2017

405/17-18 dt.30.06.17	HHW honorarium	Honorarium	40625.00
406/17-18 dt. 30.06.17	FTS honorarium	Honorarium	13352.00
407/17-18 dt. 30.06.17	Office Staff Salary	Salary	15626.00
408/17-18 dt. 30.06.17	Ad-hoc Bonus	Bonus	3125.00
409/17-18 dt. 19.07.17	Contingency	Rent[Jemo-Apr'17 to June'17]	2550.00
410/17-18 dt. 30.06.17	Contingency	Rent[Rasorah-Apr'17 to June'17]	3000.00
411/17-18 dt. 08.06.17	Contingency	Medicine	2615.00
412/17-18 dt. 25.06.17	Contingency	Hire Charge	6250.00



**Chairman/Vice-Chairman
Kandi Municipality**


**Vice-Chairman
Kandi Municipality**

[Handwritten signature]

the Honararium of H.H.W. staff under Kand Municipality CBPHCS Project (Health)
for the Month of -.....Jun 2017.....

Sl No.	Name of Health Worker	Designation	Working Days	Total Pay	Net Amount	Signature
1	Rupali Hazra	H.H.W	30	3125-	3125-	Rupali Hazra
2	Kumkum Das	H.H.W	30	3125-	3125-	Kumkum Das
3	Susoma Barik	H.H.W	30	3125-	3125-	Susoma Barik
4	Suparna Siddhanta	H.H.W	30	3125-	3125-	Suparna Siddhanta
5	Srimati Mondal	H.H.W	30	3125-	3125-	Srimati Mondal
6	Aparna Das	H.H.W	30	3125-	3125-	Aparna Das
7	Samapti Adhya	H.H.W	30	3125-	3125-	Samapti Adhya
8	Sima Mazumdar	H.H.W	30	3125-	3125-	Sima Mazumdar
9	Mallika Sinha	H.H.W	30	3125-	3125-	Mallika Sinha
10	Nasira Khatun	H.H.W				
11	Karobi Dutta	H.H.W	30	3125-	3125-	Karobi Dutta
12	Papiya Paul	H.H.W	30	3125-	3125-	Papiya Paul
13	Chameli Nandi	H.H.W	30	3125-	3125-	Chameli Nandi

37,500/- Thirty Seven
Thousand Five Hundred Rs. only


Chief Executive
Kandi Municipality

Bill for the Honararium of F.T.S staff under Kandi Municipality CBPHCS Project (Health)
for the Month of -.....*June - 2017*.....

Sl No.	Name of Health Worker	Designation	Working Days	Total Pay	Net Amount	Signature
1	Hira Ghatak	F.T.S	30	3338.00	3338.00	<i>Hira Ghatak</i>
2	Bhadra Mondal	F.T.S	30	3338.00	3338.00	<i>Bhadra Mondal</i>
3	Shyamoli Das(Dutta)	F.T.S	30	3338.00	3338.00	<i>Shyamoli Dutta Das</i>
4	Purnima Das	F.T.S	30	3338.00	3338.00	<i>Purnima Das</i>



Total - 13352.00

13352.00 (Total) (F.T.S. Staff) only

[Signature]
Chairman
Kandi Municipality


Bill for the Salary of Office Staff For CBPHCS Project (Health) under Kandi Municipality for the month

of... *June* ... - 2017

Name of Employee	Designation	Working days	Total Pay	Net Pay	Signature
Abhijit Das	Computer Assistant	30	7813.00	7813.00	
Rathin Chatterjee	Health Assistant	30	7813.00	7813.00	

For Rs. 15626.00 (Rupees *Fifteen*

thousand, Six hundred twenty six only)


Kandi Municipality

Total Amount Rs. 15626.00

Total Amount Rs. Fifteen thousand six hundred twenty six only

ঘর ভাড়ার রসিদ . নং

মালিক সুখানন্দ চন্দ্রবর্ত্তা

থানা বাসুদেব, ওয়ার্ড নং - ০৭

ভাড়াটিয়ার নাম কান্দী পাল

পিতা/ স্বামীর নাম - ঠিকানা কান্দী

ক্রমিক নং - হোল্ডিং নং ৭৫ মহলা ৩য়

থানা কান্দী পোঃ বাসুদেব জেলা সুন্দরগঞ্জ

মাসিক ভাড়া ১০০০/- হিসাবে বকেয়া সন

১৪ / ২০১৭ সালের ০৬ মাসের

ভাড়া ২৫শে - ২৭শে তারিখ ২০১৭

মোট ভাড়া (অঙ্কে) ৩০০০/- টাকা - পয়সা

(কথায়) তিন হাজার টাকা পাইলাম।

Passed for Payment

of Rs. 3000/- (Rupees)

তারিখঃ- ১৯.০৭.১৭

আদায়কারীর স্বাক্ষর

Chairman
Kendi Municipality

বাকী প্রেস কান্দী, ২৫৫২৬৫ কালার জেরক্স করা হয়।

ঘর ভাড়ার রসিদ

তারিখ.....

নাম শ্রীমতী কাম্বু সৌন্দর্য

ঠিকানা কাম্বু সুন্দরী

হোল্ডিং নং- ৩৪/৫/১০৩ মহলা- পাশ্চাত্য পল্লী

বিবরণ : এপ্রিল ২০১৭ মাস হইতে

জুন ২০১৭ মাস পর্যন্ত

৮৫০.০০ টাকা হারে

মোট ২৫৫০.০০ টাকা বৃষ্টিয়া পাইলান।

তারিখ- ৩০/৫/২০১৭

আদায়কারী

কাম্বু সৌন্দর্য

Passed for Payment
of Rs. 2550.00 Rupees

Two Thousand Five Hundred Fifty

Chairman
Kandi Municipality

বাণী প্রেস কান্দি, ২৫৫২৬৫ কান্দির জেরঙ্গা করা হয়
০৫/৫/১৭

DAS MEDICAL HALL

Kandi Hospital Road, Kandi, Murshidabad
Prop:- Mitali Das (Singha)

Date - 08/06/2017.

To
The vice chairman
Kandi Municipality,

8111

- | | | | |
|----|----------------------------------|---|----------|
| 1. | Cotton. 7 Roll X 270f | = | 1,890.00 |
| 2. | Tbaet ointment | = | 95.00 |
| 3. | Xzent ointment | = | 230.00 |
| 4. | Zerodal SR Tablet
+ stit | = | 150.00 |
| 5. | Paracetamol Tablet
+ stit | = | 30.00 |
| 6. | clavam & Ciprofloxacin
+ stit | = | 220.00 |

Total - 2,615.00

Two thousand Six hundred and fifteen only.

Received.
Enter Serial Register.
Page no. - (20)
08-6-17

Mitali Das (Singha)

+ thousand Six hundred and fifteen only.

Proprietor uses.
Abhijit Das.
08-6-17

OT No.

Chairman
Kandi Municipality

Bill for the H.H.W staff of Kandi Municipality for CBPHCS Project (Health)

under Kandi Municipality for the Month of -June'2017

Sl No.	Name of Health Worker	Designation	Working Days	Payable amount	Net Amount	Signature
11	Nasira Khatun	H.H.W		3125.00	3125.00	<i>Nasira Khatun</i>

Total Amount Rs. 3125.00

Total Amount Rs. Three thousand one hundred twenty five only

Passed for Payment
of Rs. 3125.00

Three thousand one hundred twenty five only

Chairman
Kandi Municipality

Bill of Ad-hoc Bonus to CBPHCS, HHWs, FTS & Staff during 2016-17
Vide GO no. 3707-F(p2)/FA/0/2M/493/12 dt.13.6.17

Sl. No.	Name of Office Staff	Duration work as on 31.3.17	Basic Pay (consolited) Fixed Pay	Amount of Ad-hoc Bonus	signature
1	Nasira Khatun	11 yrs.	3125.00	3125.00	<i>Nesira Khatun</i>
				3125.00	

Rupees Three thousand one hundred twenty five only

Passed for Payment of Rs 3125.00 (Rupees Three thousand one hundred twenty five only)
[Signature]
 Chairman
 Kandi Municipality



ফোন - ৯৭৩৩৩৮২৫০০/ ৯৭৩৪০২০৯৭৬

নীলকণ্ঠ পরিবহন

এখানে ছোট লড়ি ডাড়া পাওয়া যায়।

প্রাঃ- সুনীল কুমার কোনাই ও সমর কোনাই

কান্দী ✪ নতুনপাড়া ✪ মুর্শিদাবাদ ✪ পিন - ৭৪২১৩৭

Chairman
Kandi Municipality -

তারিখ 26.8.17

26.8.17

Kandi to SUDA

- 4900.00

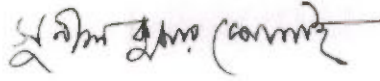
Boarding meeting
3 day.

- 1350.00

১২৭ - 6250.00

Sri Kund Sri Kund, ৬৪২১৩৭


Vice-Chairman
Kandi Municipality



Office of the Board Of Councillors
Kandi Municipality
Kandi, Murshidabad

Ph. No.03484257345
Fax No.03484-257345
Email:- kandimunicipality@yahoo.com

Memo No. 2408/I-k.m/2017

Date 20/06/17

From
The Chairman
Kandi Municipality
Kandi, Murshidabad.

To
The Project Officer, Health
State Urban Development Agency,
Ilgus Bhavan, Hc -Block, Sec.-III,
Salt Lake City, Kol.-91

Sub:- Submission of UC & Statement of Expenditure (SOE) along with Requirement of Fund in connection with Community Based Health Care Service, during May.' 2017 of Kandi Municipality.

Madam,

I like to submit herewith the statement of expenditure in connection with the Community Based Health Care Service upto the month May' 2017 along with statement of further requirement in this regard for your kind perusal and ready referece.

Considering the above, you are requested to allot further fund for this project and oblige.

