

OFFICE OF THE MUNICIPAL COUNCILLOR, KONNAGAR

73, G.T. ROAD, (W) KONNAGAR, HOOGHLY.

SRI BAPPADITYA CHATTERJEE

Chairman

Ref No : UPHCS/2833

Dated 03/03/2014

Office : 2674-0210/212
/9598/7376

Ambulance: 2674- 7545

Hospital : 2674 - 7740

To

The Project Director,
SUDA(Health Wing)
ILGUS BHAVAN,H.C. BLOCK.
Sector-III,Bidhannagar,
Kolkata-700106.



Chhoti
8
10.3.14

Sub-: Submission of statement of Expenditure(SOE), Utilisation Certificate(UC) 3RD quarter 13-14 & requisition of fund 4th quarter 13-14

Sir,

In inviting your above reference, I am submitting the necessary information i.e. statement of expenditure (SOE),Utilisation certificate & requisition of fund in connection with U.P.H.C.S. scheme.
This may kindly be acknowledge.


chairman
Chairman
Konnagar Municipality
Konnagar Municipality

UPHCS
CUDP-III/CSIP/IPP-VIII

Status on Fund received & SOE submitted :

(Amount in Rs.)

.....3rd..... Quarter FY 2013-2014

	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
B/F Balance	4,14,540	70,683	—	1,36,753	6,21,976
Fund Received	7,17,180	2,13,333	—	24,000	9,54,513
Total Available Fund	11,31,720	2,84,016	—	1,60,753	15,76,489
SOE Submitted	7,08,800	—	—	11,241	7,20,041
Balance in hand	4,22,920	284,016	—	1,49,512	8,56,448

Dr. 1/14

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

U.P.H.C.S

~~U.P.H.C.S/PP VIII~~

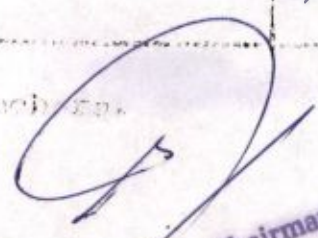
Attachment 1

Annexure Details Statement for the ... 3rd ... Quarter of FY 200-2013-2014.

Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs.)
Vr. No. 1344, 1343, 1430, 1433/1, 1637, 1803, 1927 Dt. 3/10/13, 3/10/13, 25/10/13, 25/10/13, 22/11/13, 4/12/13, 21/12/13	Hon./Salary	Hon. to HllWs Hon. to PTs P.T.M.Os, Staff Nurse, Attendant, clerk, Sweeper	2,35,110.00 2,26,910.00 14,670.00 2,32,110.00
	Drug	FOR HAU FOR ESOPD FOR MH	
	Rent	FOR SD	
VR. No. 1363, 1432/1, 1431/1, 1484, 1638, 1702, 1926 Dt. - 3/10/13, 28/10/13, 28/10/13, 30/10/13, 22/11/13, 21/12/13, 21/12/13	Contingency	FOR HAU FOR ESOPD FOR MH FOR IC	6941.00 4300.00
Total			7,20,041.00

I.P. Not to submit any copies of bills & vouchers.

21/12/14



Chairman
Kotnagar Municipality


UPHCS
 CUDP-III/CSIP/IPP-VIII

Requisition of Fund for the ^{4th} Quarter of FY 2013 - 2014

Facilities	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
Block (HHW)	5,43,750				5,43,750
Sub-Centre (FTS)	1,30,163				1,30,163
HAU	1,54,875	68,000		24,000	2,46,875
ESOPD	61,800	60,000			1,21,800
MH					
DC					
ULB (AHO & UHIO)	24,375				24,375

* Space marked with  is not to be filled-in.

2


 Signature of Chairperson / Vice-Chairperson
 Chairman
 Kottanagar Municipality

UPHCS

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

Sl. No.	Letter No. & Date	Amount (in Rs.)
1.	SUDA-Health/145/08/36(51) Dt. 13.8.13	164000.00
2.	SUDA-Health/145/08/145(52) Dt. 30.7.13	1014240.00
3.	SUDA-Health/145/08/168(45) Dt. 23.8.13	170668.00
4.	SUDA-Health/145/08/207(52) Dt. 26.9.13	828037.00
5.	SUDA-Health/145/08/234(52) Dt. 25.11.13	741180.00
6.	SUDA-Health/145/08/267(51) Dt. 23.12.13	213333.00
Total		3131458.00

Certified that out of Rs. 31,31,458.00 of Grants-in-aid sanctioned during the year 20... in favour of Konnagar..... Municipality under this Ministry / Department letter no. given in the margin and Rs. 4,05,419.00 on account of unspent balance of the previous year, a sum of

Rs. 26,80,429.00 has been utilized for the purpose it was sanctioned and the balance of Rs. 8,56,448.00 remaining unutilized at the end of the 3rd... quarter has been carried forward to the A/C of next quarter of FY 2013-2014.

Certified that I have satisfied myself that the conditions 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

- ✓1. Books of Accounts
- ✓2. Original Bill, Receipts & Vouchers.
- ✓3. Bank Statement
- ✓4. Physical Progress

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

2/13/14

(3)

OFFICE OF THE MUNICIPAL COUNCILLOR, KONNAGAR

73, G.T. ROAD, (W) KONNAGAR, HOOGHLY.

SRI BAPPADITYA CHATTERJEE

Chairman

Ref No : V.P.H.C.S/1883

Dated: 14/11/2013

To

The Project Director,
SUDA(Health Wing)
ILGUS BHAVAN, H.C. BLOCK.
Sector-III, Bidhannagar,
Kolkata-700106.




Dear Madam.

In pursuance of your message on 7th June, 2013, I am submitting the necessary information i.e. the SOE, for payment of salary to M. O & ANM for the month of June, July, August, September and October '2013 for your kind perusal & necessary action.

This may kindly be acknowledged.

Thanking you,


Chairman

Konnagar Municipality
Chairman
Konnagar Municipality

KONNAGAR MUNICIPALITY

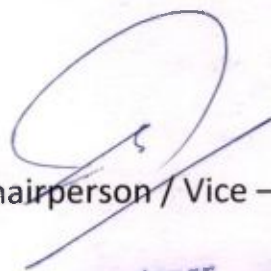
URBAN R C H PROGRAMME

Status on fund received and SOE submitted for the month of June.....2013

(AMOUNT IN RS.)

	HON / SALARY	FURNITURE	EQUIPMENT	TOTAL
B/F BALANCE	23,694'00	26,200'00	20,600'00	70,494'00
FUND RECEIVED	-	-	-	-
TOTAL AVAILABLE FUND	23,694'00	26,200'00	20,600'00	70,494'00
SOE SUBMITTED	29,380'00	-	-	29,380'00
BALANCE IN HAND	-5,686'00	26,200'00	20,600'00	41,114'00

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Signature of chairperson / Vice – chairperson

Chairman
Konnagar Municipality

Konnagar Municipality

Urban RCH Programme

Voucher details statement for the month June 2013.

Voucher No & Date	Item of expenditure	Nature of expenditure	Amount (Rs)
Vr. No. 388 Date : 06/06/2013	Hon / Salary	Salary to M.O & ANM	29,380.00
		Total	29,380.00

2

Signature of Chairman / Vice - Chairman

[Signature]
Chairman
Konnagar Municipality

KONNAGAR MUNICIPALITY

URBAN R C H PROGRAMME

Status on fund received and SOE submitted for the month of July.....2013

(AMOUNT IN RS.)

	HON / SALARY	FURNITURE	EQUIPMENT	TOTAL
B/F BALANCE	-5686.00	26,200.00	20,600.00	41,114.00
FUND RECEIVED	93,826.00	-	-	93,826.00
TOTAL AVAILABLE FUND	88,140.00	26,200.00	20,600.00	1,34,940.00
SOE SUBMITTED	29,380.00	-	-	29,380.00
BALANCE IN HAND	58,760.00	26,200.00	20,600.00	1,05,560.00

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Signature of chairperson / Vice – chairperson

[Signature]
Chairman
Konnagar Municipality

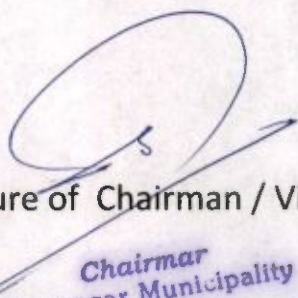
Konnagar Municipality

Urban RCH Programme

Voucher details statement for the month *July*..... 2013.

Voucher No & Date	Item of expenditure	Nature of expenditure	Amount (Rs)
Vr. No. <i>653</i> Date : <i>06/07/2013</i>	Hon / Salary	Salary to M.O & ANM	<i>29,380.00</i>
		Total	<i>29,380.00</i>

dm


Signature of Chairman / Vice - Chairman

Chairman
Konnagar Municipality

KONNAGAR MUNICIPALITY

URBAN RCH PROGRAMME

Status on fund received and SOE submitted for the month of August.....2013

(AMOUNT IN RS.)

	HON / SALARY	FURNITURE	EQUIPMENT	TOTAL
B/F BALANCE	58760.00	26,200.00	20,600.00	1,05,560.00
FUND RECEIVED	NIL	NIL	NIL	NIL
TOTAL AVAILABLE FUND	58,760.00	26,200.00	20,600.00	1,05,560.00
SOE SUBMITTED	29,380.00	NIL	NIL	29,380.00
BALANCE IN HAND	29,380.00	26,200.00	20,600.00	76,180.00

2

Signature of chairperson / Vice - chairperson

Chairman
Konnagar Municipality

Konnagar Municipality

Urban RCH Programme

Voucher details statement for the month August 2013.

Voucher No & Date	Item of expenditure	Nature of expenditure	Amount (Rs)
Vr. No. 827 Date : 03/08/2013	Hon / Salary	Salary to M.O & ANM	29,380.00
		Total	29,380.00



Signature of Chairman / Vice - Chairman


Chairman
Konnagar Municipality

KONNAGAR MUNICIPALITY

URBAN RCH PROGRAMME

Status on fund received and SOE submitted for the month of September.....2013

(AMOUNT IN RS.)

	HON / SALARY	FURNITURE	EQUIPMENT	TOTAL
B/F BALANCE	29,380.00	26,200.00	20,600.00	76,180.00
FUND RECEIVED	-	-	-	-
TOTAL AVAILABLE FUND	29,380.00	26,200.00	20,600.00	76,180.00
SOE SUBMITTED	29,380.00	-	-	29,380.00
BALANCE IN HAND	NIL	26,200.00	20,600.00	46,800.00

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Signature of chairperson / Vice - chairperson

[Handwritten Signature]
Chairman
Konnagar Municipality

Konnagar Municipality

Urban RCH Programme

Voucher details statement for the month September..... 2013.

Voucher No & Date	Item of expenditure	Nature of expenditure	Amount (Rs)
Vr. No. 1085,1086 Date: 09/09/2013	Hon / Salary	Salary to M.O & ANM	29,380.00
		Total	29,380.00

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Signature of Chairman / Vice - Chairman

Chairman
Konnagar Municipality

KONNAGAR MUNICIPALITY

URBAN R C H PROGRAMME


Status on fund received and SOE submitted for the month of October 2013

(AMOUNT IN RS.)

	HON / SALARY	FURNITURE	EQUIPMENT	TOTAL
B/F BALANCE	MIL	26,200.00	20,600.00	46,800.00
FUND RECEIVED	-	-	-	-
TOTAL AVAILABLE FUND	-	26,200.00	20,600.00	46,800.00
SOE SUBMITTED	29,380.00	-	-	29,380.00
BALANCE IN HAND	-29,380.00	26,200.00	20,600.00	17,420.00

2

Signature of chairperson / Vice - chairperson


Chairman
Konnagar Municipality

Konnagar Municipality

Urban RCH Programme

Voucher details statement for the month October 2013.

Voucher No & Date	Item of expenditure	Nature of expenditure	Amount (Rs)
Vr. No. 1345 Date : 03/10/2013	Hon / Salary	Salary to M.O & ANM	29,380.00
		Total	29,380.00

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Signature of Chairman / Vice - Chairman

Chairman
Konnagar Municipality

OFFICE OF THE MUNICIPAL COUNCILLOR, KONNAGAR

73, G.T. ROAD, (W) KONNAGAR, HOOGHLY.

SRI BAPPADITYA CHATTERJEE

Chairman

Ref No : UPHCS/1882

Dated 14/11/2013

Office : 2674-0210/2123
/9598/7376

Ambulance: 2674- 7545

Hospital : 2674 - 7740

To

The Project Director,
SUDA(Health Wing)
ILGUS BHAVAN,H.C. BLOCK.
Sector-III,Bidhannagar,
Kolkata-700106.



Sub-: Submission of statement of Expenditure(SOE), Utilisation

Certificate(UC) 2ND quarter 13 - 14 & requisition of fund 3RD quarter 13 - 14

Sir,

In inviting your above reference, I am submitting the necessary information
i.e. statement of expenditure (SOE), Utilisation certificate & requisition of fund in
connection with UPHCS.

This may kindly be acknowledge.


Chairman
Konnagar Municipality
Konnagar Municipality

U.P.H.C.S
 CUDP-III / CSIP / IPP-VIII

Status on Fund received & SOE submitted :

(Amount in Rs.)

.....2nd..... Quarter FY 2013-14

	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
B/F Balance	-4,51,725	1,92,015	-	87,289	-1,72,421
Fund Received	17,83,710	1,70,668	-	58,567	20,12,945
Total Available Fund	13,31,985	3,62,683	-	1,45,856	18,40,524
SOE Submitted	9,17,445	2,92,000	-	9,103	12,18,548
Balance in hand	4,14,540	70,683	-	1,36,753	6,21,976

Signature of Chairperson / Vice-Chairperson

Chairman
 Konnagar Municipality

U.P.H.C.S

~~U.P.H.C.S/PP VIII~~

2013-2014

Voucher Detail Statement for the ... 2nd ... Quarter of FY 200-
2013-2014.

Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs.)
Vr. No. 650, 651, 652, 825 826, 865, 1065, 1083, 1142, 1245 Date - 06/7/13, 03/8/13, 07/8/13, 09/9/13, 13/9/13, 24/9/13	Hon./Salary Exgratia	Hon. to HllWs Hon. to FTSA Hon. to P.T.M.O. Hon. to S.T.S Exgratia to H.H.W, FTB, P.T.M.O, Clerk, S.T.S, Attendant, Sweeper	2,37,110.00 2,33,525.00 2,23,210.00 2,23,600.00
VR.No. 552, 553 Date - 01/07/2013	Drug	FOR HAU FOR ESOPD FOR MH	1,52,000.00 1,40,000.00
.....	Rent	FOR SC	.....
VR.No. 649, 752, 854, 969, 1084, 1190 Date - 06/7/13, 22/7/13, 07/8/13, 27/8/13, 09/9/13, 20/9/13,	Contingency	FOR HAU FOR ESOPD FOR MH FOR IC	6703.00 2400.00
Total			12,18,548.00

T.D. Not to destroy any copies of bills & vouchers.