Thanking You,

Yours faithfully,


Chairman/Vice-Chairman
Kandi Municipality
Vice-Chairman
Kandi Municipality

- Encl:-
1. SOE
 2. Details of Voucher
 3. Xerox of voucher
 4. UC SR 330A



Utilisation Certificate
(Form No. S.R.330 A)

Sl.No.	Letter No & Date	Amount (in Rs)
1	B/F- April'2015 SUDA-Health -501(P1)-08-198(51) dt.14/10/15 (SUDA Health dt.23.11.2015) (SUDA Health dt.29.1.2016) (SUDA Health dt.9.2.2016) (SUDA Health dt. 6.6.2016) (SUDA Health dt. 15.6.2016) (SUDA Health dt. 15.9.2016) (SUDA Health dt. 15.10.2016) SUDA Health dt. 12.05.2017)	Rs. 680661.00 Rs. 210500.00 Rs. 108000.00 Rs.257800.00 Rs.108000.00 Rs. 257800.00 Rs. 108000.00 Rs. 200000.00 Rs. 357600.00 Rs.304200.00
	Total	Rs.2592561.00

Utilization for the month of April.16 Rs. 102,197.00 Balance Rs.263625.36
 Utilization for the month of May.16 Rs. 75010.00 Balance Rs.188615.36
 Utilization for the month of June.16 Rs. 94228.00 Balance Rs.94387.36 + 257800.00 (SUDA Health
 dt.6.6.2016) + 108000.00 (SUDA Health dt.15.6.2016) Total Balance Rs. 460187.36
 Utilization for the month of July.16 Rs. 77953.00 Balance Rs.382234.36
 Utilization for the month of Aug.16 Rs.77564.00 Balance Rs.304670.36
 Utilization for the month of Sept.16 Rs.199512.00 Balance Rs.105158.36+ 200000.00 SUDA Health
 dt.15.9.2016) + 357600.00 (SUDA Health dt.15.10.2016) Balance Rs. 662758.36
 Utilization for the month of Oct.16 Rs.75853.00 Balance Rs. 586905.36
 Utilization for the month of Nov.16 Rs.75853.00 Balance Rs. 511052.36
 Utilization for the month of Dec..16 Rs.75853.00 Balance Rs. 435199.36
 Utilization for the month of Jan.17 Rs.117546.00 Balance Rs. 317653.36
 Utilization for the month of Feb.17 Rs.75853.00 Balance Rs. 241800.36
 Utilization for the month of Mar.17 Rs.104276.00 Balance Rs. 137524.36
 Utilization for the month of April.17 Rs.75853.00 Balance Rs. 61671.36 +304200.00(SUDA Health
 dt.12.05.2017) Total Balance Rs. 365871.36
 Utilization for the month of May.17 Rs.75853.00 Balance Rs. 290018.36

Certified that I have satisfied myself that the condition on which the Grant-in-aid was sanctioned has been duly fulfilled/are being fulfilled and that I have exercised the following checks to see that the money was actually utilized for the purpose for which it was sanctioned.

KINDS OF CHECK EXERCISED

Original Bill, Receipt & Vouchers.




Signature of Chairman/Vice-Chairman
Vice-Chairman
Kandi Municipality

Community Based Primary Health Care Services in 63 nos. KMA-ULBs Statement of Expenditure (SOE) in Kandi Municipality for the month of May -2017

Sl.No.	Item of expenditure	Amount in Rs.
	Non -Recurring	
1.	Equipment	Nil
2.	Furniture	Nil
3.	Construction : (Not applicable for the present)	Nil
	a) Sub-Centre	
	b)OPD cum Maternity Home	Nil
	c)OPD	Nil
4.	I.E.C & Materials	Nil
5.	Renovation Works	Nil
6.	Base Line Survey	Nil
7.	Family Schedule, Training manual, HMIS format & HHW Kitbag	
8.	Strengthening of existing Maternity Home & Dispensaries (Not applicable for the present)	
	Recurring	
9.	Honorarium	53977.00
10.	Salaries	15626.00
11.	Rent	0.00
12.	Training	0.00
13.	Drug	0.00
14.	I. E. C.	0.00
15.	Operating cost(Sundries, printing, postage & telephone, TA/DA etc.)	6250.00
16.	TOTAL	75853.00





 Chairman/Vice Chairman
 Kandi Municipality.
Vice-Chairman
Kandi Municipality

Voucher details statement for the month of May' 2017

401/17-18 dt.31.05.17	HHW honorarium	Honorarium	40625.00
402/17-18 dt. 31.05.17	FTS honorarium	Honorarium	13352.00
403/17-18 dt. 31.05.17	Office Staff Salary	Salary	15626.00
404/17-18 dt. 15.05.17	Contingency	Hire Charge	6250.00




Chairman/Vice-Chairman
Kandi Municipality
Vice-Chairman
Kandi Municipality

for the H.H.W staff of Kandi Municipality for CBPHCS Project (Health)

under Kandi Municipality for the Month of -...MAY - 2017

Sl No.	Name of Health Worker	Designation	Working Days	Payable amount	Net Amount	Signature
1	Rupali Hazra	H.H.W		3125.00	3125.00	Rupali Hazra
2	Kumkum Das	H.H.W		3125.00	3125.00	Kum Kum Das
3	Susoma Barik	H.H.W		3125.00	3125.00	Susoma Barik
4	Suparna Siddhanta	H.H.W		3125.00	3125.00	Suparna Siddhanta
5	Chameli Nandi	H.H.W		3125.00	3125.00	Chameli Nandi
6	Srimati Mondal	H.H.W		3125.00	3125.00	Srimati Mondal
7	Aporna Das	H.H.W		3125.00	3125.00	Aporna Das
8	Samapti Adhya	H.H.W		3125.00	3125.00	Samapta Adhya
9	Sima Mazumdar	H.H.W		3125.00	3125.00	Sima Mazumdar
10	Mallika Sinha	H.H.W		3125.00	3125.00	Mallika Sinha
11	Nasira Khatun	H.H.W		3125.00	3125.00	Nasira Khatun
12	Karobi Dutta	H.H.W		3125.00	3125.00	Karobi Dutta
13	Papiya Paul	H.H.W		3125.00	3125.00	Papiya Paul

Total Amount Rs. 40625.00

Total Amount Rs. Forty thousand six hundred twenty five onely

40625.00 Forty thousand
Six Hundred, twenty five



Bill for the F.T.S staff of Kandi Municipality for CBPHCS Project(Health)

under Kandi Municipality for the Month ofMAY-2017.....

Sl No.	Name of Health Worker	Designation	Working Days	Payable amount	Net Amount	Signature
1	Hira Ghatak	F.T.S		3338.00	3338.00	Hira Ghatak
2	Bhadra Mondal	F.T.S		3338.00	3338.00	Bhadra Mondal
3	Shyamoli Das	F.T.S		3338.00	3338.00	Shyamoli Das
4	Purnima Das	F.T.S		3338.00	3338.00	Purnima Das

Total Amount Rs. 13352.00

Total Amount Rs. Thirteen thousand three hundred fifty two only

13352.00 Thirteen thousand
Three hundred fifty two only



Bill for the Salary of Office Staff For CBPHCS Project (Health) under Kandi Municipality for the month
of... *MAY - 2017*

Name of Employee	Designation	Working days	Total Pay	Net Pay	Signature
Abhijit Das	Computer Assistant		7813.00	7813.00	<i>Abhijit Das</i>
Rathin Chatterjee	Health Assistant		7813.00	7813.00	<i>Rathin Chatterjee</i>

Total Amount Rs. 15626.00

Total Amount Rs. Fifteen thousand six hundred twenty six only

15626.00 *Fifteen thousand*
six hundred, twenty six



Nilkantha Paribahan

Mob:- 9734020976

Prop:- Samar Konai

Natunpara, Kandi, Murshidabad

Ref:-

Date:- 14.5.17

vee Chairmon

Kandi Municipality.

① SUDA. KOLKATA =

(up+down)

450Km X 12.00 =

5400.00

② CMOH 0761e
Berkup =

850.00

total = 6250.00

Propriety uses.

Ashpil as.
14.4.17

Six Hand - Juro Hand Fitzay Rips ny.


Vice-Chairman
Kandi Municipality

Samar Konai
proprietor.

Memo No. 2228/I-K.M/2017

Date 22/05/17

From
The Chairman
Kandi Municipality
Kandi, Murshidabad.

To
The Project Officer, Health
State Urban Development Agency,
Ilgus Bhavan, Hc -Block, Sec.-III,
Salt Lake City, Kol.-91

Sub:- Submission of UC & Statement of Expenditure (SOE) along with Requirement of Fund in connection with Community Based Health Care Service, during April.' 2017 of Kandi Municipality.

Madam,

I like to submit herewith the statement of expenditure in connection with the Community Based Health Care Service upto the month April' 2017 along with statement of further requirement in this regard for your kind perusal and ready referece.

Considering the above, you are requested to allot further fund for this project and oblige.

Thanking You,

Yours faithfully,

Chairman/Vice-Chairman
Kandi Municipality

**Vice-Chairman
Kandi Municipality**

- Enclo:-
1. SOE
 2. Details of Voucher
 3. Xerox of voucher
 4. UC SR 330A



Utilisation Certificate
(Form No. S.R.330 A)

Sl.No.	Letter No & Date	Amount (in Rs)
1	B/F- April'2015 SUDA-Health -501(P1)-08-198(51) dt.14/10/15 (SUDA Health dt.23.11.2015) (SUDA Health dt.29.1.2016) (SUDA Health dt.9.2.2016) (SUDA Health dt. 6.6.2016) (SUDA Health dt. 15.6.2016) (SUDA Health dt. 15.9.2016) (SUDA Health dt. 15.10.2016)	Rs. 680661.00 Rs. 210500.00 Rs. 108000.00 Rs.257800.00 Rs.108000.00 Rs. 257800.00 Rs. 108000.00 Rs. 200000.00 Rs. 357600.00
	Total	Rs.2288361.00

Rs. 126521.36+210500.00=Rs.337021.36(SUDA-Health -501(P1)-08-198(51))dt.14/10/15
 Utilization for the month of Oct.15 Rs. 89004.00 Balance Rs. 248017.36
 Utilization for the month of Nov.15 Rs. 74521.00 Balance Rs. 173496.36 + Rs. 108000.00 (SUDA Health dt.23.11.2015) Total=Rs.281,496.36
 Utilization for the month of Dec.15 Rs. 95684.00 Balance Rs.185,812.36
 Utilization for the month of Jan.16 Rs. 61930.00 Balance Rs.123882.36 + 257800.00 (SUDA Health dt.29.1.2016) Total =Rs.381682.36
 Utilization for the month of Feb.16 Rs. 61930.00 Balance Rs.319752.36 + 108000.00 (SUDA Health dt.9.2.2016) Total =Rs.427752.36
 Utilization for the month of Mar.16 Rs. 61930.00 Balance Rs.365822.36
 Utilization for the month of April.16 Rs. 102,197.00 Balance Rs.263625.36
 Utilization for the month of May.16 Rs. 75010.00 Balance Rs.188615.36
 Utilization for the month of June.16 Rs. 94228.00 Balance Rs.94387.36 + 257800.00 (SUDA Health dt.6.6.2016) + 108000.00 (SUDA Health dt.15.6.2016) Total Balance Rs. 460187.36
 Utilization for the month of July.16 Rs. 77953.00 Balance Rs.382234.36
 Utilization for the month of Aug.16 Rs.77564.00 Balance Rs.304670.36
 Utilization for the month of Sept.16 Rs.199512.00 Balance Rs.105158.36+ 200000.00 SUDA Health dt.15.9.2016) + 357600.00 (SUDA Health dt.15.10.2016) Balance Rs. 662758.36
 Utilization for the month of Oct.16 Rs.75853.00 Balance Rs. 586905.36
 Utilization for the month of Nov.16 Rs.75853.00 Balance Rs. 511052.36
 Utilization for the month of Dec..16 Rs.75853.00 Balance Rs. 435199.36
 Utilization for the month of Jan.17 Rs.117546.00 Balance Rs. 317653.36
 Utilization for the month of Feb.17 Rs.75853.00 Balance Rs. 241800.36
 Utilization for the month of Mar.17 Rs.104276.00 Balance Rs. 137524.36
 Utilization for the month of April.17 Rs.75853.00 Balance Rs. 61671.36

Certified that I have satisfied myself that the condition on which the Grant-in-aid was sanctioned has been duly fulfilled/are being fulfilled and that I have exercised the following checks to see that the money was actually utilized for the purpose for which it was sanctioned.

KINDS OF CHECK EXERCISED

Original Bill, Receipt & Vouchers.




 Signature of Chairman/Vice-Chairman
Vice-Chairman
Kandi Municipality

Community Based Primary Health Care Services in 63 nos. KMA-ULBs Statement of Expenditure (SOE) in Kandi Municipality for the month of April -2017

Sl.No.	Item of expenditure	Amount in Rs.
	Non -Recurring	
1.	Equipment	Nil
2.	Furniture	Nil
3.	Construction : (Not applicable for the present)	Nil
	a) Sub-Centre	
	b)OPD cum Maternity Home	Nil
	c)OPD	Nil
4.	I.E.C & Materials	Nil
5.	Renovation Works	Nil
6.	Base Line Survey	Nil
7.	Family Schedule, Training manual, HMIS format & HHW Kitbag	
8.	Strengthening of existing Maternity Home & Dispensaries (Not applicable for the present)	
	Recurring	
9.	Honorarium	53977.00
10.	Salaries	15626.00
11.	Rent	0.00
12.	Training	0.00
13.	Drug	0.00
14.	I. E. C.	0.00
15.	Operating cost(Sundries, printing, postage & telephone, TA/DA etc.)	6250.00
16.	TOTAL	75853.00



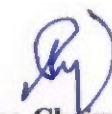
Chairman/Vice Chairman
Kandi Municipality.

Vice-Chairman
Kandi Municipality

Voucher details statement for the month of April' 2017

397/17-18 dt.30.04.17	HHW honorarium	Honorarium	40625.00
398/17-18 dt. 30.04.17	FTS honorarium	Honorarium	13352.00
399/17-18 dt. 30.04.17	Office Staff Salary	Salary	15626.00
400/17-18 dt. 14.04.17	Contingency	Hire Charge	6250.00




Chairman/Vice-Chairman
Kandi Municipality

Vice-Chairman
Kandi Municipality

95/ m/17-18
22 29/4/17

the H.H.W staff of Kandi Municipality for CBPHCS Project (Health)

under Kandi Municipality for the Month of -...APRIL- 2017.....

Sl No.	Name of Health Worker	Designation	Working Days	Payable amount	Net Amount	Signature
1	Rupali Hazra	H.H.W	30	3125.00	3125.00	Rupali Hazra
2	Kumkum Das	H.H.W	30	3125.00	3125.00	Kum Kum Das.
3	Susoma Barik	H.H.W	30	3125.00	3125.00	Susoma Barik
4	Suparna Siddhanta	H.H.W	30	3125.00	3125.00	Suparna Siddhanta
5	Chameli Nandi	H.H.W	30	3125.00	3125.00	Chameli Nandi
6	Srimati Mondal	H.H.W	30	3125.00	3125.00	Srimati Mondal
7	Aporna Das	H.H.W	30	3125.00	3125.00	Aporna Das
8	Samapti Adhya	H.H.W	30	3125.00	3125.00	Samapti Adhya.
9	Sima Mazumdar	H.H.W	30	3125.00	3125.00	Sima Mazumdar
10	Mallika Sinha	H.H.W	30	3125.00	3125.00	Mallika Sinha
11	Nasira Khatun	H.H.W	30	3125.00	3125.00	Nasira Khatun
12	Karabi Dutta	H.H.W	30	3125.00	3125.00	Karabi Dutta
13	Papiya Paul	H.H.W	30	3125.00	3125.00	Papiya Paul

Total Amount Rs. 40625.00

Total Amount Rs. Forty thousand six hundred twenty five onely

40625.00 Forty
Thousand Six Hundred Twenty Five Only

Chairman
Kandi Municipality

Bill for the F.T.S staff of Kandi Municipality for CBPHCS Project(Health)

under Kandi Municipality for the Month of -...APRIL- 2017

Sl No.	Name of Health Worker	Designation	Working Days	Payable amount	Net Amount	Signature
1	Hira Ghatak	F.T.S	30	3338.00	3338.00	Hira Ghatak.
2	Bhadra Mondal	F.T.S	30	3338.00	3338.00	Bhadra Mondal
3	Shyamoli Das	F.T.S	30	3338.00	3338.00	Shyamoli Datta Das
4	Purnima Das	F.T.S	30	3338.00	3338.00	Purnima Das.

Total Amount Rs. 13352.00





Total Amount Rs. Thirteen thousand three hundred fifty two only

13352.00 Thirteen
Thousand Three Hundred Fifty Two only

Chief
Kandi Municipality

Bill for the Salary of Office Staff For CBPHCS Project (Health) under Kandi Municipality for the month

of... APRIL - 2018

Name of Employee	Designation	Working days	Total Pay	Net Pay	Signature
Abhijit Das	Computer Assistant	<u>30</u>	7813.00	7813.00	 
Rathin Chatterjee	Health Assistant	<u>30</u>	7813.00	7813.00	 

Total Amount Rs. 15626.00



Total Amount Rs. Fifteen thousand six hundred twenty six only

15626.00

Fifteen

Placed, Per Minute, Today for

Chairman
Kandi Municipality

Nilkantha Paribahan

Mob:- 9734020976

Prop:- Samar Konai

Natunpara, Kandi, Murshidabad

Ref:-

Date:- 14.4.17

Vice Chairmon
Kandi Municipality.

① SUDA. KOLKATA =

(up + down)
450 Km X 12.00 =

5400.00

② CMOH of Bhae
Berhamp =

850.00

Total = 6250.00

Proprietary uses.
As per bill of
14.4.17

Six third - Two third Friday Rips ny.


Vice-Chairman
Kandi Municipality

Samar Konai
proprietor.

Office of the Board Of Councillors
Kandi Municipality
Kandi, Murshidabad

[Handwritten Signature]

Ph. No.03484257345
Fax No.03484-257345

Email:- kandimunicipality@yahoo.com

Memo No. 1642/En/I-KM/17

Date 28/02/17

From
The Chairman
Kandi Municipality
Kandi, Murshidabad.

To
The Project Officer, Health
State Urban Development Agency,
Hrus Bhavan, Hc -Block, Sec.-III,
Salt Lake City, Kol.-91

Sub:- Submission of UC & Statement of Expenditure (SOE) along with Requirement of Fund in connection with Community Based Health Care Service, during Jan.' 2017 of Kandi Municipality.

Madam,

I like to submit herewith the statement of expenditure in connection with the Community Based Health Care Service upto the month Jan' 2017 along with statement of further requirement in this regard for your kind perusal and ready referece.

Considering the above, you are requested to allot further fund for this project and oblige.