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Chairman
Konnagar Municipality

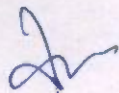
Annexure - III

U.P.H.C.S
 CUDP-III/CSIP/IPP-VIII


Requisition of Fund for the 3rd Quarter of FY 2013-2014

Facilities	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
Block (HHW)	4,35,000				4,35,000
Sub-Centre (FTS)	1,04,130				1,04,130
HAU	1,23,900	68,000		15,000	2,06,900
ESOPD	61,800	60,000			1,21,800
MH					
DC					
ULB (AHO & UHIO)	19,500				19,500

* Space marked with  is not to be filled-in.



Signature of Chairperson / Vice-Chairperson


 - Chairman
 Konnagar Municipality

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

Sl. No.	Letter No. & Date	Amount (in Rs.)
1.	SUDA-Health/145/08/26(51) Dt. 13.09.13	1,64,000.00
2.	SUDA-Health/145/08/145(52) Dt. 30.7.13	10,14,240.00
3.	SUDA-Health/145/08/168(45) Dt. 23.8.13	1,70,668.00
4.	SUDA-Health/145/08/267(52) Dt. 26.9.13	8,28,037.00
Total		21,76,945.00

Certified that out of Rs. 21,76,945.00 of Grants-in-aid sanctioned during the year 2013-2014 in favour of Konnagar Municipality under this Ministry / Department letter no. given in the margin and Rs. 4,05,419.00 on account of unspent balance of the previous year, a sum of

Rs. 1,9,60,388.00 has been utilized for the purpose it was sanctioned and the balance of Rs. 6,21,976.00 remaining unutilized at the end of the 2nd quarter has been carried forward to the A/C of next quarter of FY 2013-2014.

Certified that I have satisfied myself that the conditions 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

- ✓1. Books of Accounts
- ✓2. Original Bill, Receipts & Vouchers.
- ✓3. Bank Statement
- ✓4. Physical Progress

2

Signature of Chairperson / Vice-Chairperson

[Signature]
Chairman
Konnagar Municipality

OFFICE OF THE MUNICIPAL COUNCILLOR, KONNAGAR

73, G.T. ROAD, (W) KONNAGAR, HOOGHLY.

Office : 2674—0210/2123
/9598/7376

Ambulance: 2674- 7545

Hospital : 2674 – 7740

SRI BAPPADITYA CHATTERJEE

Chairman

Ref No : ...

UPHCS / SUDA / 637

Dated.....

22/5/13

To

The Director,

SUDA(Health Wing)

ILGUS BHAVAN, H.C. BLOCK.

Sector-III, Bidhannagar

Kolkata-700106.



Sub-: Submission of statement of Expenditure(SOE), Utilisation Certificate(UC)

UPHCS 4TH quarter 12-13 & requisition of fund 1ST quarter 13-14

Sir,

In reference to Memo No.SUDA-Health/KMA ULBS/10/15(41)/2008 dated 01.08.2008.

I am submitting statement of expenditure(SOE), Utilisation certificate (UC) of UPHCS 4TH quarter 2012 – 2013 & requisition of fund from 01 – 04 – 13 to 31 – 06 – 13 as per Annexure- I, II, III, IV as enclosed from your end.

Please take necessary action in this regard.

Enco : Annexure I to IV .

Yours faithfully

Chairman

Konnagar Municipality

Chairman
Konnagar Municipality

V.P.H.e.s
 CUDP III / CSIP / IPP-VIII

Status on Fund received & SOE submitted :

(Amount in Rs.)

.....4/11..... Quarter FY 200 2012-13.

	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
B/F Balance	2,56,387	3,43,915	—	96,592	6,96,894
Fund Received	7,36,680	—	—	—	7,36,680
Total Available Fund	9,93,067	3,43,915	—	96,592	14,33,574
SOE Submitted	7,33,040	2,79,900	—	15,215	10,28,155
Balance in hand	2,60,027	64,015	—	81,377	4,05,419

ds

[Signature]

Signature of Chairperson / Vice-Chairperson

Chairman
 Konnagar Municipality

U.P.H.C.S

33/CSRP/IPP-VIII

Voucher Detail Statement for the 4/1 (Quarter of FY 200-
2012-2013.

Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs.)
2161, 2162, 2163, 2377, Vr. No 2378, 2379, 2571, 2572, 2573. Dt. 05/01/13, 05/02/13, 08/03/13.	Hon./Salary	Hon. to HHs Hon. to FCSs	1,17,376.00 1,27,790.00 1,17,720.00 1,27,790.00 1,14,574.00 1,27,790.00
VR.No. 2267, 2464 Dt. 28/01/13, 20/02/13.	Drug	FOR HAU FOR ESOPD FOR MH	1,39,900.00 1,40,000.00
	Rent	FOR SC	
VR.No. 2160, 2164, 2165, 2166, 2167, 2248, 2376, 2533, 2570, 2661. Dt. 05/1/13, 22/1/13, 05/2/13, 04/3/13, 08/3/13, 18/3/13.	Contingency	FOR HAU FOR ESOPD FOR MH FOR IR	13,265.00 1,950.00
		Total	10,28,155.00

N.P. For to be done by copies of bill & vouchers

A



Chairman
Konnagar Municipality

U.P.H.C.S
~~CUDP-III / CSHP / IPP-VIII~~

Requisition of Fund for the ~~4th~~ 1st Quarter of FY 2013-2014.

Facilities	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
Block (HHW)	4,35,000				4,35,000
Sub-Centre (FTS)	1,04,130				1,04,130
HAU	1,24,800	68,000		15,000	2,07,800
ESOPD	61,800	60,000			1,21,800
MH					
DC					
ULB (AHO & UHIO)	19,500				19,500

* Space marked with  is not to be filled in.

Am

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

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

Sl. No.	Letter No. & Date	Amount (in Rs.)
1	SUDA-Health/145/08/94(40) dt. 25/7/12	4,31,870.00
	SUDA-Health/145/08/92(30) dt. 29/4/12	6,66,210.00
	SUDA-Health/145/08/95(31) dt. 25/7/12	4,56,810.00
	SUDA-Health/145/08/199(52) dt. 08/10/12	5,56,520.00
	SUDA-Health/145/08/240(52) dt. 21/11/12	11,99,800.00
	SUDA-Health/145/08/286(52) dt. 12/12/12	2,94,000.00
	SUDA-Health/145/08/333(50) dt. 14/2/12	7,36,680.00
	Total	42,81,930.00

Certified that out of Rs. 42,81,930.00 of Grants-in-aid sanctioned during the year 2012-13 in favour of Konnagar Municipality under this Ministry / Department letter no. given in the margin and Rs. 76,817.00 on account of unspent balance of the previous year, a sum of


Rs. 37,99,694.00 has been utilized for the purpose it was sanctioned and the balance of Rs. 4,05,419.00 remaining unutilized at the end of the 4th quarter has been carried forward to the A/C of next quarter of FY 2013-2014.

Certified that I have satisfied myself that the conditions 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

- ✓1. Books of Accounts
- ✓2. Original Bill, Receipts & Vouchers.
- ✓3. Bank Statement
- ✓4. Physical Progress

JZ


Signature of Chairperson / Vice-Chairperson
Chairman
Konnagar Municipality

Signature

OFFICE OF THE MUNICIPAL COUNCILLORS, KONNAGAR
73, G.T. ROAD (W), KONNAGAR (Pin. 712235), HOOGHLY, West Bengal

Sri. Bappaditya Chatterjee
Chairman

Office : 2674-0210/2123/9598/7376
Ambulance : 2674-7545
Hospital : 2674-7740
Fax : 2674-0210 (Office)

Ref No. PWD/14/1.P.P-VIII/1816
To

Date 17/01/2012

The Director,

SUDA(Health Wing)

ILGUS BHAVAN,H.C. BLOCK.

Sector-III,Bidhannagar

Kolkata-700106.



Sub-: Submission of statement of Expenditure(SOE), Utilisation

Certificate(UC) 3rd quarter 11-12 & requisition of fund 4th quarter 11-12

Sir,

In reference to Memo No.SUDA-Health/KMA ULBS/10/15(41)/2008 dated 1.8.2008. I am submitting statement of expenditure(SOE), Utilisation certificate(UC) 3rd quarter 2011-2012 & requisition of fund from 1.1.12 to 31.03.12 as per Annexure- I, II, III, IV as enclosed from your end.

Please take necessary action in this regard.

Enclo: Annexure I to IV .

Yours faithfully

Signature

Chairman

Konnagar Municipality

Chairman
Konnagar Municipality

~~CUDP III / CSIP / IPP-VIII~~ ✓

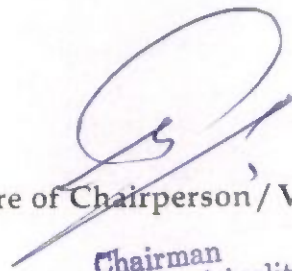
Status on Fund received & SOE submitted :

(Amount in Rs.)

...3rd..... Quarter FY 200 2011 - 2012

	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
B/F Balance	-1,04,890	31,879	-	8,854	-64,157
Fund Received	479970	54,000	-	10,500	544470
Total Available Fund	375080	85879	1935	19354	480313
SOE Submitted	383370	59906	-	4967	448243
Balance in hand	-8290	25973	-	14387	32070

Signature of Chairperson / Vice-Chairperson


Chairman
Konnagar Municipality

Sudhakar

Annexure-II

CUDP III/CSIP/IPP-VIII

Voucher Details Statement for the ... 3rd ... Quarter of FY 2011-12

Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs.)
Vr. No. 1721, 1908, 2031 Date. 08/11/11, 07/12/11, 29/12/11	Hon./Salary	Hon. to A.H.O, Staff Nurse, Hon. to HHWs Hon. to FTSS, S.T.S., P.T.M.Os, clerk, Attendant Sweeper,	1,27,790.00 1,27,790.00 1,27,790.00
VR. No. 1596 Dt. - 25/10/11	Drug	FOR HAU FOR ESOPD FOR MH	59,906.00
.....	Rent	FOR SC	.....
VR. No. - 1560, 1802 Dt. - 21/10/11, 21/11/11	Contingency	FOR HAU FOR ESOPD FOR MH FOR DC	4967.00
Total			448,243

N.B. Not to enclose any copies of bills & vouchers.

Subp. InmSignature of Chairman/Vice-Chairman
Konnagar Municipality

CUDP III / CSIP / IPP-VIII

Requisition of Fund for the Quarter of FY .

Facilities	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
Block (HHW)	2,25,000/-				2,25,000/-
Sub-Centre (FTS)	56,070/-				56,070/-
HAU	82,800/-	38,000/-		10,500/-	1,31,300/-
ESOPD					
MH					
DC					
ULB (AHO & UHIO)	19,500/-				19,500/-

* Space marked with  is not to be filled in.

Subd. Secy

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

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

Sl. No.	Letter No. & Date	Amount (in Rs.)
1.	SUDA-Health/145/08/08(29) 10.4.11	2,11,500.00
2.	SUDA-Health/145/08/29(23) 24.5.11	2,79,542.00
3.	SUDA-Health/145/08/56(6) 13.6.11	1,89,500.00
4.	SUDA-Health/145/08/109(40) 01.8.11	1,41,290.00
5.	SUDA-Health/145/08/155(40) 14.9.11	2,82,580.00
6.	SUDA-Health/145/08/190(40) 25.10.11	2,24,390.00
7.	SUDA-Health/145/08/220(40) 25.11.11	3,20,080.00
	Total	16,48,882.00

Certified that out of Rs. 16,48,882.00 of Grants-in-aid sanctioned during the year 2011 in favour of Konnagar Municipality under this Ministry / Department letter no. given in the margin and Rs. 15,47,200.00 on account of unspent balance of the previous year, a sum of

Rs. 16,01,340.00 has been utilized for the purpose it was sanctioned and the balance of Rs. 3,20,70.00 remaining unutilized at the end of the 3rd quarter has been carried forward to the A/C of next quarter of FY 2011-2012.

Certified that I have satisfied myself that the conditions 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

- ✓1. Books of Accounts
- ✓2. Original Bill, Receipts & Vouchers.
- ✓3. Bank Statement
- ✓4. Physical Progress

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

Subscribed

Amk

OFFICE OF THE MUNICIPAL COUNCILLOR, KONNAGAR

73, G.T. ROAD, (W) KONNAGAR, HOOGHLY.

Office : 2674—0210/2123
/9598/7376

Ambulance: 2674- 7545

Hospital : 2674 – 7740

SRI BAPPADITYA CHATTERJEE

Chairman

Ref No : PWD/14/UPHCS/2210

Dated.....5/2/13.....

To

The Director,

SUDA(Health Wing)

ILGUS BHAVAN, H.C. BLOCK.

Sector-III, Bidhannagar

Kolkata-700106.



Sub-: Submission of statement of Expenditure(SOE), Utilisation Certificate(UC)

UPHCS 3rd quarter 12-13 & requisition of fund 4th quarter 12-13

Sir,

In reference to Memo No.SUDA-Health/KMA ULBS/10/15(41)/2008 dated 01.08.2008 and SUDA- Health / 534 Pt. /09 /129 (28) , Dt.....31. 08. 2012. I am submitting statement of expenditure(SOE), Utilisation certificate (UC)of UPHCS 3rd quarter 2012 – 2013 & requisition of fund from 01 – 01 – 13 to 31 – 03– 13 as per Annexure- I, II, III, IV as enclosed from your end.

Please take necessary action in this regard.

Enclo : Annexure I to IV .

Yours faithfully


Chairman
Chairman
Konnagar Municipality

U. P. H. C. S.
CUDP-III/CSIP/IPP-VIII

Status on Fund received & SOE submitted :

(Amount in Rs.)

...3rd..... Quarter FY 2012-13

	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
B/F Balance	-4,93,123	49,915	-	56,567	-3,86,641
Fund Received	17,08,360	2,94,000	-	48,000	20,50,360
Total Available Fund	12,15,237	3,43,915	-	1,04,567	16,63,719
SOE Submitted	95,88,50	-	-	7,975	9,66,825
Balance in hand	2,56,387	3,43,915	-	96,592	6,96,894

2/

Signature of Chairperson / Vice-Chairperson
Chairman
Konnagar Municipality

U.P.H.C.S

Attachment - 11

~~2012-13/CSRP/1EP-VIII~~

Voucher Details Statement for the ^{3rd} Quarter of FY 200-
2012 - 2013.

Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs.)
1566 Vr. No. 1564, 1565, 1567, 1568 1815, 1816, 1817, Date - 12/54, 12/55, 12/56 Date - 06/10/12, 08/11/12, 04/12/12	Hon./Salary, Piya Exgratia	Hon. to HHWs Hon. to FTSA	248,190.00 215,000.00 247,650.00 2,48,010.00
	Drug	FOR HAU FOR ESOPD FOR MH	
	Rent	FOR SC	
VR.No. 1563, 1706, 1814, 1913, 1953, 2086 Date - 06/10/12, 18/10/12, 08/11/12, 27/11/12, 04/12/12, 20/12/12	Contingency	FOR HAU FOR ESOPD FOR MH FOR IE	7,975.00
Total			9,66,825.00

N.D. Not to enclose any copies of bills & vouchers

2

[Signature]
Chairman
Konnagar Municipality

U.P.H.C.S
CUDP III/CSIP/IPP-VIII

Requisition of Fund for the 3rd Quarter of FY 2012-2013

Facilities	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
Block (HHW)	4,35,000				4,35,000
Sub-Centre (FTS)	1,04,130				1,04,130
HAU	1,24,800	68,000		15,000	2,07,800
ESOPD	61,800	60,000			1,21,800
MH					
DC					
ULB (AHO & UHIO)	19,500				19,500

* Space marked with  is not to be filled-in.


Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

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

Sl. No.	Letter No. & Date	Amount (in Rs.)
1	SUDA - Health / 145/08/94 (40) dt. 25/7/12	4,31,870.00
	SUDA - Health / 145/08/92 (30) dt. 29/4/12	5,06,210.00
	SUDA - Health / 145/08/95 (31) dt. 25/7/12	4,56,810.00
	SUDA - Health / 145/08/199 (52) dt. 08/10/12	5,56,560.00
	SUDA - Health / 145/08/240 (52) dt. 21/11/12	11,99,800.00
	SUDA - Health / 145/08/280 (52) dt. 12/12/12	2,94,000.00
	Total	35,45,250.00

Certified that out of Rs. ~~35,45,250.00~~ of Grants-in-aid sanctioned during the year 2012-2013 in favour of Konnagar..... Municipality under this Ministry / Department letter no. given in the margin and Rs. ~~76,817.00~~ on account of unspent balance of the previous year, a sum of

Rs. ~~27,71,539~~... has been utilized for the purpose it was sanctioned and the balance of Rs. ~~6,96,894~~..... remaining unutilized at the end of the 3rd.... quarter has been carried forward to the A/C of next quarter of FY 2012-2013.

Certified that I have satisfied myself that the conditions 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

- ✓1. Books of Accounts
- ✓2. Original Bill, Receipts & Vouchers.
- ✓3. Bank Statement
- ✓4. Physical Progress

Signature of Chairperson / Vice-Chairperson
Chairman
Konnagar Municipality

[Handwritten Signature]

OFFICE OF THE MUNICIPAL COUNCILLOR, KONNAGAR

73, G.T. ROAD, (W) KONNAGAR, HOOGHLY.

SRI BAPPADITYA CHATTERJEE

Chairman

Ref No : PWD/14/UPHCS/1651

Dated 20.11.12

Office : 2674-0210/2123
/9598/7376

Ambulance: 2674- 7545

Hospital : 2674 - 7740

To

The Project Officer,

Health Wing, SUDA

"ILGUS BHAVAN, H-C Block, Sector- III,

Bidhannagar, Kolkata.....106



Sub : LETTER OF ACKNOWLEDGEMENT

Sir,

I acknowledge with thanks the receipts at Rs. 5, 56, 560/-
(Rupees Five lack Fifty Six thousand Five hundred Sixty only) on
account of Honorarium & Contingency for the month of July 20 12
of UPHCS vide cheque No. 033966 dated 06 - 10 - 12.

Enclo : Misc. Receipt No . 41110 Dt.. 10.10.2012


Chairman

Konnagar Municipality

Book No.

823

By cheque NO = 033966 dt 06/10/2012 No.

KONNAGAR MUNICIPALITY 41110

MISCELLANEOUS RECEIPT
Form No. 39
(Vide rules 105, 121 and 122)



Received At the project office

Received from Heath, Suda, Bidhannagar, Calcutta-700091

Account of Rupees for implementation of Urban Primary

On account of Health Care Services (UPHCS) Funds in favour of Hon & con.

The sum of Rupees (in words) Five lakh fifty thousand only for the month of July-2012

hundred sixty only.

Rs. 5,56,560/- P. (Figure)

[Signature]
Cashier



[Signature]
Executive Officer
Vice - Chairman

Dated 10/10/12 201


OFFICE OF THE MUNICIPAL COUNCILLOR, KONNAGAR

73, G.T. ROAD, (W) KONNAGAR, HOOGHLY.

Office : 2674—0210/2123
/9598/7376

Ambulance: 2674- 7545

Hospital : 2674—7740

SRI BAPPADITYA CHATTERJEE

Chairman CUDP/

Ref No : PWD/14/1473

FO/Chwtn.




Dated..... 30-10-12

To
The Director,
SUDA(Health Wing)
ILGUS BHAVAN,H.C. BLOCK.
Sector-III,Bidhannagar
Kolkata-700106.

Sub-: Submission of statement of Expenditure(SOE), Utilisation Certificate (UC) 2nd quarter 12-13 & requisition of fund 3rd quarter 12-13

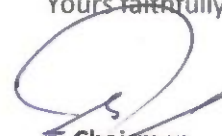
Sir,

In reference to Memo No.SUDA-Health/KMA ULBS/10/15(41)/2008 dated 1.8.2008. I am submitting statement of expenditure(SOE), Utilisation certificate(UC) 2nd quarter 2012 – 2013 & requisition of fund from 01 – 10 – 12 to 31 – 12 – 12 as per Annexure- I, II, III, IV as enclosed from your end.

Please take necessary action in this regard.

Enco : Annexure I to IV .

Yours faithfully


Chairman
Konnagar Municipality

Chairman
Konnagar Municipality

✓


CUDP III / CSIP / IPP-VIII

Status on Fund received & SOE submitted :

(Amount in Rs.)

..... 2nd Quarter FY 2012-13

	A/C Head				Total
	Hon. / Salary	Drug	Rent	Contingency	
B/F Balance	- 2 33 225	14 99 42	-	48 50 9	- 34 77 4
Fund Received	3 53 310	90 00 0	-	13 50 0	4 56 810
Total Available Fund	1 20 085	23 99 42	-	62 00 9	4 22 036
SOE Submitted	3 59 580	2 16 000	-	1 95 0	5 77 530
Balance in hand	- 2 39 495	2 39 42	-	60 05 9	- 1 55 494


 Chairman
 KONNAGAR MUNICIPALITY
 Signature of Chairperson / Vice-Chairperson

Annexure-II

✓
CDDP III/CS/PP/IPP-VIII

Voucher Details Statement for the Quarter of FY 200-09

Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs.)
Vr. No. 778, 779, 945, 946 Date: 10/7/12, 3/8/12, 1286 & 1287 11/9/12	Hon./Salary P.T.M.O. F.T.S Store/Keepers P.T.G.D.A. &	Hon. to HHWs Hon. to FTSS Doctan	1,21,280 1,18,050 1,20,220 <u>3,59,550.00</u>
V. No. 948, 3/8/12	Drug C.V.D.P. & E.S.O.P.D.	FOR HAU FOR ESOPD FOR MH	76,000.00 1,40,000.00 <u>2,16,000.00</u>
	Rent NIL	FOR SC	
V. 777, 944, 1288 10/8/12, 3/8/12, 11/9/12	Contingency	FOR HAU FOR ESOPD FOR MH FOR DC	650.00 650.00 650.00 <u>1,950.00</u>
Total			5,77,530.00

N.B. Not to produce any copies of bills & vouchers.

Dr.



Chairman
KONNAGAR MUNICIPALITY
Signature of the person in Charge-Chairman

✓
CUDP/III/CS/P/IPP-VIII

Requisition of Fund for the ...2ND..... Quarter of FY 2008-09¹²⁻¹³.

Facilities	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
Block (HHW)	2,10,000				2,10,000
Sub-Centre (FTS)	48,060		NIL		48060
HAU	14000x3	38,000		1500x3	84,500
ESOPD	20600x3	1,00,000		x	1,61,800
MH					
DC					
ULB (AHO & UHIO)					

* Space marked with  is not to be filled in.


 Chairman
 KONNAGAR MUNICIPALITY

Signature of Chairperson / Vice-Chairperson

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

Sl. No.	Letter No. & Date	Amount (in Rs.)
1	SUDA/Health/145(08)95 31.	4,56,810
	Total	4,56,810

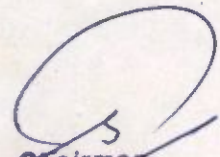
Certified that out of Rs. 4,56,810.00 of Grants-in-aid sanctioned during the year 2012-13 in favour of Konnagar... Municipality under this Ministry / Department letter no. given in the margin and Rs. -3,47,74... on account of unspent balance of the previous year, a sum of

Rs. 4,22,036... has been utilized for the purpose it was sanctioned and the balance of Rs. -1,55,494... remaining unutilized at the end of the 2nd quarter has been carried forward to the A/C of next quarter of FY 2012-13..

Certified that I have satisfied myself that the conditions 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

- ✓ 1. Books of Accounts
- ✓ 2. Original Bill, Receipts & Vouchers.
- ✓ 3. Bank Statement
- ✓ 4. Physical Progress


 Chairman
 KONNAGAR MUNICIPALITY
 Signature of Chairperson / Vice-Chairperson

Se.

Smt

OFFICE OF THE MUNICIPAL COUNCILLOR, KONNAGAR
73, G.T.ROAD (WEST), KONNAGAR, HOOGHLY, WEST BENGAL.

Sri Bappaditya Chatterjee
Chairman

Ref.No. PWD/14/IPP-VIII/1369

Date :08.10.2012

To
The Director,
State Urban Development Agency
Health Wing,
ILGUS BHABAN,
H.C. Block, Sector-III,
Bidhannagar, Kolkata-91.



Sub : Submission of statement of expenditure (SOE), Utilization Certificate (UC) 2nd quarter 12-13 & requisition of fund 3rd quarter 12-13.

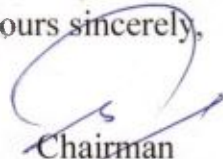
Sir,

In reference to Memo No.SUDA-Health/KMA ULBS/10/15(41)/2008 dated 01.08.2008, I am submitting statement of of expenditure (SOE), Utilization Certificate (UC) 2nd quarter 2012-2013 & requisition of fund from 01.10.2012 to 31.12.2012 as per Annexure-I, II, III, IV as enclosed from from your end.

Please take necessary action in this regard.

Enclo : Annexure-I to IV.

Yours sincerely,


Chairman
Konnagar Municipality
Chairman
Konnagar Municipality

.....
Phone Office: 2674-0210, 2674-2123
Phone Hospital: 2674-7740
E-Mail konnagar.municipality@gmail.com

Fax: 033-2674-0210
Phone Ambulance & Water Works: 2674-7545
Website: www.konnagarmunicipality.org

CUDP-III / CSIP / IPP-VIII

Status on Fund received & SOE submitted :

(Amount in Rs.)

2nd..... Quarter FY 200-2012-2013

	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
B/F Balance	-2,53,628	63,973	—	11,128	-1,78,527
Fund Received	3,83,370	38,000	—	10,500	4,31,870
Total Available Fund	1,29,742	1,01,973	—	21,628	2,53,343
SOE Submitted	3,83,370	76,000	—	25,120	4,84,490
Balance in hand	-2,53,628	25,973	—	-3,492	-2,31,147

2

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

✓
~~12/11/12/13~~ / JPP-VIII

Voucher Details statement for the 2nd quarter of FY ~~2012~~ 2012-2013.

Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs.)
VR No. 776, 943, 1285 Date:- 10/07/12, 03/08/12, 10/09/12	Hon./Salary	Hon. to HRWs Hon. to TTSA	1,27,790.00 1,27,790.00 1,27,790.00
VR No. 947 Date:- 03/08/12	Drug	<input checked="" type="checkbox"/> For SAU For ESQVD For NH	76,000.00
	Rent	For SI	
VR No. - 900, 975, 976, 977, 978, 1161, 1401. Date:- 25/7/12, 4/08/12, 04/08/12, 04/08/12, 04/08/12, 31/08/12, 25/09/12	Local Agency	<input checked="" type="checkbox"/> For HAV For ESQVD For NH For IR	25,120.00
Total Rs.			4,84,490.00

N.B. For to ... any copies of ... & ...

[Handwritten signature]


 Chairman
 Konnagar Municipality


✓
CUDP-III / CSIP / IPP-VIII

Requisition of Fund for the 3rd Quarter of FY 2012-2013

Facilities	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
Block (HHW)	2,25,000/-				2,25,000/-
Sub-Centre (FTS)	56,070/-				56,070/-
HAU	82,800/-	38,000/-		10,500/-	1,31,300/-
ESOPD					
MH					
DC					
ULB (AHO & UHIO)	19,500/-				19,500/-

* Space marked with  is not to be filled in.

2


 Signature of Chairperson / Vice-Chairperson
Chairman
 Konnagar Municipality

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

Sl. No.	Letter No. & Date	Amount (in Rs.)
1	SUDA-Health/145/08/94(40) dt-25/7/2012	4,31,870.00
	Total	4,31,870.00

Certified that out of Rs. 4,31,870.00 of Grants-in-aid sanctioned during the year 2012-13 in favour of ...Konnagar... Municipality under this Ministry / Department letter no. given in the margin and Rs. 2,08,772.00 on account of unspent balance of the previous year, a sum of

Rs. 8,71,789.00 has been utilized for the purpose it was sanctioned and the balance of Rs. 2,31,147.00 remaining unutilized at the end of the 2nd quarter has been carried forward to the A/C of next quarter of FY 2012-2013

Certified that I have satisfied myself that the conditions 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

- ✓1. Books of Accounts
- ✓2. Original Bill, Receipts & Vouchers.
- ✓3. Bank Statement
- ✓4. Physical Progress

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

2

[Signature]

OFFICE OF THE MUNICIPAL COUNCILLORS, KONNAGAR
73, G.T. ROAD (W), KONNAGAR (Pin. 712235), HOOGHLY, West Bengal

Sri. Bappaditya Chatterjee
Chairman

Office : 2674-0210/2123/9598/7376
Ambulance : 2674-7545
Hospital : 2674-7740
Fax : 2674-0210 (Office)

Ref No. PWD/14/1PP-VIII/147
To

Date 16/4/12

The Director,
SUDA(Health Wing)
ILGUS BHAVAN,H.C. BLOCK.
Sector-III,Bidhannagar
Kolkata-700106.



PO/Chhota
23.4.12

Sub-: Submission of statement of Expenditure(SOE), Utilisation Certificate (UC) 4th quarter 11-12 & requisition of fund 1st quarter 12-13

Sir,

In reference to Memo No.SUDA-Health/KMA ULBS/10/15(41)/2008 dated 1.8.2008. I am submitting statement of expenditure(SOE), Utilisation certificate(UC) 4th quarter 2011-2012 & requisition of fund from 1.4.12 to 30.06.12 as per Annexure- I, II, III, IV as enclosed from your end.

Please take necessary action in this regard.

Encl: Annexure I to IV.

Yours faithfully

[Signature]
Chairman

Konnagar Municipality

✓
CUDP-HI / CSIP / IPP-VIII

Status on Fund received & SOE submitted :

(Amount in Rs.)

.....4th..... Quarter FY 2011-12

	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
B/F Balance	- 8290	25973	-	14387	32070
Fund Received	3,91,660	38,000	-	10,500	4,40,160
Total Available Fund	3,83,370	63,973	-	24,887	4,72,230
SOE Submitted	2,55,580	-	-	7878	2,63,458
Balance in hand	1,27,790	63,973	-	17,009	2,08,772

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

Annexure-II

CDDP-III/CSIP/IPP-VIII

Voucher Details Statement for the 4th Quarter of FY 20

Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs.)
Vr. No. 2298, 2484 Date. 08.02.2012, 07.03.2012	Hon./Salary	Hon. to HHWS Hon. to FTSS	1,27,790.00 1,27,790.00
.....	Drug	For HAU For ESOPD For MH	.....
.....	Rent	For SC	.....
VR, No. - 2124, 2208, 2410, 2594 Dt. - 11.01.2012, 30.01.2012 21.02.2012, 22.03.2012	Contingency	✓ For HAU For ESOPD For MH For DC	7878.00
Total.			2,63,458.00

N.B. Not to enclose any copies of bills & vouchers.