Thanking You,

Yours faithfully,

[Handwritten Signature]

Chairman/Vice-Chairman

Kandi Municipality

**Vice-Chairman
Kandi Municipality**

Encl:-

1. SOE
2. Details of Voucher
3. Xerox of voucher
4. UC SR 330A



Utilisation Certificate
(Form No. S.R.330 A)

Sl.No.	Letter No & Date	Amount (in Rs)
1	B/F- April'2015 SUDA-Health -501(P1)-08-198(51) dt.14/10/15 (SUDA Health dt.23.11.2015) (SUDA Health dt.29.1.2016) (SUDA Health dt.9.2.2016) (SUDA Health dt. 6.6.2016) (SUDA Health dt. 15.6.2016) (SUDA Health dt. 15.9.2016) (SUDA Health dt. 15.10.2016)	Rs. 680661.00 Rs. 210500.00 Rs. 108000.00 Rs.257800.00 Rs.108000.00 Rs. 257800.00 Rs. 108000.00 Rs. 200000.00 Rs. 357600.00
	Total	Rs.2288361.00

Utilization for the month of July.15 Rs. 76750.64 Balance Rs. 384726.36

Utilization for the month of Aug.15 Rs. 87888.00 Balance Rs. 296838.36

Utilization for the month of Sept.15 Rs. 170317.00 Balance

Rs. 126521.36+210500.00=Rs.337021.36(SUDA-Health -501(P1)-08-198(51))dt.14/10/15

Utilization for the month of Oct.15 Rs. 89004.00 Balance Rs. 248017.36

Utilization for the month of Nov.15 Rs. 74521.00 Balance Rs. 173496.36 + Rs. 108000.00 (SUDA Health dt.23.11.2015) Total=Rs.281,496.36

Utilization for the month of Dec.15 Rs. 95684.00 Balance Rs.185,812.36

Utilization for the month of Jan.16 Rs. 61930.00 Balance Rs.123882.36 + 257800.00 (SUDA Health dt.29.1.2016) Total =Rs.381682.36

Utilization for the month of Feb.16 Rs. 61930.00 Balance Rs.319752.36 + 108000.00 (SUDA Health dt.9.2.2016) Total =Rs.427752.36

Utilization for the month of Mar.16 Rs. 61930.00 Balance Rs.365822.36

Utilization for the month of April.16 Rs. 102,197.00 Balance Rs.263625.36

Utilization for the month of May.16 Rs. 75010.00 Balance Rs.188615.36

Utilization for the month of June.16 Rs. 94228.00 Balance Rs.94387.36 + 257800.00 (SUDA Health dt.6.6.2016) + 108000.00 (SUDA Health dt.15.6.2016) Total Balance Rs. 460187.36

Utilization for the month of July.16 Rs. 77953.00 Balance Rs.382234.36

Utilization for the month of Aug.16 Rs.77564.00 Balance Rs.304670.36

Utilization for the month of Sept.16 Rs.199512.00 Balance Rs.105158.36+ 200000.00 SUDA Health dt.15.9.2016) + 357600.00 (SUDA Health dt.15.10.2016) Balance Rs. 662758.36

Utilization for the month of Oct.16 Rs.75853.00 Balance Rs. 586905.36

Utilization for the month of Nov.16 Rs.75853.00 Balance Rs. 511052.36

Utilization for the month of Dec..16 Rs.75853.00 Balance Rs. 435199.36

Utilization for the month of Jan.17 Rs.117546.00 Balance Rs. 317653.36

Certified that I have satisfied myself that the condition on which the Grant-in-aid was sanctioned has been duly fulfilled/are being fulfilled and that I have exercised the following checks to see that the money was actually utilized for the purpose for which it was sanctioned.

KINDS OF CHECK EXERCISED

Original Bill, Receipt & Vouchers.



Signature of Chairman/Vice-Chairman

Vice-Chairman
Kandi Municipality

Community Based Primary Health Care Services in 63 nos. KMA-ULBs Statement of Expenditure (SOE) in Kandi Municipality for the month of January -2017

Sl.No.	Item of expenditure	Amount in Rs.
	Non -Recurring	
1.	Equipment	Nil
2.	Furniture	Nil
3.	Construction : (Not applicable for the present)	Nil
	a) Sub-Centre	
	b)OPD cum Maternity Home	Nil
	c)OPD	Nil
4.	I.E.C & Materials	Nil
5.	Renovation Works	Nil
6.	Base Line Survey	Nil
7.	Family Schedule, Training manual, HMIS format & HHW Kitbag	
8.	Strengthening of existing Maternity Home & Dispensaries (Not applicable for the present)	
	Recurring	
9.	Honorarium	53977.00
10.	Salaries	15626.00
11.	Rent	5550.00
12.	Training	0.00
13.	Drug	24338.00
14.	I. E. C.	0.00
15.	Operating cost(Sundries, printing, postage & telephone, TA/DA etc.)	18055.00
16.	TOTAL	117546.00




Chairman/Vice Chairman
Kandi Municipality.
Vice-Chairman
Kandi Municipality

Voucher details statement for the month of January' 2017

374/16-17 dt.31.01.17	HHW honorarium	Honorarium	40625.00
375/16-17 dt. 31.01.17	FTS honorarium	Honorarium	13352.00
376/16-17 dt. 31.01.17	Office Staff Salary	Salary	15626.00
377/16-17 dt. 03.10.16	Contingency	Surgical Instrument	4095.00
378/16-17 dt.03.10.16	Contingency	Drug	24338.00
379/16-17 dt. 31.01.17	Contingency	Van fare	200.00
380/16-17 dt. 09.10.16 To Jan'17	Contingency	T.A	10900.00
381/16-17 dt. 31.12.16	Rent	Rent(Rasorah) [Oct'16 to Dec'16]	3000.00
382/16-17 dt. 31.12.16	Rent	Rent(Jemo) [Oct'16 to Dec'16]	2550.00
383/16-17 dt. 05.12.16	Contingency	Xerox	2860.00




Chairman/Vice-Chairman
Kandi Municipality

Vice-Chairman
Kandi Municipality

Bill for the H.H.W staff of Kandi Municipality for CBPHCS Project (Health)

under Kandi Municipality for the Month of -...*January* 2017

Sl No.	Name of Health Worker	Designation	Working Days	Payable amount	Net Amount	Signature
1	Rupali Hazra	H.H.W	31	3125.00	3125.00	Rupali Hazra
2	Kumkum Das	H.H.W	31	3125.00	3125.00	Kumkum Das
3	Susoma Barik	H.H.W	31	3125.00	3125.00	Susoma Barik
4	Suparna Siddhanta	H.H.W	31	3125.00	3125.00	Suparna Siddhanta.
5	Chameli Nandi	H.H.W	31	3125.00	3125.00	Chameli Nandi
6	Srimati Mondal	H.H.W	31	3125.00	3125.00	Srimati Mondal.
7	Aporna Das	H.H.W	31	3125.00	3125.00	Aporna Das
8	Samapti Adhya	H.H.W	31	3125.00	3125.00	Samapti Adhya.
9	Sima Mazumdar	H.H.W	31	3125.00	3125.00	Sima Mazumdar
10	Mallika Sinha	H.H.W	31	3125.00	3125.00	Mallika Sinha
11	Nasira Khatun	H.H.W	31	3125.00	3125.00	Nasira Khatun
12	Karobi Dutta	H.H.W	31	3125.00	3125.00	Karobi Dutta
13	Papiya Paul	H.H.W	31	3125.00	3125.00	Papiya Paul

Total Amount Rs. 40625.00

Total Amount Rs. Forty thousand six hundred twenty five only

40625-00 ~~Forty~~ *Forty*
 Thousand, Six Hundred, Twenty Five

(Signature)
(Signature)

Bill for the F.T.S staff of Kandi Municipality for CBPHCS Project(Health)

under Kandi Municipality for the Month of -....*January*....*2017*

Sl No.	Name of Health Worker	Designation	Working Days	Payable amount	Net Amount	Signature
1	Hira Ghatak	F.T.S	<i>31</i>	3338.00	3338.00	<i>Hira Ghatak</i>
2	Bhadra Mondal	F.T.S	<i>31</i>	3338.00	3338.00	<i>Bhadra Mondal</i>
3	Shyamoli Das	F.T.S	<i>31</i>	3338.00	3338.00	<i>Shyamoli Dutta Das.</i>
4	Purnima Das	F.T.S	<i>31</i>	3338.00	3338.00	<i>Purnima Das.</i>


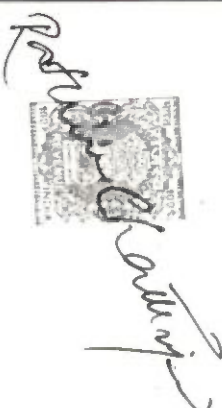
Total Amount Rs. 13352.00

Total Amount Rs. Thirteen thousand three hundred fifty two only

13352-00 *Thirteen*
Thousand Three Hundred & Fifty Two only
[Signature]
Kandi Municipality
[Signature]

Bill for the Salary of Office Staff For CBPHCS Project (Health) under Kandi Municipality for the month

of... *January* 2017

Name of Employee	Designation	Working days	Total Pay	Net Pay	Signature
Abhijit Das	Computer Assistant	31	7813.00	7813.00	
Rathin Chatterjee	Health Assistant	31	7813.00	7813.00	

Total Amount Rs. 15626.00

15626-00 *Fifteen thousand six hundred twenty six only*

Thousand, Six Hundred Twenty Six


Chairman
Kandi Municipality

Sankar Pharmacy

Kandi, Murshidabad
Medicine Suppliers

Ref:-

Date:- 03.10.16

Chairman
Kandi Municipality

- ① Needle cutter 4 P's @ 500.00 = 2000.00
- ② B.P. Machine - 1275.00
- ③ Surgical tray with cover 2 no - 8.20.00

Total 4095

Four thousand nine hundred and ninety five only.

Pay to 4095.00 (Rupees Four)

Chairman Kandi Municipality

Chairman
Kandi Municipality

M. H. Das Singh
03.10.16
SANKAR PHARMACY
Kandi, Murshidabad

Sankar Pharmacy

Kandi, Murshidabad
Medicine Suppliers

Ref. No. 2392. Dt. 25.9.16.
Kandi Municipality

03.10.16
Date:-

BILL FOR MEDICINE

SL NO	NAME OF MEDICINE	BATCH NO	EXPIRY DT	RATE	QUANTITY	TOTAL AMOUNT
①	ABSORBENT COTTON	10	APR 18	137.00	10 Roll	1370.00
②	P-500MG	APEX EX510	NOV 17	14.00	125 STEP	1750.00
③	P-650MG	APEX EX614	NOV 17	14.90	100 STEP	1490.00
④	DISPOVAN	DISP 162	MAR 18	5.00	600 Pcs	3000.00
⑤	CIPROVA 500mg	14024 AD	JULY 17	66.00	80 SHIP	5280.00
⑥	ORS LUPIN	LUPIN DM-26137	JUN 18	14.65	150 SHIP	2197.00
⑦	METROGILL 400MG	LINDIENIS	NOV 18	11.81	100 SHIP	1181.00
⑧	BIOLINE TESTER	HC 511 20000 C TEST EDI	JULY 18	55.00	80 Pcs	4400.00
⑨	REHAC	T-4255	JULY 19	25.00	20 STEP	500.00

Enter in Stock Register

Page No - 19
Dt - 30.10.16

Total Rs -

21148.00

Twenty one thousand, one hundred forty eight Rupees only.

Pay Rs. 21148.00 (Rupees Twenty one thousand, one hundred forty eight Rupees only)

Mitali Das Singh
SANKAR PHARMACY
Kandi, Murshidabad

Chairman
Kandi Municipality

अर अणामति
कान्को लोकाशासना.

विषय- ज्ञान दाता- लोनिठ कछुवा

लोकाशासना संकेत समिठान, ७ जाठ
जसः नम, ७ हल नम, उमाठ जसः
मुनिमिठान सिठान सवद ज्ञान दाता-

माठे - 200 . 00

माठे - 200 . 00

सुमाठ दाता माठ -

अ- 31.1.17

वपन 11/1/17

200-00
Hundred Rupees only

Chairman
Kathmandu Municipality

Properly uses the van

7) Particulars to furnished along with hotel receipt etc. in case where higher rate of DA is claimed for stay in hotel, other establishment providing board and / or lodging at scheduled tariffe

Period of stay		Name of Hotel	Daily of lodging charge (rs.)	Total amount paid (rs.)
From	To			

8) Particulars of Journeys for which higher of accommodation than the one to which the Govt. servant is entitle was used.

Date	Name of Place		Mode of Conveyance used	Class to which entitled	Class by which traveled	Fare of the entitled Class
	From	To				

If the Journey (s) performed by road between place connected by Rail :

Date	Name of Place	
	From	To

Paid

9) Amount of T.A. Advance, if any drawn.

Certified that the information as given above is true to the best of my knowledge and behalf.

Abhijit D S

SIGNATURE OF THE GOVT. SERVANT WITH DATE

PART - B (TO BE FILLED IN THE BILL SECTION)

The net entitlement on account of travelling allowance work out of Rs. as detailed below:

a) Railway / Air / Steamer fare	150 K 2 K 4	Rs.	1200.00
b) Road mileage for Kms. @		Rs.	600.00
c) Daily allowance	150 K 4	Days @ Rs.	400.00
i)		per day	
ii)	100 K 4	Days @ Rs.	300.00
iii)		per day	
d) Actual Expenses	100 K 3		400.00
	50 K 8	Rs.	
Gross Amount		Rs.	<u>2900.00</u>

e) Less amount of T.A. Advance, if any drawn vide token No.

Date (Bill No.) for Rs.

Two thousand nine hundred ninety only.

f) The expenditure is debitable to

2900.00 June
Household wire household Appls only

SIGNATURE OF DDC COUNTERSIGNED

[Signature]
Chairman
Kandi Municipality

TRAVELLING ALLOWANCE BILL FOR TOUR

Sub Bill No.

Note:- This bills should be prepared in duplicate. One for payment and other as office copy

- 1) Name :- *Abhijit Das* Residential Address in the case of local Journey:
- 2) Designation :- *Computer AML Health*
- 3) Head Quarter :- *Kondal Municipality* Date of half commanced outside Head Quarter :
- 4) Pay :-
- 5) Details and purpose of Journey (s) performed :-

Date & Time	Department	Date & Time	Arrival to	Mode of Travel and Class of Accommodation	Fare paid	Distance in Kms. For road mileage	Distance of Half days Hr.	Purpose & Journey
1	2	3	4	5	6	7	8	9
05.1.17	Health (SUDA)	05.1.17 03. A.M. 9. P.M	SUDA	BY BUS		450.400		Office work
24.1.17	Health	8. A.M. N. Halt	SUDA	BY BUS		Do		Office work.
25.1.17	Health	10 P.M	SASTADA	BY BUS				
30.1.17	Health	3. AM 8 PM	SUDA (354)	BY BUS		Do		Office work

6) Mode of Journey :

(i) Air :

- a) Exchange voucher arranged by office : Yes / no.
- b) Tickit / Exchange Voucher arranged by

(ii) Rail :

- a) Whether traveled by Main/Express/or Ordinary Train?
- b) Whether return tickits available? Yes / no.
- c) If available, whether return tickits purchases, if not state reasons

(iii) Road:

Mode of conveyance used ie, by Government transport/by taking a Taxi / a single sent in a bus or other public conceyance by sharing with another Government

- a) R.H. and C. L.
- b) Not being actually in camp on sundays and Holidays
- Date on which free and / or loding provided by the state or any organization financed by State Funds
- c) Board only
- d) Loding

hotel other establishment providing board and / or lodging at scheduled tariffs. in case where higher rate of D.A. is claimed for stay in

Period of stay		Name of Hotel	Daily rate of lodging Charge (Rs.)	Total amount paid (Rs.)
From	To			

8. Particulars of journeys for which higher of accommodation than the one to which the Govt. servant is entitled was used.

Date	Name of Places		Mode of Conveyance used	Class to which entitled	Class by which traveled	Fare of the entitled Class
	From	To				

If the journey (s) performed by road between place connected by Rail

Date	Name of Places	
	From	To

Paid

9. Amount of T.A. Advance, if any drawn.

Certified that the information as given above is true to the best of my knowledge and belief.

Abhijit Das

SIGNATURE OF THE GOVT. SERVANT WITH DATE

PART-B (TO BE FILLED IN THE BILL SECTION)

The net entitlement on account of traveling allowance works out of Rs. As detailed below :

a) Railway / Air / Steamer fare	Rs.	1300.00
b) Road mileage for Kms.	@ Rs.	
c) Daily Allowance		1500.00
(i) Days @ Rs. Per day		
(ii) Days @ Rs. Per day		
(iii) Days @ Rs. Per day		
d) Actual expenses	Rs.	
Gross Amount	Rs.	

2800.00

e) Less amount of T.A. Advance, if any drawn vide token No.

Date (Bill No.) for Rs. 2800.00 (Rupees... *Two*...)

f) The expenditure is debitable to *Eight Hundred Rupees* only

Chairman Kandi Municipality

SIGNATURE

TRAVELLING ALLOWANCE BILL FOR TOUR

Sub Bill No.

Note :- This bills should be prepared in duplicate. One for payment and other as office copy.

1. Name **ABHIJIT DAS** (a) Residential Address in the case of Local Journey

2. Designation **COMPUTAR ASST (HEALTH) CBPHCS**

3. Head Quarter **JKANDI - MUNICIPALITY** (b) Date of half-commenced outside Head Quarter :

4. Pay

5. Details and purpose of journey (s) performed:

Date & Time	Department	Date & Time	Arrival to	Mode of Travel and Class of Accommodation	Fare Paid	Distance in Km. or road mileage	Duration of half days	Purpose of Journey
1	2	3	4	5	6	7	8	9
04.11.16	Health CBPHCS	3 AM to 9 PM	SUDA	BY BUS		450 KM UPDOWN		OFF WORK
15.11.16	Health	DO	SUDA	BY BUS		DO		OFF WORK
29.11.16	Health	3 AM stay	SUDA	BY BUS		DO		OFF WORK
30.11.16	Health	9 AM	SUDA	BY BUS		DO		OFF WORK

6. Mode of Journey :

(i) Air

(a) Exchange voucher arranged by office : Yes/No

(b) Ticket / Exchange voucher arranged by

(ii) Rail :

(a) Whether traveled by Mail / Express / or Ordinary train ?

(b) Whether return tickets available ? Yes / No.

(c) If available, whether return tickets purchases, if not, state reasons

(iii) Road :

Mode of conveyance used i.e. by Government transport / by taking a taxi / or any other public conveyance / by sharing with another Government date of absence from duty

(a) R.H. and C.L.

(b) Not being actually in camp on Sundays and Holidays

Date on which free and / or lodging provided by the state or any organization financed by State Funds

(a) Board only

(b) Lodging

7. Particulars to furnished along with hotel receipts etc. in case where higher rate of D. A. is claimed for stay in hotel other establishment providing board and / or lodging at scheduled tariffs.

Period of stay		Name of Hotel	Daily rate of lodging Charge (Rs.)	Total amount paid (Rs.)
From	To			

8. Particulars of journeys for which higher of accommodation than the one to which the Govt. servant is entitled was used.

Date	Name of Places		Mode of Conveyance used	Class to which entitled	Class by which traveled	Fare of the entitled Class
	From	To				

If the journey (s) performed by road between place connected by Rail

Date	Name of Places	
	From	To

Paid

9. Amount of T.A. Advance, if any drawn.

Certified that the information as given above is true to the best of my knowledge and belief.

[Signature]

SIGNATURE OF THE GOVT. SERVANT WITH DATE

PART-B (TO BE FILLED IN THE BILL SECTION)

The net entitlement on account of traveling allowance works out of Rs. As detailed below :

a) Railway / Air / Steamer fare	15002 Rs.			
b) Road mileage for Kans.	@ Rs.			1200.00
c) Daily Allowance	30003 + 600			
(i) Days	@ Rs.		Per day	1500.00
(ii) Days	@ Rs.		Per day	100.00
(iii) Days	5002 @ Rs.		Per day	
d) Actual expenses				
Gross Amount				2800.00

Furo placed right under any.

e) Less amount of T.A. Advance, if any drawn vide token No.

Date (Bill No) 2007 for Rs.

f) The expenditure is debitable to *[blank]* only

[Signature]
Chairman
Kandi Municipality

SIGNATURE OF THE GOVT. SERVANT

TRAVELLING ALLOWANCE BILL FOR TOUR

Sub Bill No.

Note :- This bills should be prepared in duplicate. One for payment and other as office copy.