[Handwritten mark]

Signature of Chairperson/Vice-Chairman

Chairman
Konnagar Municipality

GUDP III / GSHP / IPP-VIII

Requisition of Fund for the 1st Quarter of FY 2012-2013 ..

Facilities	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
Block (HHW)	225,000/-				225,000/-
Sub-Centre (FTS)	56,070/-				56,070/-
HAU	82,800/-	38,000/-		10,500/-	1,31,300/-
ESOPD					
MH					
DC					
ULB (AHO & UHIO)	19,500/-				19,500/-

* Space marked with  is not to be filled in.

Signature of Chairperson / Vice-Chairperson
Chairman
Konnagar Municipality

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

Sl. No.	Letter No. & Date	Amount (in Rs.)	
1.	SUDA-Health/145/08/08(29)	10.4.11	211500.00
2.	SUDA-Health/145/08/29(23)	24.5.11	299542.00
3.	SUDA-Health/145/08/52(6)	13.6.11	189500.00
4.	SUDA-Health/145/08/107(40)	01.8.11	141250.00
5.	SUDA-Health/145/08/155(40)	14.9.11	292580.00
6.	SUDA-Health/145/08/190(40)	25.10.11	224390.00
7.	SUDA-Health/145/08/220(40)	25.11.11	320080.00
8.	SUDA-Health/145/08/292(40)	06.02.12	440160.00
Total			2089042.00

Certified that out of Rs. 2089042.00 of Grants-in-aid sanctioned during the year 2011-12 in favour of Konnagar..... Municipality under this Ministry / Department letter no. given in the margin and Rs. 15472.00 on account of unspent balance of the previous year, a sum of

Rs. 1864798.00 has been utilized for the purpose it was sanctioned and the balance of Rs. 208772.00 remaining unutilized at the end of the 4th..... quarter has been carried forward to the A/C of next quarter of FY 2012-2013.

Certified that I have satisfied myself that the conditions 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

- ✓1. Books of Accounts
- ✓2. Original Bill, Receipts & Vouchers.
- ✓3. Bank Statement
- ✓4. Physical Progress

Signature of Chairperson / Vice-Chairperson
Chairman
Konnagar Municipality

OFFICE OF THE MUNICIPAL COUNCILLOR, KONNAGAR

73, G.T. ROAD, (W) KONNAGAR, HOOGHLY.

SRI BAPPADITYA CHATTERJEE

Chairman

Ref No : PWD/14/IPP-VIII/772

Dated 24/7/2012

Office : 2674—0210/2123
/9598/7376

Ambulance: 2674- 7545

Hospital : 2674 – 7740

To

The Project Officer Health Wing (SUDA)

Ilgus Bhavan, H. C. Block.

Bidhannagar, Sector- III, Salt lake City.

Kol.....700116



FO.
26.7.12

Sub-: Requisition of fund for payment of honorarium contingency

and Medicine of IPP VIII under Konnagar Municipality for the

month from July 2012 to September 2012

Sir/Madam,

Enclosed find herewith the requisition for payment of Honorarium, Contingency & Medicine of I.P.P --VIII under Konnagar Municipality . For the month--July 12 to September 12. In this connection our good self it requested to release the fund of A/C of Honorarium, Contingency, & Medicine of Rs. 4,31,870/- at earliest convenience.

Thanking You.

Yours Faithfully


Chairman
Konnagar Municipality
Chairman
Konnagar Municipality

KONNAGAR MUNICIPALITY

IPP – VIII

Requisition of fund for the period July-2012 to September-2012

S.L. No	Category of Health Facilities & man power	Approved No.	Actual No. in Position	Unit Hon./Sal per month	Requirement for 3 months
1	Block				
a)	HHWs	35	30	2500.00	2,25,000.00
2	Sub Centre				
a)	FTSs	7	7	2670.00	56,070.00
3	HAU				
a)	PTMOs	2	2	3350.00	20,100.00
b)	STS	1	1	2800.00	8,400.00
c)	STS(ANM)	1	1	3000.00	9,000.00
d)	Clerk cum Storekeeper	1	1	2600.00	7,800.00
e)	Attendants	2	2	2400.00	14,400.00
f)	Sweeper	1	1	2200.00	6,600.00
4)	ULB				
a)	AHO	1	1	6500.00	19,500.00
b)	Staff Nurse	1	1	5500.00	16,500.00

Requisition of fund for Medicine & Contingency

SL.No	Medicine @ approved rate of KMDA	Required for 3 months
1	For HAU	38,000.00
	Contingency @ approved rate of KMDA	
2	For HAU	10,500.00


Chairman
Konnagar Municipality
Chairman
Konnagar Municipality

OFFICE OF THE MUNICIPAL COUNCILLORS, KONNAGAR
73, G.T. ROAD (W), KONNAGAR (Pin. 712235), HOOGHLY, West Bengal

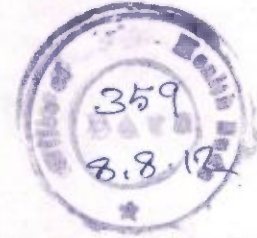
Sri. Bappaditya Chatterjee
Chairman

Office : 2674-0210/2123/9598/7376
Ambulance : 2674-7545
Hospital : 2674-7740
Fax : 2674-0210 (Office)

Ref No. PWD/14/L.P.P-VIII/874

Date 07/08/2012

To
The Project Director,
Health Wing, SUDA.
H.C. Block, Sector—III, Bidhannagar.
Kolkata 91.




Sub :- Letter of acknowledgement.

Sir,

I acknowledge with thanks the receipt of Rs. 4,31,870/- (Rupees Four Lakh thirty one thousand eight hundred seventy only) on account of honorarium, contingency & drug for the month from April 2012 to June 2012. Cheque No. – 283161 dated 25/07/2012.

Encl: Misc Receipt No--37156

Date : 26/07/2012


Chairman
Konnagar Municipality

OFFICE OF THE MUNICIPAL COUNCILLORS, KONNAGAR

73, G.T. ROAD (W), KONNAGAR (Pin. 712235), HOOGHLY, West Bengal

Sri. Bappaditya Chatterjee
Chairman

Office : 2674-0210/2123/9598/7376
Ambulance : 2674-7545
Hospital : 2674-7740
Fax : 2674-0210 (Office)

Ref No. PWD/14/1PP-VIII/770
To

Date 24/7/2012

The Director,

SUDA(Health Wing)

ILGUS BHAVAN,H.C. BLOCK.

Sector-III,Bidhannagar

Kolkata-700106.



Fo/Chairman.
[Signature]
25-7-12

Sub-: Submission of statement of Expenditure(SOE), Utilisation

Certificate (UC) 1st quarter 12-13 & requisition of fund 2nd quarter 12-13

Sir,

In reference to Memo No.SUDA-Health/KMA ULBS/10/15(41)/2008 dated 1.8.2008. I am submitting statement of expenditure(SOE), Utilisation certificate(UC) 1st quarter 2012 – 2013 & requisition of fund from 1.4.12 to 30.06.12 as per Annexure- I, II, III, IV as enclosed from your end.

Please take necessary action in this regard.

Encl: Annexure I to IV .

Yours faithfully

[Signature]
Chairman

Konnagar Municipality
Konnagar Municipality

Book No.

744

By cheque NO = 283161 dt 25/07/12 No.

KONNAGAR MUNICIPALITY 37156

MISCELLANEOUS RECEIPT

Form No. 39

(Vide rules 105, 121 and 122)



Received Project officer

Received from Health India, Calcutta - 700091

Account of Rupees Implementation of NP-VIII Scheme for the

On account of Month of April to June, 2012

The sum of Rupees (in words) Four lakhs thirty one thousand eight hundred Seventy only.

Rs. 4,31,870/- P. (Figure)

Dated 26/07/12 201

[Signature]
Cashier



[Signature]
Executive Officer
Vice - Chairman

✓
CUDP-III / ESIP / IPP-VIII


Status on Fund received & SOE submitted :

(Amount in Rs.)

.....1st..... Quarter FY 200 2012-13.

	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
B/F Balance	1,27,790	63,973	—	17009	2,08,772
Fund Received	—	—	—	—	—
Total Available Fund	1,27,790	63,973	—	17009	2,08,772
SOE Submitted	3,81,418	—	—	5881	3,87,299
Balance in hand	2,53,628	63,973	—	11,128	1,78,527

2


 Signature of Chairperson / Vice-Chairperson
 Chairman
 Konnagar Municipality

Annexure-II

CUDP III/CSIP/IPP-VIII

Voucher Details Statement for theQuarter of FY 2012-13

Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs.)
VR.No. 47, 225, 523 Date: 10/4/12, 4/5/12, 5/6/12	Hon./Salary	Hon. to HHWs Hon. to FTSS, A.H.O, P.T, M.Os, S.T.Ss, Clerk, Attendants, Sweeper,	1,27,790.00 1,27,790.00 1,25,838.00
	Drug	FOR HAU FOR ESOPD FOR MH	
	Rent	FOR SC	
VR.No, 160, 427, 614 Date, - 23/4/12, 23/5/12, 25/6/12,	Contingency	FOR HAU FOR ESOPD FOR MH FOR DC	5881.00
		Total	3,87,299.00

N.B. Not to enclose any copies of bills & vouchers.

Signature of Chairperson/Vice-Chairman

Chairman
Konnagar Municipality

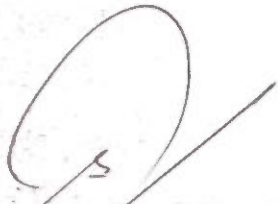
✓
CUDP-III / CSHP / IPP-VIII

Requisition of Fund for the 2nd Quarter of FY 2012-13.

Facilities	A/C Head				Total
	Hon. / Salary	Drug	Rent	Contingency	
Block (HHW)	2,25,000/-				2,25,000/-
Sub-Centre (FTS)	56,070/-				56,070/-
HAU	82,800/-	38,000/-		10,500/-	1,31,300/-
ESOPD					
MH					
DC					
ULB (AHO & UHIO)	19,500/-				19,500/-

* Space marked with  is not to be filled in.

↓


 Signature of Chairperson / Vice-Chairperson
 Chairman
 Konnagar Municipality

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

Sl. No.	Letter No. & Date	Amount (in Rs.)
1	—	NIL
	Total	NIL


Certified that out of Rs. ...NIL... of Grants-in-aid sanctioned during the year 2012-13 in favour of ...Konnagar... Municipality under this Ministry / Department letter no. given in the margin and Rs. 2,08,772.00 on account of unspent balance of the previous year, a sum of

Rs. 3,87,299.00 has been utilized for the purpose it was sanctioned and the balance of Rs. 1,78,527.00 remaining unutilized at the end of the 1st quarter has been carried forward to the A/C of next quarter of FY 2012-13.

Certified that I have satisfied myself that the conditions 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

- ✓1. Books of Accounts
- ✓2. Original Bill, Receipts & Vouchers.
- ✓3. Bank Statement
- ✓4. Physical Progress


 Signature of Chairperson / Vice-Chairperson
 Chairman
 Konnagar Municipality

2

OFFICE OF THE MUNICIPAL COUNCILLORS, KONNAGAR
73, G.T. ROAD (W), KONNAGAR (Pin. 712235), HOOGHLY, West Bengal

Sri. Bappaditya Chatterjee
Chairman

Office : 2674-0210/2123/9598/7376
Ambulance : 2674-7545
Hospital : 2674-7740
Fax : 2674-0210 (Office)

Ref No. PWD/14/CUDP/III/851

Date 03/08/12

To
The Director,
SUDA (Health Wing)
ILGUS BHAVAN, H.C. BLOCK.
Sector - III, Bidhannagar
Kolkata - 700106.



FO/Chairman
7-8-12

Sub: Submission of statement of Expenditure (SOE), Utilisation Certificate
(UC) 1st quarter 12 - 13 & requisition of fund 2nd quarter 12 - 13 of CUDP - III.

Sir,

In reference to Memo No. SUDA - Health /KMA ULBS / 10 /15 (41)/ 2008 dated 01.08.2008. I am submitting statement of expenditure (SOE), Utilisation certificate (UC) from 1.04.2012 to 31.03.2012 & requisition of fund 1st quarter 2012 - 2013 as per Annexure - I, II, III, IV as enclosed from your end.

Please take necessary action in this regard.

Encl: Annexure I to IV.

Yours faithfully

Sri. Bappaditya Chatterjee
Chairman
Konnagar Municipality
Konnagar Municipality


✓
CUDP III / CSIP / IPP-VIII

Status on Fund received & SOE submitted :

(Amount in Rs.)

..... 1st Quarter FY 200-2012-13

	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
B/F Balance	-335990	-58	x	50459	-285589
Fund Received	456210	150,000	x		6,06,210
Total Available Fund	120,220	1,49,942	x	50,459	3,20,621
SOE Submitted	3,53,445	x		1950	3,55,395
Balance in hand	-233225	1,49,942		48509	-34774


 Signature of Chairperson / Vice-Chairperson
 Chairman
 Konnagar Municipality

CUDP III/CSIP/IPP-VIII

Voucher Details Statement for the 1ST QTR. Quarter of FY 2005-06

Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs.)
V. No. 59, 60, 239, 240, 520 Date: 11/4/12, 7/5/12, 6/6/12	Hon./Salary P.T.M.O, F.T.S. Storekeeper & DOCTORS.	Hon. to HHWs Hon. to FTs	1, 18, 860.00 1, 18, 920.00 1, 15, 665.00 3, 53, 445.00
	Drug NIL	FOR HAU FOR ESOPD FOR MH	
	Rent	FOR SC	
V. No. 61, 238, 521 11/4/12, 7/5/12, 6/6/12	Contingency	FOR HAU FOR ESOPD FOR MH FOR IC	650.00 650.00 650.00 1, 950.00
Total			3, 55, 395.00

N.B. Not to enclose any copies of bills & vouchers.



 Chairman
 Koppalgar Municipality
 Signature of Chairman/Person/Vice-Chairman

✓
CUDP III / CSIP / IPP-VIII

Requisition of Fund for the^{1ST} Quarter of FY 2008-09

Facilities	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
Block (HHW)	2,10,000				2,10,000
Sub-Centre (FTS)	48,060		NIL		48,060
HAU	14000x3	10000x3		1500x3	76,500
ESOPD	20,600x3	20000x3			1,21,800
MH					
DC					
ULB (AHO & UHIO)					

* Space marked with  is not to be filled in.


 Chairman
 Konnagar Municipality

Signature of Chairperson / Vice-Chairperson

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

Sl. No.	Letter No. & Date	Amount (in Rs.)
1	SUDA/Health/145/08/92(30)	6,06,210
	Total	6,06,210

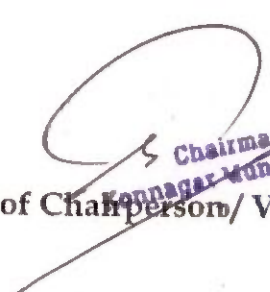
Certified that out of Rs. 6,06,210 of Grants-in-aid sanctioned during the year 2008-09 in favour ofKannagan Municipality under this Ministry / Department letter no. given in the margin and Rs. ~~285,589.00~~ on account of unspent balance of the previous year, a sum of

Rs. 355,395 has been utilized for the purpose it was sanctioned and the balance of Rs. 250,815 remaining unutilized at the end of the 1st quarter has been carried forward to the A/C of next quarter of FY 2012-2013

Certified that I have satisfied myself that the conditions 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

- ✓1. Books of Accounts
- ✓2. Original Bill, Receipts & Vouchers.
- ✓3. Bank Statement
- ✓4. Physical Progress


 Chairman
 Kannagan Municipality
 Signature of Chairperson/ Vice-Chairperson

OFFICE OF THE MUNICIPAL COUNCILLORS, KONNAGAR
73, G.T. ROAD (W), KONNAGAR (Pin. 712235), HOOGHLY, West Bengal

Sri. Bappaditya Chatterjee
Chairman

Office : 2674-0210/2123/9598/7376
Ambulance : 2674-7545
Hospital : 2674-7740
Fax : 2674-0210 (Office)

Ref No. PWD/14/CUDP-III/850

Date 03/8/2012

To

The Project Officer Health Wing (SUDA)

Ilgus Bhavan, H. C. Block.

Bidhannagar, Sector- III, Salt lake City.

Kol.....700116




Sub:- Your Notification No -: 644/MA/C-10/3S-6/2010, Dt..Kolkata 6.8.10.

Sir,

Enclosed find herewith the requisition for payment of honorarium, contingency & Medicine of C.U.D.P.-III, under Konnagar Municipality for the month from July - 12 to Sept. -12. In this connection our good self it requested to release the fund of A/C of honorarium, Contingency, & Medicine of Rs. 4,56,360 /- at earliest convenience.

Thanking You.

Yours Faithfully


Chairman
Konnagar Municipality
Konnagar Municipality

KONNAGAR MUNICIPALITY

CUDP- III

REQUISITION OF FUND FOR THE PERIOD - July - 12 to September - 12

S.L. No	Category of Health Facilities & man power	Approved No.	Actual No. in Position	Unit Hon./Sal per month	Requirement for 3 months
1	Block				
a)	HHWs	30	28	2500/-	2,10,000/-
2	Sub Centre				
a)	FTSs	6	6	2670/-	48060/-
3	HAU				
a)	PTMOs	2	2	6,700/-	20,100/-
b)	STS				
c)	S.I.	1	1	300/-	900/-
d)	Clerk cum Storekeeper	1	1	2200/-	6600/-
e)	Attendants	2	2	2400/-	14400/-
f)	Sweeper				
4)	E.S.O.P.D.				
a)	Spl. Doctor	7	7	2600 X 7	54,600/-
b)	Attendant	1	1	2400/-	7,200/-

Requisition of fund for Medicine & Contingency

SL.No	Medicine @ approved rate of KMDA	Required for 3 months
1	For HAU	30,000/-
2	For E.S.O. P. D.	60,000/-
	Contingency @ approved rate of KMDA	
3	For HAU	4500/-


Chairman
Konnagar Municipality
Chairman
Konnagar Municipality

OFFICE OF THE MUNICIPAL COUNCILLORS, KONNAGAR
73, G.T. ROAD (W), KONNAGAR (Pin. 712235), HOOGHLY, West Bengal

Sri. Bopaditya Chatterjee
Chairman

Ref No. *FND/14/ENDP/III/304* To

Office : 2674-0210/2123/9598/7376
Ambulance : 2674-7545
Hospital : 2674-7740
Fax : 2674-0210 (Office)

Date *11.05.2012*

The Director,

SUDA (Health Wing)

ILGUS BHAVAN, H.C. BLOCK.

Sector-III, Bidhannagar

Kolkata-700106.



Sub-: Submission of statement of Expenditure(SOE), Utilisation

Certificate (UC) 4th quarter 11-12 & requisition of fund 1st quarter 12-13

Sir,

In reference to Memo No.SUDA-Health/KMA ULBS/10/15(41)/2008 dated

1.8.2008. I am submitting statement of expenditure(SOE), Utilisation certificate(UC)

4th quarter 2011-2012 & requisition of fund from 1.4.12 to 30.06.12 as per

Annexure-I, II, III, IV as enclosed from your end.

Please take necessary action in this regard.

Encl: Annexure I to IV.

Yours faithfully

Chairman

Konnagar Municipality
Chairman
Konnagar Municipality

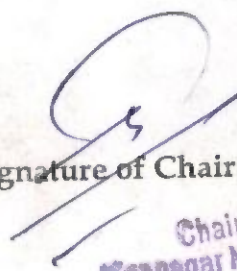
✓
CUDP III / CSIP / IPP-VIII

Status on Fund received & SOE submitted :

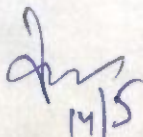
(Amount in Rs.)

.....4TH..... Quarter FY 2011-12

	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
B/F Balance	- 95650	-58	x	51,759	-43,949
Fund Received	.				
Total Available Fund	- 95650	-58		51,759	-43,949
SOE Submitted	- 2,40,340	-		1,300	-241,640
Balance in hand	-335,990	-58		50,459	-285,589


 Signature of Chairperson / Vice-Chairperson

Chairman
 Sonnegar Municipality


 14/5

FORM III/CSIR/IPP-VIII

Voucher Details Statement for the **4TH** Quarter of FY 2011-12

Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs.)
V. No. 2301, 2302, 2487, 2488 Date 8/2/12, 7/3/12	✓ Hon./Salary	Hon. to H/Ws Hon. to RTSA P.T.M.O. S.I. Stor Keeper. & DOCTORS	1, 18, 920/- 1, 21, 420/- <hr/>
	Drug	FOR HAU FOR ESOPD FOR MH	..... ..... X
	Rent	FOR SC	.....
V. No. 2485, 2300 Date 7/3/12, 8/2/12	Contingency	FOR HAU FOR ESOPD FOR MH FOR DE	..... ..... 1300.00
Total.			2, 41, 640.00

N.B. Not to enclose any copies of bills & vouchers.

[Handwritten signature]
M/S

[Handwritten signature]
Chairman
Konnagar Municipality

Signature of the Approving/Chief Officer

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

Sl. No.	Letter No. & Date	Amount (in Rs.)
1.	SUDA/Health/145/08 (91) (15)	2,20,520
2.	SUDA/Health/145/08/157 (27)	6,73,000
3.	SUDA/Health/145/08/191 (31)	2,08,770
4.	SUDA/Health/145/08/257 (26)	3,35,340
	Total	14,37,630/-

Certified that out of Rs. 14,37,630/- Grants-in-aid sanctioned during the year 2011-12 in favour of Konnagar Municipality under this Ministry / Department letter no. given in the margin and Rs. 2,53,899 on account of unspent balance of the previous year, a sum of

Rs. 1,977,118 has been utilized for the purpose it was sanctioned and the balance of Rs. 2,85,589 remaining unutilized at the end of the 4th quarter has been carried forward to the A/C of next quarter of FY 2012-2013.

Certified that I have satisfied myself that the conditions 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

- ✓ 1. Books of Accounts
- ✓ 2. Original Bill, Receipts & Vouchers.
- ✓ 3. Bank Statement
- ✓ 4. Physical Progress

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

[Handwritten signature]
14/5

CUDP III / CSIP / IPP-VIII

Requisition of Fund for the 1ST..... Quarter of FY 2013-13

Facilities	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
Block (HHW)	2,10,000				2,10,000
Sub-Centre (FTS)	48060				48060
HAU	14000x3	10000x3		1500x3	76500
ESOPD	20600x3	20000x3			1,21,800
MH					
DC					
ULB (AHO & UHIO)					

* Space marked with  is not to be filled in.

[Handwritten Signature]
11/15

[Handwritten Signature]
Chairman
Konnagar Municipality

OFFICE OF THE MUNICIPAL COUNCILLORS, KONNAGAR
73, G.T. ROAD (W), KONNAGAR (Pin. 712235), HOOGHLY, West Bengal

Sri. Bappaditya Chatterjee
Chairman

Office : 2674-0210/2123/9598/7376
Ambulance : 2674-7545
Hospital : 2674-7740
Fax : 2674-0210 (Office)

Ref No. PWD/14/CUDP-III/305
To

Date 11.05.2012

The Project Officer Health Wing (SUDA)
Ilgus Bhavan, H. C. Block.
Bidhannagar, Sector- III, Salt lake City.
Kol.....700116

124
15.5.12



B. Chatterjee
15-5-12

Sub:-Your Notification No:-644/MA/C-10/3S-6/2010, Dt..Kolkata 6.8.10.

Sir,

Enclosed find herewith the requisition for payment of honorarium, contingency & Medicine of C.U.D.P.-III, under Konnagar Municipality for the month from Apr-12 to June -12. In this connection our good self it requested to release the fund of A/C of honorarium, Contingency, & Medicine of Rs. 4,56,360 /- at earliest convenience.

Thanking You.

Yours Faithfully

B. Chatterjee
Chairman
Konnagar Municipality
Chairman
Konnagar Municipality

KONNAGAR MUNICIPALITY

CUDP- III

REQUISITION OF FUND FOR THE PERIOD - Apr- 12 to June - 12

S.L. No	Category of Health Facilities & man power	Approved No.	Actual No. in Position	Unit Hon./Sal per month	Requirement for 3 months
1	Block				
a)	HHWs	30	28	2500/-	2,10,000/-
2	Sub Centre				
a)	FTSs	6	6	2670/-	48060/-
3	HAU				
a)	PTMOs	2	2	6,700/-	20,100/-
b)	STS				
c)	S.I.	1	1	300/-	900/-
d)	Clerk cum Storekeeper	1	1	2200/-	6600/-
e)	Attendants	2	2	2400/-	14400/-
f)	Sweeper				
4)	E.S.O.P.D.				
a)	Spl. Doctor	7	7	2600 X 7	54,600/-
b)	Attendant	1	1	2400/-	7,200/-

Requisition of fund for Medicine & Contingency

SL.No	Medicine @ approved rate of KMDA	Required for 3 months
1	For HAU	30,000/-
2	For E.S.O. P. D.	60,000/-
	Contingency @ approved rate of KMDA	
3	For HAU	4500/-

Chairman

Konnagar Municipality

Chairman
Konnagar Municipality

OFFICE OF THE MUNICIPAL COUNCILLOR, KONNAGAR

73, G.T. ROAD, (W) KONNAGAR, HOOGHLY.

SRI BAPPADITYA CHATTERJEE

Chairman

Ref No : PWD/14/I.P.P-VIII/1815

Dated..... 17/01/2012

Office : 2674-0210/2123
/9598/7376

Ambulance: 2674- 7545

Hospital : 2674 - 7740

To

The Project Officer Health Wing (SUDA)

Ilgus Bhavan, H. C. Block.

Bidhannagar, Sector- III, Salt lake City.

Kol.....700116



Sub-: Requisition of fund for payment of honorarium contingency
and Medicine of IPP VIII under Konnagar Municipality for the
month from January 2012 to March 2012

Sir/Madam,

Enclosed find herewith the requisition for payment of Honorarium,
Contingency & Medicine of I.P.P --VIII under Konnagar Municipality .
For the month January 2012 to March 2012 In this connection our
good self it requested to release the fund of A/C of Honorarium,
Contingency, & Medicine of Rs. 4,31,870/- at earliest convenience.

Thanking You.

Yours Faithfully


chairman
Chairman
Konnagar Municipality

KONNAGAR MUNICIPALITY

IPP – VIII

Requisition of fund for the period January-2012 to March-2012.

S.L. No	Category of Health Facilities & man power	Approved No.	Actual No. in Position	Unit Hon./Sal per month	Requirement for 3 months
1	Block				
a)	HHWs	35	30	2500 '00	2,25,000 '00
2	Sub Centre	7			
a)	FTSs	7	7	2670 '00	56,070 '00
3	HAU				
a)	PTMOs	2	2	3350 '00	20,100 '00
b)	STS	1	1	2800 '00	8,400 '00
c)	STS(ANM)	1	1	3000 '00	9,000 '00
d)	Clerk cum Storekeeper	1	1	2600 '00	7,800 '00
e)	Attendants	2	2	2400 '00	14,400 '00
f)	Sweeper	1	1	2200 '00	6,600 '00
4)	ULB				
a)	AHO	1	1	6500 '00	19,500 '00
b)	Staff Nurse	1	1	5500 '00	16,500 '00

3,83,370

Requisition of fund for Medicine & Contingency

SL.No	Medicine @ approved rate of KMDA	Required for 3 months
1	For HAU	38,000 '00
	Contingency @ approved rate of KMDA	
2	For HAU	10,500 '00

Chairman

Konnagar Municipality
Konnagar Municipality

OFFICE OF THE MUNICIPAL COUNCILLORS, KONNAGAR

73, G.T. ROAD (W), KONNAGAR (Pin. 712235), HOOGHLY, West Bengal

Sri. Bappaditya Chatterjee

Chairman

Office : 2674-0210/2123/9598/7376
Ambulance : 2674-7545
Hospital : 2674-7740
Fax : 2674-0210 (Office)

Ref No. Admn/28/CUDP-III/1847

Date 27.1.2012

To

The Director,

SUDA(Health Wing)

ILGUS BHAVAN, H.C. BLOCK.

Sector-III, Bidhannagar

Kolkata-700106.



Sub-: Submission of statement of Expenditure(SOE), Utilisation

Certificate(UC) 3rd quarter 11-12 & requisition of fund 4th quarter 11-12

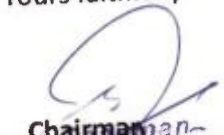
Sir,

In reference to Memo No.SUDA-Health/KMA ULBS/10/15(41)/2008 dated 1.8.2008. I am submitting statement of expenditure(SOE), Utilisation certificate(UC) & requisition of fund from 1.10.11 to 31.12.11 as per Annexure-I, II, III, IV as enclosed from your end.

Please take necessary action in this regard.

Encl: Annexure I to IV.

Yours faithfully


Chairman
KONNAGAR MUNICIPALITY
Konnagar Municipality

✓
CUDP III/CSIP/IPP-VIII

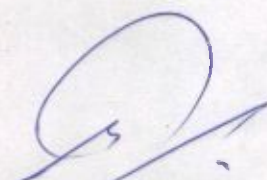
Status on Fund received & SOE submitted :

(Amount in Rs.)

3RD Quarter FY 200...

	A/C Head				Total
	Hon. / Salary	Drug	Rent	Contingency	
B/F Balance	- 1,96,800	89942	X	53,709	- 53,149
Fund Received	4,54,110	90,000	X		5,44,110
Total Available Fund	2,57,310	179,942		53,709	4,90,961
SOE Submitted	3,52,960	1,80,000		1,950	5,34,910
Balance in hand	- 95,650	- 58		51,759	- 43,949




 Signature of Chairperson / Vice-Chairperson
 Chairman
 Konnagar Municipality


FORM III/CSIR/IPP-VIII

Voucher Details Statement for the 3RD Quarter of FY 2011-12

Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs.)
V. No. 1719, 1720, 1906, 1907 Date: 8/11/12, 5-12-12 2033, 34 - 28/12/12	✓ Hon./Salary	Hon. to HHWs Hon. to FTSA P.T. No. H.H.W Spl. Doctor etc	1,17,320.00 119,220.00 1,16,420.00 3,52,960.00
V. No. 1593, 25.10.12 1850, 1.12.12	Drug	FOR HAU FOR ESOPD FOR MH	60,000.00 1,20,000.00 1,80,000.00
	Rent	FOR SC	
V. No. 1718, 1905, 2032 8/11/12, 5.12.12, 28/12/12	Contingency	FOR HAU FOR ESOPD FOR MH FOR IC	650.00 650.00 650.00 1,950.00
Total			5,34,910.00

N.B. Not to enclose any copies of bills & vouchers.