1. Name

a) Residential Address in the case of local Journey

2. Designation

3. Head Quarter

b) Date of half-commenced outside Head Quarter

4. Pay

5. Details and purpose of journey (s) performed:

Date & Time	Department	Date & Time	Arrival to	Mode of Travel and Class of Accommodation	Fare Paid	Distance in Km. or road mileage	Duration of half days	Remarks
1	2	3	4	5	6	7	8	9
07/12/16	Health Kondli Koniary	3 AM 10 PM	SUDA	BY BUS		450 KM UP 10		Office work
15/12/16	DO	STAY	SUDA SASTHO BHARAN	HOTEL STAY		DO		DO
16/12/16	DO							
30/12/16	DO	3 AM 10 PM	SUDA	BY BUS		DO		DO

6. Mode of Journey :

(i) Air :

(a) Exchange voucher arranged by office : Yes/No

(b) Ticket / Exchange voucher arranged by

(ii) Rail :

(a) Whether traveled by Mail / Express / or Ordinary train ?

(b) Whether return tickets available ? Yes/No.

(c) If available, whether return tickets purchases, if not, state reasons

(iii) Road :

Mode of conveyance used i.e. by Government transport / by taking a taxi / a single car or a bus or other public conveyance / by sharing with another Government date of absence from office (Half day account of

(a) R.H. and C.L.

(b) Not being actually in camp on Sundays and Holidays

Date on which free and / or lodging provided by the state or any organization financed by State Funds

(a) Board only

(b) Lodging

TRAVELLING ALLOWANCE BILL FOR TOUR

Sub Bill No.

Note :- This bills should be prepared in duplicate. One for payment and other as office copy.

1. Name : *Abhishek Das* a) Residential Address in the case of Local Journey :

2. Designation : *Compeller Asst (Health)*

3. Head Quarter : *Korbi Municipality* b) Date of half-commenced outside Head Quarter :

4. Pay :

5. Details and purpose of journey (s) performed:

Date & Time	Department	Date & Time	Arrival to	Mode of Travel and Class of Accommodation	Fare Paid	Distance in Km. or road mileage	Duration of half days	Purpose of Journey
1	2	3	4	5	6	7	8	9
<i>03/10/16</i>	<i>Health Section</i>	<i>03-10-16 04:00-10:00</i>	<i>SUDA</i>	<i>By Bus</i>		<i>450 Km 4PTA</i>		<i>office work</i>
<i>19-10-16</i>	<i>Health</i>	<i>19-10-16 04:00-10:00</i>	<i>SUDA</i>	<i>By Bus</i>		<i>450 Km 4PTA</i>		<i>office work</i>
<i>28-10-16</i>	<i>Health</i>	<i>28-10-16 3:00-10:00</i>	<i>SOSTAR DWAR</i>			<i>450 Km 4PTA</i>		<i>office work</i>

6. Mode of Journey :

(i) Air :

(a) Exchange voucher arranged by office : Yes/No

(b) Ticket / Exchange voucher arranged by

(ii) Rail :

(a) Whether traveled by Mail / Express / or Ordinary train ?

(b) Whether return tickets available ? Yes / No.

(c) If available, whether return tickets purchases, if not, state reasons

(iii) Road :

Mode of conveyance used i.e. by Government transport / by using a taxi / a private car / a bus or other public conveyance / by sharing with another Government date of absence from office - Full/Part account of

(a) R.H. and C.L.

(b) Not being actually in camp on Sundays and Holidays

Date on which free and / or lodging provided by the state or any organization financed by State Funds

(a) Board only

(b) Lodging

ঘর ভাড়ার রসিদ

paid

Account No. - 0392010150690

তারিখ... ..

নাম শ্রীমতী কান্দী সৌরভ

ঠিকানা বগদী মুন্সিদিগড়

হোল্ডিং নং- ৩৪/২/২০৩ মহলা- বেঙ্গল গোল্ডেন সিটি

বিবরণ : আক্টোবর ২০২১ মাস হইতে

ডি সেপ্টেম্বর ২০২৬ মাস পর্যন্ত

৬০০.০০ টাকা হারে

মোট ২৫৫০.০০ টাকা বৃষ্টিয়া পাইলাম।

তারিখ—

Pay Rs. 2550.00 (Rupees Two Thousand Five Hundred only) স্বাক্ষরিত

শ্রীমতী কান্দী সৌরভ

[Signature]
Chairman
Kandi Municipality

ঘর ভাড়া বসিদ

তারিখ 30.12.16

নাম মিলন কুমার চক্রবর্তী

ঠিকানা বাঙ্গাড়া, ওয়ার্ড নং-০৭

হোল্ডিং নং- মহলা - বাঙ্গাড়া

বিবরণ : মেসেজের মাস হইতে

শিফটের মাস পর্যন্ত

1,000 ট টাকা হারে

মোট 3,000 ট টাকা বুঝিয়া পাইলাম।

তারিখ -

30.12.16

~~মিলন~~ Milon Kr. Chakrabarty
আদায়কারী

Pa, Rs. 3000.00 (Rupees Three)

Thousand Rupees) only

Chairman
Kandi Municipality

Cash / Credit Memo
SABA LOKENATH CANON XEROX CENTRE

Prop. - ~~XXXXXX~~
 P.O.-KANDI & JAIL ROAD & MURSHIDABAD.

Name - XXXXXXXXXX
 Address - XXXXXXXXXX

Copies	Description	Rate	Amount
			Rs. p.
①	করাক - ২৬-৬৫৫	৬০.০০	১৫৬০ = ০০
②	সিফিন্স কার্ড ২ টি	৬০.০০	১২০ = ০০
③	২২ নং কার্ড ২৫ টি	৪৫.০০	৯৯০ = ০০
④	ফাইল ২ টি	৬০০.০০	১২০০ = ০০
⑤	৬ নং কার্ড ৪ টি	৬০.০০	২৪০ = ০০
			Total - ২৬৬০ = ০০

২৬৬০ (Rupees)
 ২৬৬০/-

[Signature]
 Chairman
 Kandi Murshidabad

[Signature]
 Signature

Date - ৬-১২-১৬

আফজল সিং (MF-9474578284)

শঙ্কর ফার্মেসী

মানুষ ও পশু পক্ষীর সমস্ত রকম ঔষধ পাওয়া যায়

জেমোবাজার * মুর্শিদাবাদ

অজসতি

তারিখ : 03.10.16

কান্দো কৌন্সিল

① Cotton 15 Roll x 190.00 = 2850.00

② Disinfectant, 68M x 5.00 = 340.00

Total - Rs = 3190.00

Three hundred and one hundred ninety Rupees

3190.00 Three hundred and ninety Rupees

Three hundred and one hundred ninety Rupees

Enter in
Stamp
Page

28

Chairman
Kandi Municipality

[Signature]

[Signature]

Memo No.

1746/P- KM/17.

Date

17.3.17.

From

The Chairman
Kandi Municipality
Kandi, Murshidabad.

To

The Project Officer, Health
State Urban Development Agency,
Ilgus Bhavan, Hc -Block, Sec.-III,
Salt Lake City, Kol.-91

Sub:- Submission of UC & Statement of Expenditure (SOE) along with Requirement of Fund in connection with Community Based Health Care Service, during Feb.' 2017 of Kandi Municipality.

Madam,

I like to submit herewith the statement of expenditure in connection with the Community Based Health Care Service upto the month Feb' 2017 along with statement of further requirement in this regard for your kind perusal and ready referece.

Considering the above, you are requested to allot further fund for this project and oblige.

Thanking You,

Yours faithfully,


Chairman/Vice-Chairman

Kandi Municipality
Vice-Chairman
Kandi Municipality



Encl:-

1. SOE
2. Details of Voucher
3. Xerox of voucher
4. UC SR 330A

Utilisation Certificate
(Form No. S.R.330 A)

Sl.No.	Letter No & Date	Amount (in Rs)
1	B/F- April'2015 SUDA-Health -501(P1)-08-198(51) dt.14/10/15 (SUDA Health dt.23.11.2015) (SUDA Health dt.29.1.2016) (SUDA Health dt.9.2.2016) (SUDA Health dt. 6.6.2016) (SUDA Health dt. 15.6.2016) (SUDA Health dt. 15.9.2016) (SUDA Health dt. 15.10.2016)	Rs. 680661.00 Rs. 210500.00 Rs. 108000.00 Rs.257800.00 Rs.108000.00 Rs. 257800.00 Rs. 108000.00 Rs. 200000.00 Rs. 357600.00
	Total	Rs.2288361.00


Utilization for the month of July.15 Rs. 76750.64 Balance Rs. 384726.36
 Utilization for the month of Aug.15 Rs. 87888.00 Balance Rs. 296838.36
 Utilization for the month of Sept.15 Rs. 170317.00 Balance
 Rs. 126521.36+210500.00=Rs.337021.36(SUDA-Health -501(P1)-08-198(51))dt.14/10/15
 Utilization for the month of Oct.15 Rs. 89004.00 Balance Rs. 248017.36
 Utilization for the month of Nov.15 Rs. 74521.00 Balance Rs. 173496.36 + Rs. 108000.00 (SUDA Health
 dt.23.11.2015) Total=Rs.281,496.36
 Utilization for the month of Dec.15 Rs. 95684.00 Balance Rs.185,812.36
 Utilization for the month of Jan.16 Rs. 61930.00 Balance Rs.123882.36 + 257800.00 (SUDA Health
 dt.29.1.2016) Total =Rs.381682.36
 Utilization for the month of Feb.16 Rs. 61930.00 Balance Rs.319752.36 + 108000.00 (SUDA Health
 dt.9.2.2016) Total =Rs.427752.36
 Utilization for the month of Mar.16 Rs. 61930.00 Balance Rs.365822.36
 Utilization for the month of April.16 Rs. 102,197.00 Balance Rs.263625.36
 Utilization for the month of May.16 Rs. 75010.00 Balance Rs.188615.36
 Utilization for the month of June.16 Rs. 94228.00 Balance Rs.94387.36 + 257800.00 (SUDA Health
 dt.6.6.2016) + 108000.00 (SUDA Health dt.15.6.2016) Total Balance Rs. 460187.36
 Utilization for the month of July.16 Rs. 77953.00 Balance Rs.382234.36
 Utilization for the month of Aug.16 Rs.77564.00 Balance Rs.304670.36
 Utilization for the month of Sept.16 Rs.199512.00 Balance Rs.105158.36+ 200000.00 SUDA Health
 dt.15.9.2016) + 357600.00 (SUDA Health dt.15.10.2016) Balance Rs. 662758.36
 Utilization for the month of Oct.16 Rs.75853.00 Balance Rs. 586905.36
 Utilization for the month of Nov.16 Rs.75853.00 Balance Rs. 511052.36
 Utilization for the month of Dec..16 Rs.75853.00 Balance Rs. 435199.36
 Utilization for the month of Jan.17 Rs.117546.00 Balance Rs. 317653.36
 Utilization for the month of Feb.17 Rs.75853.00 Balance Rs. 241800.36

Certified that I have satisfied myself that the condition on which the Grant-in-aid was sanctioned has been duly fulfilled/are being fulfilled and that I have exercised the following checks to see that the money was actually utilized for the purpose for which it was sanctioned.

KINDS OF CHECK EXERCISED

Original Bill, Receipt & Vouchers.




 Signature of Chairman/Vice-Chairman
 Vice-Chairman
 Kandi Municipality

Community Based Primary Health Care Services in 63 nos. KMA-ULBs Statement of Expenditure (SOE) in Kandi Municipality for the month of February -2017

Sl.No.	Item of expenditure	Amount in Rs.
	Non -Recurring	
1.	Equipment	Nil
2.	Furniture	Nil
3.	Construction : (Not applicable for the present)	Nil
	a) Sub-Centre	
	b)OPD cum Maternity Home	Nil
	c)OPD	Nil
4.	I.E.C & Materials	Nil
5.	Renovation Works	Nil
6.	Base Line Survey	Nil
7.	Family Schedule, Training manual, HMIS format & HHW Kitbag	
8.	Strengthening of existing Maternity Home & Dispensaries (Not applicable for the present)	
	Recurring	
9.	Honorarium	53977.00
10.	Salaries	15626.00
11.	Rent	0.00
12.	Training	0.00
13.	Drug	6250.00
14.	I. E. C.	0.00
15.	Operating cost(Sundries, printing, postage & telephone, TA/DA etc.)	0.00
16.	TOTAL	75853.00




Chairman/Vice Chairman
Kandi Municipality.
Vice-Chairman
Kandi Municipality

Voucher details statement for the month of February' 2017

384/16-17 dt.28.02.17	HHW honorarium	Honorarium	40625.00
385/16-17 dt. 28.02.17	FTS honorarium	Honorarium	13352.00
386/16-17 dt. 28.02.17	Office Staff Salary	Salary	15626.00
387/16-17 dt. 16.02.17	Contingency	Drug	6250.00




Chairman/Vice-Chairman
Kandi Municipality
Vice-Chairman
Kandi Municipality

Bill for the H.H.W staff of Kandi Municipality for CBPHCS Project (Health)

under Kandi Municipality for the Month of February 2017

Sl No.	Name of Health Worker	Designation	Working Days	Payable amount	Net Amount	Signature
1	Rupali Hazra	H.H.W	28	3125.00	3125.00	Rupali Hazra
2	Kumkum Das	H.H.W	28	3125.00	3125.00	Kumkum Das
3	Susoma Barik	H.H.W	28	3125.00	3125.00	Susoma Barik
4	Suparna Siddhanta	H.H.W	28	3125.00	3125.00	Suparna Siddhanta
5	Chameli Nandi	H.H.W	28	3125.00	3125.00	Chameli Nandi
6	Srimati Mondal	H.H.W	28	3125.00	3125.00	Srimati Mondal
7	Aporna Das	H.H.W	28	3125.00	3125.00	Aporna Das
8	Samapti Adhya	H.H.W	28	3125.00	3125.00	Samapti Adhya
9	Sima Mazumdar	H.H.W	28	3125.00	3125.00	Sima Mazumdar
10	Mallika Sinha	H.H.W	28	3125.00	3125.00	Mallika Sinha
11	Nasira Khatun	H.H.W	28	3125.00	3125.00	Nasira Khatun
12	Karobi Dutta	H.H.W	28	3125.00	3125.00	Karobi Dutta
13	Papiya Paul	H.H.W	28	3125.00	3125.00	Papiya Paul

Total Amount Rs. 40625.00

Total Amount Rs. Forty thousand six hundred twenty five only





Pay Rs. 40625.00 (Rupees Forty

Thousand Six Hundred Twenty Five only)


Chairman
Kandi Municipality

Bill for the Salary of Office Staff For CBPHCS Project (Health) under Kandri Municipality for the month

of February 2018

Name of Employee	Designation	Working days	Total Pay	Net Pay	Signature
Abhijit Das	Computer Assistant		7813.00	7613.00	 
Rathin Chatterjee	Health Assistant		7813.00	7813.00	 

Total Amount Rs. 15626.00

Total Amount Rs. Fifteen thousand six hundred twenty six only

Pay Rs. 15626.00 (Rupees. Fifteen thousand six hundred twenty six only)
Chairman
 Kandri Municipality

আফ্রাজাল ট্রিপ (M)-9474578284

✚ শঙ্কর ফার্মেসী ✚

মানুষ ও পশু পক্ষীর সমস্ত রকম ঔষধ পাওয়া যায়
জেমোবাজার ★ মুর্শিদাবাদ

CHAIRMAN
KANDI-MUNICIPALTY. তারিখ: 16-02-14

① 1000 B discrepancy x 6.00 = 6000.00

② extra - = 250.00

RS - 6250 = 00

Sir please find the above money

Entire amount
page no. -

16-02-14

6250.00

Sir please find the above money

[Signature]

Chairman
Kandi Municipality

SANKAR PHARMACY

Jemo Bazar Kandi Md

Office of the Board Of Councillors
Kandi Municipality
Kandi, Murshidabad



Ph. No.03484257345
Fax No.03484-257345

Email:- kandimunicipality@yahoo.com

Memo No. 1921/I-Km/2017

Date 20.4.17

From
The Chairman
Kandi Municipality
Kandi, Murshidabad.

To
The Project Officer, Health
State Urban Development Agency,
Ilgus Bhavan, Hc -Block, Sec.-III,
Salt Lake City, Kol.-91

Sub:- Submission of UC & Statement of Expenditure (SOE) along with Requirement of Fund in connection with Community Based Health Care Service, during Mar.' 2017 of Kandi Municipality.

Madam,

I like to submit herewith the statement of expenditure in connection with the Community Based Health Care Service upto the month Mar' 2017 along with statement of further requirement in this regard for your kind perusal and ready referece.

Considering the above, you are requested to allot further fund for this project and oblige.

Thanking You,

Yours faithfully,

Chairman/Vice-Chairman
Kandi Municipality
Vice-Chairman
Kandi Municipality



- Encl:-
1. SOE
 2. Details of Voucher
 3. Xerox of voucher
 4. UC SR 330A

Utilisation Certificate
(Form No. S.R.330 A)

Sl.No.	Letter No & Date	Amount (in Rs)
1	B/F- April'2015 SUDA-Health -501(P1)-08-198(51) dt.14/10/15 (SUDA Health dt.23.11.2015) (SUDA Health dt.29.1.2016) (SUDA Health dt.9.2.2016) (SUDA Health dt. 6.6.2016) (SUDA Health dt. 15.6.2016) (SUDA Health dt. 15.9.2016) (SUDA Health dt. 15.10.2016)	Rs. 680661.00 Rs. 210500.00 Rs. 108000.00 Rs.257800.00 Rs.108000.00 Rs. 257800.00 Rs. 108000.00 Rs. 200000.00 Rs. 357600.00
	Total	Rs.2288361.00

Rs. 126521.36+210500.00=Rs.337021.36(SUDA-Health -501(P1)-08-198(51))dt.14/10/15
 Utilization for the month of Oct.15 Rs. 89004.00 Balance Rs. 248017.36
 Utilization for the month of Nov.15 Rs. 74521.00 Balance Rs. 173496.36 + Rs. 108000.00 (SUDA Health dt.23.11.2015) Total=Rs.281,496.36
 Utilization for the month of Dec.15 Rs. 95684.00 Balance Rs.185,812.36
 Utilization for the month of Jan.16 Rs. 61930.00 Balance Rs.123882.36 + 257800.00 (SUDA Health dt.29.1.2016) Total =Rs.381682.36
 Utilization for the month of Feb.16 Rs. 61930.00 Balance Rs.319752.36 + 108000.00 (SUDA Health dt.9.2.2016) Total =Rs.427752.36
 Utilization for the month of Mar.16 Rs. 61930.00 Balance Rs.365822.36
 Utilization for the month of April.16 Rs. 102,197.00 Balance Rs.263625.36
 Utilization for the month of May.16 Rs. 75010.00 Balance Rs.188615.36
 Utilization for the month of June.16 Rs. 94228.00 Balance Rs.94387.36 + 257800.00 (SUDA Health dt.6.6.2016) + 108000.00 (SUDA Health dt.15.6.2016) Total Balance Rs. 460187.36
 Utilization for the month of July.16 Rs. 77953.00 Balance Rs.382234.36
 Utilization for the month of Aug.16 Rs.77564.00 Balance Rs.304670.36
 Utilization for the month of Sept.16 Rs.199512.00 Balance Rs.105158.36+ 200000.00 SUDA Health dt.15.9.2016) + 357600.00 (SUDA Health dt.15.10.2016) Balance Rs. 662758.36
 Utilization for the month of Oct.16 Rs.75853.00 Balance Rs. 586905.36
 Utilization for the month of Nov.16 Rs.75853.00 Balance Rs. 511052.36
 Utilization for the month of Dec..16 Rs.75853.00 Balance Rs. 435199.36
 Utilization for the month of Jan.17 Rs.117546.00 Balance Rs. 317653.36
 Utilization for the month of Feb.17 Rs.75853.00 Balance Rs. 241800.36
 Utilization for the month of Mar.17 Rs.104276.00 Balance Rs. 137524.36

Certified that I have satisfied myself that the condition on which the Grant-in-aid was sanctioned has been duly fulfilled/are being fulfilled and that I have exercised the following checks to see that the money was actually utilized for the purpose for which it was sanctioned.