[Handwritten signature]


 Chairman
 Konnagar Municipality

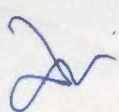
CUDP III / CSIP / IPP-VIII

Requisition of Fund for the 3RD Quarter of FY ~~2008-09~~ 2011-12

Facilities	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
Block (HHW)	2,10,000				2,10,000
Sub-Centre (FTS)	48,060		-		48,060
HAU	14000x3	10000x3		1500x3	76,500
ESOPD	20600x3	20000x3			1,21,800
MH					
DC					
ULB (AHO & UHIO)					

* Space marked with  is not to be filled in.


 Chairman
 Konnagar Municipality



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

Sl. No.	Letter No. & Date	Amount (in Rs.)
1.	SUDA/Health/145/08.191(31)	2,08,770
2	SUDA/Health/145/08.259(26)	3,35,340
	Total	5,44,110

Certified that out of Rs. 5,44,110. of Grants-in-aid sanctioned during the year 2011-12 in favour of Konnagar.. Municipality under this Ministry / Department letter no. given in the margin and Rs. 2,53,879 on account of unspent balance of the previous year, a sum of

Rs. 17,35,478 has been utilized for the purpose it was sanctioned and the balance of Rs.=43,949.... remaining unutilized at the end of the .3.R.D.. quarter has been carried forward to the A/C of next quarter of FY 2011-12....

Certified that I have satisfied myself that the conditions 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

- ✓ 1. Books of Accounts
- ✓ 2. Original Bill, Receipts & Vouchers.
- ✓ 3. Bank Statement
- ✓ 4. Physical Progress

Signature of Chairperson/ Vice-Chairperson

**Chairman
Konnagar Municipality**

22

OFFICE OF THE MUNICIPAL COUNCILLORS, KONNAGAR

73, G.T. ROAD (W), KONNAGAR (Pin. 712235), HOOGHLY, West Bengal

Office : 2674-0210/2123/9598/7376
Ambulance : 2674-7545
Hospital : 2674-7740
Fax : 2674-0210 (Office)

Sri. Bappaditya Chatterjee
Chairman

Ref No. PWD/14/CUDP-III/1787.
To

Date 13/01/2012

The Project Officer Health Wing (SUDA)
Ilgus Bhavan, H. C. Block.
Bidhannagar, Sector- III, Salt lake City.
Kol.....700116



PO.
16.1.12

Sub:-Your Notification No:-644/MA/C-10/3S-6/2010, Dt..Kolkata 6.8.10.

Sir,

Enclosed find herewith the requisition for payment of honorarium, contingency & Medicine of C.U.D.P.-III, under Konnagar Municipality for the month from Jan-12 to Mar -12. In this connection our good self it requested to release the fund of A/C of honorarium, Contingency, & Medicine of Rs. 4,56,360/- at earliest convenience.

Thanking You.

Yours Faithfully

[Signature]
Chairman

Konnagar Municipality

Chairman
Konnagar Municipality

KONNAGAR MUNICIPALITY

CUDP- III

REQUISITION OF FUND FOR THE PERIOD - Jan- 12 to Mar - 12

S.L. No	Category of Health Facilities & man power	Approved No.	Actual No. in Position	Unit Hon./Sal per month	Requirement for 3 months
1	Block				
a)	HHWs	30	28	2500/-	2,10,000/-
2	Sub Centre				
a)	FTSs	6	6	2670/-	48060/-
3	HAU				
a)	PTMOs	2	2	6,700/-	20,100/-
b)	STS				
c)	S.I.	1	1	300/-	900/-
d)	Clerk cum Storekeeper	1	1	2200/-	6600/-
e)	Attendants	2	2	2400/-	14400/-
f)	Sweeper				
4)	E.S.O.P.D.				
a)	Spl. Doctor	7	7	2600 X 7	54,600/-
b)	Attendant	1	1	2400/-	7,200/-

Requisition of fund for Medicine & Contingency

SL.No	Medicine @ approved rate of KMDA	Required for 3 months
1	For HAU	30,000/-
2	For E.S.O. P. D.	60,000/-
	Contingency @ approved rate of KMDA	
3	For HAU	4500/-


Chairman

Konnagar Municipality

Chairman
Konnagar Municipality

Suk

OFFICE OF THE MUNICIPAL COUNCILLORS, KONNAGAR
73, G.T. ROAD (W), KONNAGAR (Pin. 712235), HOOGHLY, West Bengal

Office : 2674-0210/2123/9598/7376
Ambulance : 2674-7545
Hospital : 2674-7740
Fax : 2674-0210 (Office)

Sri. Bappaditya Chatterjee
Chairman

Ref No. PWD/14/CUDP-3/1238
To

Fo/Chhom
31.10.11 Date 25-10-11

The Director,

SUDA(Health Wing)

ILGUS BHAVAN,H.C. BLOCK.

Sector-III,Bidhannagar

Kolkata-700106.



Sub-: Submission of statement of Expenditure(SOE), Utilisation

Certificate(UC) 2nd quarter 11-12 & requisition of fund 3rd quarter 11-12

Sir,

In reference to Memo No.SUDA-Health/KMA ULBS/10/15(41)/2008 dated 1.8.2008. I am submitting statement of expenditure(SOE), Utilisation certificate(UC) & requisition of fund from 1.7.11 to 30.9.11 as per Annexure- I, II, III, IV as enclosed from your end.

Please take necessary action in this regard.

Encl: Annexure I to IV.

Yours faithfully

[Signature]
Chairman

Konnagar Municipality

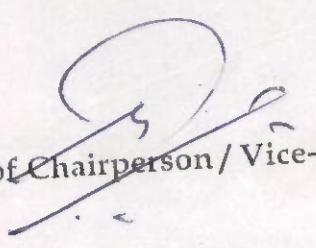
✓
CUDP III/CSIP/IIT-VIII

Status on Fund received & SOE submitted:

(Amount in Rs.)

..... 2ND Quarter FY 200.....

	A/C Head				Total
	Hon. / Salary	Drug	Rent	Contingency	
B/F Balance	- 257,950	- 177,648	-	56,309	- 379,289
Fund Received	6,25,930	267,590	-	-	8,93,520
Total Available Fund	3,67,980	89,942	-	56,309	5,14,231
SOE Submitted	5,64,780	-	-	2,600	5,67,380
Balance in hand	- 196,800	89,942		53,709	- 53,149


 Signature of Chairperson / Vice-Chairperson

FORM III/CSIR/IPP-VIII

Voucher Details Statement for the Quarter of FY 200 ..

Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs.)
V.R. No. 64, 642, 884, 885 Date 04/8/11, 10/8/11, 1099, 1100, 126, 1218, 1217, 13/9/11, 26/9/11, 26/9	✓ Hon./Salary P.T.M.O. DOCTOR H.H.W, F.T.S. P.T.G.D.A. etc	Hon. to H/Ws Hon. to FTSS	1,21,620.00 1,21,420.00 1,19,920.00 1,19,920.00 81,900.00 <u>5,64,780.00</u>
V.R. No. Date:	Drug *	For HAU For ESOPD For MH	..... ..... .....
.....	Rent *	For SC	.....
V.R. No. 840, 883, 1098 Date 7/9/11, 10/8/11, 13/9, 12/5, 26/9/11	Contingency	For HAU For ESOPD For MH For IE	..... 2,600.00 2,600.00 5,67,380.00
Total.			

N.B. Not to enclose any copies of bills & vouchers.

Signature of the Applicant/Member/Chairman

CUDP III / CSIP / IPP-VIII

Requisition of Fund for the ^{2ND} Quarter of FY ~~2008-09~~

2011-12

Facilities	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
Block (HHW)	2,10,000/-				2,10,000
Sub-Centre (FTS)	48,060/-		NIL		48,060
HAU	14000x3	10000x3		1500x3	76,500
ESOPD	20,600x3	20000x3		-	1,21,800
MH					
DC					
ULB (AHO & UHIO)					4,56,360/-

* Space marked with  is not to be filled in.

 Signature of Chairperson / Vice-Chairperson

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

Sl. No.	Letter No, & Date	Amount (in Rs.)
1.	SUDA/Health/145/08/96 (18)	2,20,500
2.	SUDA/Health/145/05/153 (27)	6,73,000
	Total	8,93,500

Certified that out of Rs. ~~8,93,520~~ of Grants-in-aid sanctioned during the year 2001-2012 in favour of Konnagar Municipality under this Ministry / Department letter no. given in the margin and Rs. ~~2,53,899~~ on account of unspent balance of the previous year, a sum of

Rs. 1,20,0568 has been utilized for the purpose it was sanctioned and the balance of Rs. 53,149..... remaining unutilized at the end of the 2nd quarter has been carried forward to the A/C of next quarter of FY 2011-2012.

Certified that I have satisfied myself that the conditions 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

- ✓ 1. Books of Accounts
- ✓ 2. Original Bill, Receipts & Vouchers.
- ✓ 3. Bank Statement
- ✓ 4. Physical Progress

Signature of Chairperson / Vice-Chairperson





OFFICE OF THE MUNICIPAL COUNCILLORS, KONNAGAR

73, G.T. ROAD (W), KONNAGAR (Pin. 712235), HOOGHLY, West Bengal

Sri. Bappaditya Chatterjee

Chairman

Office : 2674-0210/2123/9598/7376
Ambulance : 2674-7545
Hospital : 2674-7740
Fax : 2674-0210 (Office)

Ref No. PWD/14/GPP-VIII/1187
To

Date 18-10-2011

The Director,

SUDA(Health Wing)

ILGUS BHAVAN,H.C. BLOCK.

Sector-III,Bidhannagar

Kolkata-700106.

Sub-: Submission of statement of Expenditure(SOE), Utilisation

Certificate(UC) 2nd quarter 11-12 & requisition of fund 3rd quarter 11-12

Sir,

In reference to Memo No.SUDA-Health/KMA ULBS/10/15(41)/2008 dated

1.8.2008. I am submitting statement of expenditure(SOE), Utilisation certificate(UC)
2nd Qrt. 2011-12
& requisition of fund from *Oct. 2011* to *Dec. 2011* as per Annexure- I, II, III, IV

as enclosed from your end.

Please take necessary action in this regard.

Encl: Annexure I to IV.

Yours faithfully




Chairman
Konnagar Municipality

CUDP III / CSIP / IPP-VIII

Status on Fund received & SOE submitted :

(Amount in Rs.)

..2nd..... Quarter FY 20

	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
B/F Balance	1,19,500	1879	-	4,047	1,25,426
Fund Received	3,83,370	30,000	-	10,500	4,23,870
Total Available Fund	5,02,870	31,879	-	14,547	5,49,296
SOE Submitted	6,07,760		-	5,693	6,13,453
Balance in hand	-1,04,890	31,879	-	8,854	-64,157

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

Annexure-II

CUDP III/CSIP/IPP-VIII

Voucher Details Statement for theQuarter of FY 2009-10

Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs.)
Vr. No. 639, 882, 995, 1219 Date: 4/7/11, 10/8/11, 3/9/11, 26/9/11, 26/9/11.	Hon./Salary <i>ex gratia</i>	Hon. to HHWs Hon. to FTSS	1,27,790.00 1,27,790.00 1,27,790.00 1,27,790.00 96,600.00
.....	Drug	For HAU For ESOPD For MH	.....
.....	Rent	For SC	.....
VR.No. - 775, 944, 1169 Date: - 26/7/11, 20/8/11, 22/9/11.	Contingency	For HAU ✓ For ESOPD For MH For DC	5,693.00
Total.			6,13,453.00

N.B. Not to enclose any copies of bills & vouchers.

Am

Signature of Chairperson/Vice-Chairman

Chairman
Konnagar Municipality

✓
CUDP III / CSIP / IPP-VIII

Requisition of Fund for the 3rd Quarter of FY 2011-12.

Facilities	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
Block (HHW)	2,25,000/-				2,25,000/-
Sub-Centre (FTS)	56,070/-				56,070/-
HAU	82,800/-	30,000/-		10,500/-	1,23,300/-
ESOPD					
MH					
DC					
ULB (AHO & UHIO)	19,500/-				19,500/-

* Space marked with  is not to be filled in.

Jr

Signature of Chairperson/ Vice-Chairperson

[Signature]
Chairman
Konnagar Municipality

OFFICE OF THE MUNICIPAL COUNCILLORS, KONNAGAR
73, G.T. ROAD (W), KONNAGAR (Pin. 712235), HOOGHLY, West Bengal

Sri. Bappaditya Chatterjee
Chairman

Office : 2674-0210/2123/9598/7376
Ambulance : 2674-7545
Hospital : 2674-7740
Fax : 2674-0210 (Office)

Ref No. PWD/14/IPP VIII/103

Date 21/4/11

To

The Director,

SUDA (Health Wing)

ILGUS BHAVAN, H.C. BLOCK.

Sector – III , Bidhannagar

Kolkata – 700106.

Handwritten signature and date 21.4.11

Sub : Submission of statement of Expenditure (SOE), Utilisation Certificate (UC) 4th quarter 10 – 11 & requisition of fund 1st quarter 11 – 12 of IPP – VIII (HAU).

Sir,

In reference to Memo No. SUDA – Health /KMA ULBS / 10 /15 (41)/ 2008 dated 01.08.2008. I am submitting statement of expenditure (SOE), Utilisation certificate (UC) from 01.01.2011 to 31.03.2011 & requisition of fund 1st quarter 2011 - 2012 as per Annexure – I, II, III, IV as enclosed from your end.

Please take necessary action in this regard.

Encl: Annexure I to IV.



Yours faithfully

Handwritten signature
Chairman

Konnagar Municipality

CUDP III/CSIP/IPP-VIII

Status on Fund received & SOE submitted :

.....^{4th} Quarter FY 200 2010-2011

(Amount in Rs.)

	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
B/F Balance	-68,970	29,700	0	5,807	-33,463
Fund Received	3,66,870	30,000	0	10,500	4,07,370
Total Available Fund	2,97,900	59,700	0	16,307	3,73,907
SOE Submitted	3,83,370	0	0	6,009	3,89,379
Balance in hand	-85,470	59,700	0	10,298	-15,472


2/4

Signature of Chairperson/ Vice-Chairperson


Chairman
Konnagar Municipality

FORM NO./CSIP/IPP-VIII

Voucher Details Statement for the Quarter of FY 2000-11

Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs.)
2022, 2023, 2181, 2182, 2461, 2462 Date: 10.01.11, 7.02.11, 8.03.11	Hon./Salary	Hon. to MLAs Hon. to ETSs	5,500.00 1,22,290.00 1,22,290.00 5,500.00 5,500.00 1,22,290.00
	Drug	For HAU For ESOPD For MH	
	Rent	For SC	
VR No. - 2130, 2380, 2684 Dt. - 27.01.11, 24.02.11, 26.03.11	Contingency	For HAU For ESOPD For MH For IC	6009.00
Total			389379

N.B. Not to enclose any copies of bills & vouchers.