KINDS OF CHECK EXERCISED

Original Bill, Receipt & Vouchers.




Signature of Chairman/Vice-Chairman

Vice-Chairman
Kandi Municipality

Community Based Primary Health Care Services in 63 nos. KMA-ULBs Statement of Expenditure (SOE) in Kandi Municipality for the month of March -2017

Sl.No.	Item of expenditure	Amount in Rs.
	Non -Recurring	
1.	Equipment	Nil
2.	Furniture	Nil
3.	Construction : (Not applicable for the present)	Nil
	a) Sub-Centre	
	b)OPD cum Maternity Home	Nil
	c)OPD	Nil
4.	I.E.C & Materials	Nil
5.	Renovation Works	Nil
6.	Base Line Survey	Nil
7.	Family Schedule, Training manual, HMIS format & HHW Kitbag	
8.	Strengthening of existing Maternity Home & Dispensaries (Not applicable for the present)	
Recurring		
9.	Honorarium	53977.00
10.	Salaries	15626.00
11.	Rent	5550.00
12.	Training	0.00
13.	Drug	0.00
14.	I. E. C.	0.00
15.	Operating cost(Sundries, printing, postage & telephone, TA/DA etc.)	29123.00
16.	TOTAL	104276.00




Chairman/Vice Chairman
Kandi Municipality.
Vice-Chairman
Kandi Municipality

Voucher details statement for the month of March' 2017

388/16-17 dt.31.03.17	HHW honorarium	Honorarium	40625.00
389/16-17 dt. 31.03.17	FTS honorarium	Honorarium	13352.00
390/16-17 dt. 31.03.17	Office Staff Salary	Salary	15626.00
391/16-17 dt. 31.03.17	Contingency	Rent(Jemo)	2550.00
392/16-17 dt. 31.03.17	Contingency	Rent(Rasorah)	3000.00
393/16-17 dt. 25.03.17	Contingency	Printing	18000.00
394/16-17 dt. 08.03.17	Contingency	Stationary	2473.00
395/16-17 dt. 11.03.17	Contingency	T.A	2400.00
396/16-17 dt. 23.03.17	Contingency	Vehicle	6250.00




Chairman/Vice-Chairman
Kandi Municipality

Vice-Chairman
Kandi Municipality

Bill for the H.H.W staff of Kandi Municipality for CBPHCS Project (Health)

under Kandi Municipality for the Month of -.....MARCH 17.....

Sl No.	Name of Health Worker	Designation	Working Days	Payable amount	Net Amount	Signature
1	Rupali Hazra	H.H.W	31	3125.00	3125.00	Rupali Hazra
2	Kumkum Das	H.H.W	31	3125.00	3125.00	Kum Kum Das
3	Susoma Barik	H.H.W	31	3125.00	3125.00	Susoma Barik
4	Suparna Siddhanta	H.H.W	31	3125.00	3125.00	Suparna Siddhanta
5	Chameli Nandi	H.H.W	31	3125.00	3125.00	Chameli Nandi
6	Srimati Mondal	H.H.W	31	3125.00	3125.00	Srimati Mondal
7	Aporna Das	H.H.W	31	3125.00	3125.00	Aporna Das
8	Samapti Adhya	H.H.W	31	3125.00	3125.00	Samapti Adhya
9	Sima Mazumdar	H.H.W	31	3125.00	3125.00	Sima Mazumdar
10	Mallika Sinha	H.H.W	31	3125.00	3125.00	Mallika Sinha
11	Nasira Khatun	H.H.W	31	3125.00	3125.00	Nasira Khatun
12	Karobi Dutta	H.H.W	31	3125.00	3125.00	Karobi Dutta
13	Papiya Paul	H.H.W	31	3125.00	3125.00	Papiya Paul

Total Amount Rs. 40625.00

Total Amount Rs. Forty thousand six hundred twenty five only

Rs. 40625.00 only

Sr. H. H. W. (only)

Chairman
Kandi Municipality

Bill for the F.T.S staff of Kandi Municipality for CBPHCS Project(Health)

under Kandi Municipality for the Month of -.....MARCH 17

Sl No.	Name of Health Worker	Designation	Working Days	Payable amount	Net Amount	Signature
1	Hira Ghatak	F.T.S	31	3338.00	3338.00	Hira Ghatak
2	Bhadra Mondal	F.T.S	31	3338.00	3338.00	Bhadra Mondal
3	Shyamoli Das	F.T.S	31	3338.00	3338.00	Shyamoli Dutta Das
4	Purnima Das	F.T.S	31	3338.00	3338.00	Purnima Das



Total Amount Rs. 13352.00

Total Amount Rs. Thirteen thousand three hundred fifty two only

13352- Thirteen
Thousand Three Hundred Fifty Two
only
[Signature]
Kandi Municipality



Bill for the Salary of Office Staff For CBPHCS Project (Health) under Kandi Municipality for the month

of.....MARCH.....17.....

Name of Employee	Designation	Working days	Total Pay	Net Pay	Signature
Abhijit Das	Computer Assistant	31	7813.00	7813.00	
Rathin Chatterjee	Health Assistant	31	7813.00	7813.00	

Total Amount Rs. 15626.00

15626.00 Fifteen Total Amount Rs. Fifteen thousand six hundred twenty six only

Shree, Shree Sanyal Sir



Sri Ramkrishna Co-Op. Printing Press Society Ltd.

Regd. No.- 11, Dated - 05/11/79 Under I.R.D.P. Scheme
 E.M. No. 190072100306, Dated - 03/03/2007
 P.O.- Kandi * Dist.- Murshidabad.

6112

Memo No. 1721/IXM Challan No. Bill No.
 Date 17/3/17 Date 25/3/17
 Messers / To The Chairman,
Kandi Municipality, Murshidabad.

Description	Quantity	Rate	Amount	
			Rs.	P.
<u>Supply of</u>				
		<u>per book</u>		
1. Immunization Register: -	08 Books	1000/-	8,000	-00
2. Monthly Report Form: - -	2000 pcs	100/-	2,000	-00
3. Weekly Report Form: -	2000 "	100/-	2,000	-00
4. Child Register (100pi) -	04-Books	1000/-	4,000	-00
5. Monthly R-report (Excell) -	1000 pcs	100/-	1,000	-00
6. Vaccin Requisition Form -	1000 pcs	100/-	1,000	-00
Enter in Stock Register page No. - <u>(20)</u> dt - <u>23.3.17</u> <u>Alhijda</u>			Pay Rs. <u>18000/-</u> (Rupees <u>Eighteen</u> <u>Thousand</u> only Chairman Kandi Municipality <u>Alhijda</u>	
Total -			18,000	-00

(In Words Eighteen thousand only. E&O.E.)

Rs.- 18,000/=

Our Order No.-

Nanda Lal Das
 For - Sri Ramkrishna Co-Op. P.P.S. Ltd.

বীভা ষ্টেশনাস

খাতা, কাগজ, কলম ও ষ্টেশনারী দ্রব্য বিক্রয় ও
'অর্ডার সাপ্লায়াস'

~~কান্দী~~ কান্দী * মুন্সিদাবাদ

তারিখ... ০৪.৩.১৭


- ① Register 36 P₃ x 53.00 = 1908.00
- ② Attendance Register 3 P₃ x 40.00 = 120.00
- ③ pen Box 3 x 25.00 = 75.00
- ④ Gum 2 cc - x 15.00 = 30.00
- ⑤ A14 Paper 1 Rim x 340.00 = 340.00

total Rs-2473=00

Five Thous, Four Hunds Seventy Three only

Porimal Dutta

Pay Rs. 2473/- (Rupees Two Thousand
Four Hundred Seventy Three only)


Chairman
Kandi Municipality

Entered in cash
Pg. No. 82 N-19
Dt-09.3.17
Akhoyit 08.
09.3.17

ঘর ভাড়ার রসিদ

তারিখ 31.03.2017

নাম মিলন কুমার চক্রবর্তী

ঠিকানা কাজল, ওয়ার্ড নং- ০৭

হোল্ডিং নং- ১১৪ মহল্লা - নন্দুয়াড়া

বিবরণ : জানুয়ারী - ২০১৭ মাস হইতে

মার্চ - ২০১৭ মাস পর্যন্ত

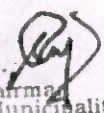
১০০০ টাকা হারে

মোট ৩,০০০ টাকা বুঝিয়া পাইলাম।

Milon Kr Chakraborty

তারিখ - 31.03.17 আদায়কারী

Rs. 3000 (Rupees Three
Thousand Rupees) only


Chairman
Kandi Municipality

ঘর ভাড়ার রসিদ

তারিখ.....

নাম শ্রীমতী বসন্তী সৌর মণ্ড

ঠিকানা বসন্তী, সুপার-দাঙ্গা,

হোল্ডিং নং-৩৪/খ/২০৭ মহলা-সোশ্যালিস্ট মিলিট্রিয়ার্ড

বিবরণ : স্বাস্থ্যসেবা ২০১৭ মাস হইতে

মার্চ ২০১৭ মাস পর্যন্ত

৮৫০.০০ টাকা হারে

মোট ১৫৫০.০০ টাকা বৃষ্টিয়া পাইলাম। (২৫৫০.০০)

তারিখ-০৪.০৬.১৭ বাসন্তী সৌর মণ্ড
আনুসঙ্গিক

Passed for payment Rs. ১৫৫০.০০
(Rupees ১৫৫০ শুধুমাত্র) only.
Chairman
Kandi Municipality