Jm
2/14

[Signature]
Chairman
Konnagar Municipality

Signature of the Officer/Chairman

✓
CUDP III / CSIP / IPP-VIII

Requisition of Fund for the 1st..... Quarter of FY 2008-09 2011-2012

Facilities	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
Block (HHW)	2,25,000/-				2,25,000/-
Sub-Centre (FTS)	56,070/-				56,070/-
HAU	82,800/-	30,000/-		10,500/-	1,23,300/-
ESOPD					
MH					
DC					
ULB (AHO & UHIO)	19,500/-				19,500/-

* Space marked with  is not to be filled in.

2/4


 Chairman
 Konnagar Municipality

Signature of Chairperson / Vice-Chairperson

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

Sl. No.	Letter No. & Date	Amount (in Rs.)
1.	SUDA-Health/145/08/39(40)	1,28,580.00
2.	SUDA-Health/145/08/199	69,200.00
3.	SUDA-Health/145/08/230	85,187.00
4.	SUDA-Health/145/08/257	3,20,900.00
5.	SUDA-Health/145/08/318(31)	45,000.00
6.	SUDA-Health/145/08/377(2)	1,07,370.00
	Total	11,26,217.00

Certified that out of Rs. 11,26,217.00 of Grants-in-aid sanctioned during the year 2010-2011 in favour of Konnagar..... Municipality under this Ministry / Department letter no. given in the margin and Rs. 4,21,246.00 on account of unspent balance of the previous year, a sum of

Rs. 15,62,935.00 has been utilized for the purpose it was sanctioned and the balance of Rs. 15,472.00 remaining unutilized at the end of the 4th quarter has been carried forward to the A/C of next quarter of FY 2011-2012.

Certified that I have satisfied myself that the conditions 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

- ✓ 1. Books of Accounts
- ✓ 2. Original Bill, Receipts & Vouchers.
- ✓ 3. Bank Statement
- ✓ 4. Physical Progress

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

2/4

OFFICE OF THE MUNICIPAL COUNCILLOR, KONNAGAR

73, G.T. ROAD, (W) KONNAGAR, HOOGHLY.

SRI BAPPADITYA CHATTERJEE

Chairman

Ref No

P.M.D/14/IPP-VIII/678

Chhoh.
A-8-11

Dated

02.8.2011

Office : 2674-0210/2123
/9598/7376

Ambulance: 2674- 7545

Hospital : 2674 - 7740

To

The Project Officer Health Wing (SUDA)

Ilgus Bhavan, H. C. Block.

Bidhannagar, Sector- III, Salt lake City.

Kol.....700116



Sub-: Requisition of fund for payment of honorarium contingency
and Medicine of IPP VIII under Konnagar Municipality for the
month from July 2011 to Sep. 2011

Sir/Madam,

Enclosed find herewith the requisition for payment of Honorarium,
Contingency & Medicine of I.P.P --VIII under Konnagar Municipality .
For the month July 11 to September 11. In this connection our
good self it requested to release the fund of A/C of Honorarium,
Contingency, & Medicine of Rs. 4,23,870/- at earliest convenience.

Thanking You.

Yours Faithfully


chairman
Konnagar Municipality

KONNAGAR MUNICIPALITY

IPP – VIII

Requisition of fund for the period July-2011 to September-2011.

S.L. No	Category of Health Facilities & man power	Approved No.	Actual No. in Position	Unit Hon./Sal per month	Requirement for 3 months
1	Block				
a)	HHWs	35	30	2500.00	2,25,000.00
2	Sub Centre				
a)	FTSs	7	7	2670.00	56,070.00
3	HAU				
a)	PTMOs	2	2	3350.00	20,100.00
b)	STS	1	1	2800.00	8,400.00
c)	STS(ANM)	1	1	3000.00	9,000.00
d)	Clerk cum Storekeeper	1	1	2600.00	7,800.00
e)	Attendants	2	2	2400.00	14,400.00
f)	Sweeper	1	1	2200.00	6,600.00
4)	ULB				
a)	AHO	1	1	6500.00	19,500.00
b)	Staff Nurse	1	1	5500.00	16,500.00

Requisition of fund for Medicine & Contingency

SL.No	Medicine @ approved rate of KMDA	Required for 3 months
1	For HAU	30,000.00
	Contingency @ approved rate of KMDA	
2	For HAU	10,500.00


 Chairman
 Konnagar Municipality

FO/Chhdm
3.8.11

OFFICE OF THE MUNICIPAL COUNCILLORS, KONNAGAR
73, G.T. ROAD (W), KONNAGAR (Pin. 712235), HOOGHLY, West Bengal

Sri. Bappaditya Chatterjee
Chairman

Office : 2674-0210/2123/9598/7376
Ambulance : 2674-7545
Hospital : 2674-7740
Fax : 2674-0210 (Office)

Ref No. *PMD/14/CDDP-III/672*

Date *1.8.11*

To

The Project Officer Health Wing (SUDA)

Ilgus Bhavan, H. C. Block.

Bidhannagar, Sector- III, Salt lake City.

Kol.....700116



Sub-: Your Notification No-:644/MA/C-10/3S-6/2010, Dt..Kolkata 6.8.10.

Sir,

Enclosed find herewith the requisition for payment of honorarium, contingency & Medicine of C.U.D.P.-III, under Konnagar Municipality for the month from july- 11 to sept -11. In this connection our good self it requested to release the fund of A/C of honorarium, Contingency, & Medicine of Rs. 4,63,860/- at earliest convenience.

Thanking You.

Yours Faithfully

[Signature]
Chairman
Chairman
KONNAGAR MUNICIPALITY

KONNAGAR MUNICIPALITY

CUDP - III

REQUISITION OF FUND FOR THE PERIOD - July- 11 to Sept - 11

S.L. No	Category of Health Facilities & man power	Approved No.	Actual No. in Position	Unit Hon./Sal per month	Requirement for 3 months
1	Block				
a)	HHWs	30	29	2500/-	2,17,500/-
2	Sub Centre				
a)	FTSs	6	6	2670/-	48060/-
3	HAU				
a)	PTMOs	2	2	6,700/-	20,100/-
b)	STS				
c)	S.I.	1	1	300/-	900/-
d)	Clerk cum Storekeeper	1	1	2200/-	6600/-
e)	Attendants	2	2	2400/-	14400/-
f)	Sweeper				
4)	E.S.O.P.D.				
a)	Spl. Doctor	7	7	2600 X 7	54,600/-
b)	Attendant	1	1	2400/-	7,200/-

Requisition of fund for Medicine & Contingency

SL.No	Medicine @ approved rate of KMDA	Required for 3 months
1	For HAU	30,000/-
2	For E.S.O. P. D.	60,000/-
	Contingency @ approved rate of KMDA	
3	For HAU	4500/-


 Chairman
 Konnagar Municipality
KONNAGAR MUNICIPALITY

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OFFICE OF THE MUNICIPAL COUNCILLORS, KONNAGAR

73, G.T. ROAD (W), KONNAGAR (Pin. 712235), HOOGHLY, West Bengal

Sri. Bappaditya Chatterjee

Chairman

Office : 2674-0210/2123/9598/7376
Ambulance : 2674-7545
Hospital : 2674-7740
Fax : 2674-0210 (Office)

Ref No. *SUDA/Health/KMA/ULBS/10/15/585*
To

Date *25.7.11*

The Director,

SUDA(Health Wing)

ILGUS BHAVAN, H.C. BLOCK.

Sector-III, Bidhannagar

Kolkata-700106.



Sub-: Submission of statement of Expenditure(SOE), Utilisation

Certificate(UC) 1st quarter 11-12 & requisition of fund 2nd quarter 11-12

Sir,

In reference to Memo No.SUDA-Health/KMA ULBS/10/15(41)/2008 dated 1.8.2008. I am submitting statement of expenditure(SOE), Utilisation certificate(UC) & requisition of fund from *1.4.11* to *30.4.11* as per Annexure- I, II, III, IV as enclosed from your end.

Please take necessary action in this regard.

Enco: Annexure I to IV.

Yours faithfully

S
Chairman
Konnagar Municipality
Konnagar Municipality


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CUDP III/CSIP/IPP-VIII

Status on Fund received & SOE submitted :

(Amount in Rs.)

1st QT Quarter FY 2011-12

	A/C Head				Total
	Hon. / Salary	Drug	Rent	Contingency	
B/F Balance	1,96,680	910/-	X	56309	2,53,899
Fund Received	-	-	-	-	
Total Available Fund	1,96,680/-	910/-	X	56309	2,53,899
SOE Submitted	4,54,630	1,78,558		X	6,33,188
Balance in hand	-2,57,950	-1,77,648	X	56,309	-3,79,289

-379289
WB



Signature of Chairperson / Vice-Chairperson
Chairman
Konnagar Municipality

FORM NO./CSIF/IBF-VIII

Voucher Details Statement for the Quarter of FY 200 ..

Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs.)
V. No. 50-58, 253-266 497-500 Date: 8/4/2011, 10/5/11, 8/6/11, 16/6/11	Hon./Salary P.T.M.O. # H.O. ESOPD DOCTOR H.A. Staff etc	Hon. to HNWs Hon. to FTs With Drawal April 10 to July 11	1,25,090.00 2,04,610.00 7 1,25,010.00
V. No. 532 Date: 15/6/2011	Drug	FOR HAU FOR ESOPD FOR MH	1,78,558.00
	Rent	FOR SC	
	Contingency	FOR HAU FOR ESOPD FOR MH FOR IC	
Total.			6,33,188

N.B. Not to enclose any copies of bills & vouchers.

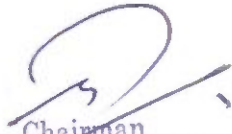

 Signature of the Chairman/Vice-Chairman
 Chairman
 Konnagar Municipality

CUDP III / CSIP / IPP-VIII

Requisition of Fund for the ... ^{1st} ... Quarter of FY 2008-09

Facilities	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
Block (HHW)	2,17,500				2,17,500
Sub-Centre (FTS)	48,060		NIL,		48,060
HAU	14000x3	10000x3		1500x3	76,500
ESOPD	20,600x3	20000x3		-	1,21,800
MH					
DC					
ULB (AHO & UHIO)					

* Space marked with  is not to be filled in.


 Chairman
 Konnagar Municipality
 Signature of Chairperson / Vice-Chairperson

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

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

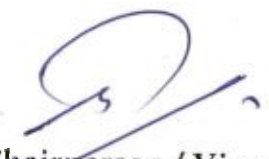
Certified that out of Rs. ...~~100~~... of Grants-in-aid sanctioned during the year 200... in favour of Konnagar Municipality under this Ministry / Department letter no. given in the margin and Rs. 2,53,899.00 on account of unspent balance of the previous year, a sum of

Rs. 6,33,188 has been utilized for the purpose it was sanctioned and the balance of Rs. 379,188 remaining unutilized at the end of the 1st quarter has been carried forward to the A/C of next quarter of FY 2011-12,

Certified that I have satisfied myself that the conditions 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

- ✓ 1. Books of Accounts
- ✓ 2. Original Bill, Receipts & Vouchers.
- ✓ 3. Bank Statement
- ✓ 4. Physical Progress


 Signature of Chairperson / Vice-Chairperson
 Konnagar Municipality

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OFFICE OF THE MUNICIPAL COUNCILLORS, KONNAGAR

73, G.T. ROAD (W), KONNAGAR (Pin. 712235), HOOGHLY, West Bengal

Sri. Bappaditya Chatterjee

Chairman

Office : 2674-0210/2123/9598/7376
Ambulance : 2674-7545
Hospital : 2674-7740
Fax : 2674-0210 (Office)

Ref No. Pnd/14/9 PP-VIII/568

Date 20.07.2011

To

The Director,

SUDA(Health Wing)

ILGUS BHAVAN,H.C. BLOCK.

Sector-III,Bidhannagar

Kolkata-700106.



Sub-: Submission of statement of Expenditure(SOE), Utilisation

Certificate(UC) 1st quarter 11-12 & requisition of fund 2nd quarter 11-12
OF I.P.P-VIII (HAU).


Sir,

In reference to Memo No.SUDA-Health/KMA ULBS/10/15(41)/2008 dated 1.8.2008. I am submitting statement of expenditure(SOE), Utilisation certificate(UC) & requisition of fund from 01.04.11 to 30.06.11 as per Annexure- i, II, III, IV as enclosed from your end.

Please take necessary action in this regard.

Encl: Annexure I to IV.

Yours faithfully


Chairman
Konnagar Municipality

CUDP III/CSIP/IPP-VIII

Status on Fund received & SOE submitted :

(Amount in Rs.)

.....1st..... Quarter FY 200 2011-2012 ,

	A/C Head				Total
	Hon. / Salary	Drug	Rent	Contingency	
B/F Balance	-85,470	59,700	-	10298	-15,472
Fund Received	680,340	-	-	202	680542
Total Available Fund	594,870	59,700	-	10,500	66,5070
SOE Submitted	4,75,370	57,821	-	6,453	5,39,644
Balance in hand	1,19,500	1,879	-	4,047	1,25,426

22
20/11

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

FORM No. 100/CSIR/IFF-VIII

Voucher Details Statement for the 1st Quarter of FY 2011-12

Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs.)
VR. No. 59, 60, 250, 251, 252, 494, 495 Date: - 8.4.11, 10.5.11, 8.6.11,	Hon./Salary Arrear	Hon. to A.H.O Hon. to P.T.M.Os Hon. to H.Ws Hon. to FTSA. Hon. to S.T.Ss Hon. to Clerk Hon. to Attendants Hon. to Staff Nurse Hon. to Sweeper	5,500.00 1,22,290.00 5,500.00 1,22,290.00 92,000.00 5,500.00 1,22,290.00
VR. No. 533 Date: - 15.6.11	Drug	FOR HAU FOR ESOPD FOR MH	57,821.00
	Rent	FOR SC	
VR. No. 198, 373, 583 Date: - 26.4.11, 23.5.11, 24.6.11	Contingency	FOR HAU FOR ESOPD FOR MH FOR IE	6453.00
Total			5,39,644.00

N.B. Not to enclose any copies of bills & vouchers.

2
20/11

Signature of
 Chairman
 Konnagar Municipality

CUDP III / CSIP / IPP-VIII

Requisition of Fund for the 1st Quarter of FY 2011-12

Facilities	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
Block (HHW)	2,25,000/-				2,25,000/-
Sub-Centre (FTS)	56,070/-				56,070/-
HAU	82,800/-	30,000/-		10,500/-	1,23,300/-
ESOPD					
MH					
DC					
ULB (AHO & UHIO)	19,500/-				19,500/-

* Space marked with  is not to be filled in.

[Handwritten Signature]
20/12/11

[Handwritten Signature]
Chairman
Kannagar Municipality

Signature of Chairperson / Vice-Chairperson

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

Sl. No.	Letter No. & Date	Amount (in Rs.)
1.	SUDA-Health/145/08/08(29)	2,11,500.00
2.	SUDA-Health/145/08/29(23) dt. 24.5.11	2,79,542.00
3.	SUDA-Health/145/08/56(6)	1,99,500.00
	Total	6,80,542.00

Certified that out of Rs. 6,80,542.00 of Grants-in-aid sanctioned during the year 2011-12 in favour of Konnagar Municipality under this Ministry / Department letter no. given in the margin and Rs. ~~15,472.00~~ on account of unspent balance of the previous year, a sum of

Rs. ~~5,39,644.00~~ has been utilized for the purpose it was sanctioned and the balance of Rs. ~~1,25,472.00~~ remaining unutilized at the end of the 1st quarter has been carried forward to the A/C of next quarter of FY 2011-2012.

Certified that I have satisfied myself that the conditions 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

- ✓ 1. Books of Accounts
- ✓ 2. Original Bill, Receipts & Vouchers.
- ✓ 3. Bank Statement
- ✓ 4. Physical Progress

Signature of Chairperson/ Vice-Chairperson
Chairman
Konnagar Municipality

J
20/5/11

OFFICE OF THE MUNICIPAL COUNCILLORS, KONNAGAR

73, G.T. ROAD (W), KONNAGAR (Pin. 712235), HOOGHLY, West Bengal

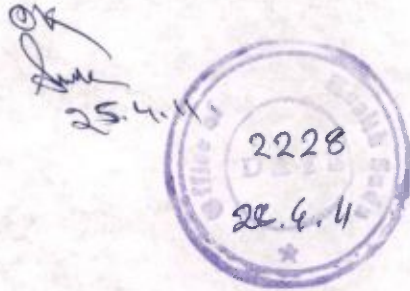
Sri. Bappaditya Chatterjee
Chairman

Office : 2674-0210/2123/9598/7376
Ambulance : 2674-7545
Hospital : 2674-7740
Fax : 2674-0210 (Office)

Ref No. *109*
To *Mr. P. K. Chatterjee* CUDP-III/109

Fol/Chairman
28.4.11 Date *25/4/11*

The Director,
SUDA (Health Wing)
ILGUS BHAVAN, H.C. BLOCK.
Sector - III, Bidhannagar
Kolkata - 700106.



Sub : Submission of statement of Expenditure (SOE), Utilisation Certificate (UC) 4th quarter 10 - 11 & requisition of fund 1st quarter 11 - 12 of CUDP - III.

Sir,

In reference to Memo No. SUDA - Health /KMA ULBS / 10/15 (41)/ 2008 dated 01.08.2008. I am submitting statement of expenditure (SOE), Utilisation certificate (UC) from 01.01.2011 to 31.03.2011 & requisition of fund 1st quarter 2011 - 2012 as per Annexure - I, II, III, IV as enclosed from your end.

Please take necessary action in this regard.

Encl: Annexure I to IV.

Yours faithfully

[Signature]
Chairman
KONNAGAR MUNICIPALITY

Konnagar Municipality

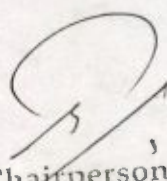
CUDP III/CSIT/IFP-VIII

Status on Fund received & SOE submitted :

(Amount in Rs.)

4th Quarter FY 2000-11

	A/C Head				Total
	Hon. / Salary	Drug	Rent	Contingency	
B/F Balance	1,48,830	29,095	NIL	48,659	1,68,394
Fund Received	379,860	90,000	-	13,500	483,360
Total Available Fund	5,28,690	60,905	-	62,159	6,51,754
SOE Submitted	3,32,010	59,995	-	5,850	3,97,855
Balance in hand	1,96,680	910	-	56,309	2,53,899
					2,53,899



 Signature of Chairperson / Vice-Chairperson
 Chairman
 KONNAGAR MUNICIPALITY


FORM III/CSIR/IFF-VIII

Voucher Details Statement for the ... 4TH ... Quarter of FY 2020-21

Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs.)
V. No. 2020, 2021, 2183-84 Date 10.1.11, 7/2/11	Hon./Salary	Hon. to H/Ws Hon. to FTSA P.T.M.O. & S.O/PD DOCTOR: P.T.G.D. etc	1,10,670 1,10,670 1,10,670 <u>3,32,010</u>
V. No. 2035 Date 14/1/11	Drug	FOR HAU FOR ESOPD FOR MH	59,995.00
	Rent	FOR SC	
V. No. 2018, 2019, 2182, 81 Date 10/1/11, 7/2/11 V. No. 2457, 2458 8/3/11	Contingency	FOR HAU FOR ESOPD FOR MH FOR IC	1950 1950 1950 <u>5850/-</u>
Total.			3,97,855/-

N.B. Not to enclose any copies of bills & vouchers.

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20/11


Chairman
KONNAR MUNICIPALITY/Vice Chairman

CUDP III / CSIP / IPP-VIII

Requisition of Fund for the^{1st}..... Quarter of FY 2018-19

Facilities	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
Block (HHW)	2,17,500				2,17,500
Sub-Centre (FIS)	48,060		NIL		48,060
HAU	14,000x3	10,000x3		1,500x3	76,500
ESOPD	20,600x3	20,000x3		—	1,21,800
MH					
DC					
ULB (AHO & UHIO)					

* Space marked with  is not to be filled in.

[Signature]
25/17

[Signature]
Chairman
KONNAGAR MUNICIPALITY

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

Sl. No.	Letter No. & Date	Amount (in Rs.)
1.	SUDA/Health/145/08/260	5,32,000/-
2.	SUDA/Health/145/08/319(20)	2,58,740/-
3.	SUDA/Health/145/08/55	5,40,350/-
4.	SUDA/Health/145/08/378(16)	3,22,240/-
5.	SUDA/Health/145/08/442(23)	1,61,020
	Total	18,14,450

Certified that out of Rs. 18,14,450/- of Grants-in-aid sanctioned during the year 2010-11 in favour of ...Konnagar... Municipality under this Ministry / Department letter no. given in the margin and Rs. 89,919.12/- on account of unspent balance of the previous year, a sum of

Rs. 16,50,470.12/- has been utilized for the purpose it was sanctioned and the balance of Rs. 2,53,899.12/- remaining unutilized at the end of the 4/1/11... quarter has been carried forward to the A/C of next quarter of FY 2011-2012.

Certified that I have satisfied myself that the conditions 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

- ✓ 1. Books of Accounts
- ✓ 2. Original Bill, Receipts & Vouchers.
- ✓ 3. Bank Statement
- ✓ 4. Physical Progress

Signature of Chairperson / Vice-Chairperson
KONNAGAR MUNICIPALITY

2/2/11

OFFICE OF THE MUNICIPAL COUNCILLORS, KONNAGAR

73, G.T. ROAD (W), KONNAGAR (Pin. 712235), HOOGHLY, West Bengal

Sri. Bappaditya Chatterjee

Chairman

Office : 2674-0210/2123/9598/7376
Ambulance : 2674-7545
Hospital : 2674-7740
Fax : 2674-0210 (Office)

Ref No. PWD/14/I.P.P.VIII/1843

Date 17/1/11

To

The Director,

SUDA(Health Wing)

ILGUS BHAVAN,H.C. BLOCK.

Sector-III,Bidhannagar

Kolkata-700106.

Fo/Chmn
32.1.11



Sub-: Submission of statement of Expenditure(SOE), Utilisation Certificate(UC) 3rd quarter 10-11 & requisition of fund 4th nd quarter 10-11

Sir,

In reference to Memo No.SUDA-Health/KMA ULBS/10/15(41)/2008 dated 1.8.2008. I am submitting statement of expenditure(SOE), Utilisation certificate(UC) & requisition of fund from 1.10.2010 to 31.12.2010 as per Annexure-I, II, III, IV as enclosed from your end.

Please take necessary action in this regard.

Encl: Annexure I to IV.

Yours faithfully


Chairman

Konnagar Municipality

CUDP III/CSIP/IPP-VIII

Status on Fund received & SOE submitted :

(Amount in Rs.)

3rd Quarter FY 200-2010-2011

	A/C Head				Total
	Hon. / Salary	Drug	Rent	Contingency	
B/F Balance	-23,000	89,700	0	12,252	78,952
Fund Received	3,65,900	0	0	0	3,65,900
Total Available Fund	3,42,900	89,700	0	12,252	4,44,852
SOE Submitted	4,11,870	60,000	0	6,445	4,78,315
Balance in hand	-68,970	29,700	0	5,807	-33,463

Signature of Chairperson / Vice-Chairperson
 Chairman
 Konnagar Municipality

dw

FORM KIR/CSIP/JPP-VIII

Voucher Details Statement for the ... 3rd ... Quarter of FY 200-10

Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs.)
Vr. No. 1179, 1247, 1451, 1831 Date: 5/10/10, 11/10/10, 10/11/10, 9/12/10	Hon./Salary Puja Sagartha	Hon. to HIWs Hon. to FTSA A.H.O, P.T.MOs ST.S, Clerk Attendant, Sweeper	1,22,290.00 45,000.00 1,22,290.00 1,22,290.00
VR.No, 1491 Date - 12/11/10	Drug	FOR HAU FOR ESOPD FOR MH	50,000.00
	Rent	FOR SC	
VR.No. - 1305, 1635, 1929 Date: - 26/10/10, 23/11/10, 27/12/10	Contingency	FOR HAU FOR ESOPD FOR MH FOR IC	6,445.00
Total Rs. =			4,78,315.00

N.B. Not to enclose any copies of bills & vouchers.

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Signature of Chairman

Chairman
Konnagar Municipality


CUDP III / CSIP / IPP-VIII

Requisition of Fund for the ^{4th}..... Quarter of FY 2008-09 2010-11.

Facilities	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
Block (HHW)	2,25,000/-				2,25,000/-
Sub-Centre (FIS)	56,070/-				56,070/-
HAU	82,800/-	30,000/-		10,500/-	1,23,300/-
ESOPD					
MH					
DC					
ULB (AHO & UHIO)	19,500/-				19,500/-

* Space marked with  is not to be filled in.


Signature of Chairperson / Vice-Chairperson



Chairman
Kannagar Municipality

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

Sl. No.	Letter No. & Date	Amount (in Rs.)
1.	SUDA-Health/145/08/39(40)	19,8580.00
2.	SUDA-Health/145/08/199	69,200.00
3.	SUDA-Health/145/08/230	85,167.00
4.	SUDA-Health/145/08/257	3,20,900.00
5.	SUDA-Health/145/08/318(31)	45,000.00
	Total	7,18,847

Certified that out of Rs. 7,18,847 of Grants-in-aid sanctioned during the year 2010-2011 in favour of Konnagar Municipality under this Ministry / Department letter no. given in the margin and Rs. 4,21,246.00 on account of unspent balance of the previous year, a sum of

Rs. 11,73,556... has been utilized for the purpose it was sanctioned and the balance of Rs. 33,463..... remaining unutilized at the end of the 3rd... quarter has been carried forward to the A/C of next quarter of FY 2010-2011

Certified that I have satisfied myself that the conditions 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

- ✓ 1. Books of Accounts
- ✓ 2. Original Bill, Receipts & Vouchers.
- ✓ 3. Bank Statement
- ✓ 4. Physical Progress

Signature of Chairperson / Vice-Chairperson

Chairperson
Konnagar Municipality

dr

OFFICE OF THE MUNICIPAL COUNCILLORS, KONNAGAR

73, G.T. ROAD (W), KONNAGAR (Pin. 712235), HOOGHLY, West Bengal

Sri. Bappaditya Chatterjee

Chairman

Office : 2674-0210/2123/9598/7376
Ambulance : 2674-7545
Hospital : 2674-7740
Fax : 2674-0210 (Office)

Ref No.

MD/14/988-VIII/379

Date *22.07.2010*

To

The Director,

SUDA (Health Wing)

ILGUS BHAVAN, H.C. BLOCK.

Sector-III, Bidhannagar

Kolkata-700106.

*1st Qtr.
of 2010-11*



*Fo.
26.7.10*

JPD VV

Sub-: Submission of statement of Expenditure(SOE), Utilisation

Certificate(UC) 1st quarter 10-11 & requisition of fund 2nd quarter 10-11

Sir,

In reference to Memo No.SUDA-Health/KMA ULBS/10/15(41)/2008 dated 1.8.2008. I am submitting statement of expenditure(SOE), Utilisation certificate(UC) & requisition of fund from 1.04.2010 to 30.06.2010 as per Annexure-I, II, III, IV as enclosed from your end.

Please take necessary action in this regard.

Encl: Annexure I to IV.

Yours faithfully

[Signature]
Chairman
Konnagar Municipality

CUDP III/CSIP / IPP-VIII

Status on Fund received & SOE submitted :

..... 1st Quarter FY 2010-2011

(Amount in Rs.)

	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
B/F Balance	2,44,610	1,68,088	0	8,548	4,21,246.00
Fund Received	1,98,580	0	0	0	1,98,580.00
Total Available Fund	4,43,190	1,68,088	0	8,548	6,19,826.00
SOE Submitted	2,97,870	59,729	0	9,024	3,66,623.00
Balance in hand	1,45,320	1,08,359	0	-476	253,203.00

Signature of Chairperson / Vice-Chairperson
 Chairman / Vice-Chairperson
 Konnagar Municipality

Annexure-II

CWDP III/CSIP/IPP-VIII

Voucher Details Statement for the 1st Quarter of FY ~~2008-09~~ ²⁰¹⁰⁻¹¹

Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs.)
Vr. No. 50, 218, 519 Date. 7/4/10, 5/5/10, 7/6/10	Hon./Salary	Hon. to HNWs Hon. to FTSS	99,290.00 99,290.00 99,290.00
VR- 597 At. - 7/6/10	Drug	FOR HAU FOR ESOPD FOR MH	59,729.00
	Rent	FOR SC	
VR.No. - 145, 348, 614 At. - 26/4/10, 21/5/10, 21/6/10	Contingency	FOR HAU FOR ESOPD FOR MH FOR IC	9,024.00
Total.			3,66,623.00

N.B. Not to enclose any copies of bills & vouchers.


 Signature of Chairman / Vice-Chairman
 Konnagar Municipality

CUDP III/CSIP/IPP-VIII

Requisition of Fund for the ^{2010-2011,} ~~1st~~ ^{2nd} Quarter of FY ~~2008-09-2009-10~~

Facilities	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
Block (HHW)	1,80,000				1,80,000
Sub-Centre (FTS)	45,570				45,570
HAU	54,300	30,000		10,500	94,800
ESOPD					
MH					
DC					
ULB (AHO & UHIO)	18,000				18,000

* Space marked with  is not to be filled in.

Signature of Chairperson
 Chairman, Vice-Chairperson
 Konnagar Municipality

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

Sl. No.	Letter No. & Date	Amount (in Rs.)
1.	SUDA-Health/145/08/39(40)	1,98,580.00
	Total	1,98,580.00

Certified that out of Rs. 1,98,580.00 of Grants-in-aid sanctioned during the year 2000-2011 in favour of Konnagar.... Municipality under this Ministry / Department letter no. given in the margin and Rs. 4,21,246.00 on account of unspent balance of the previous year, a sum of

Rs. 3,66,623.00 has been utilized for the purpose it was sanctioned and the balance of Rs. 2,53,203.00 remaining unutilized at the end of the 1st.... quarter has been carried forward to the A/C of next quarter of FY 2010-2011.

Certified that I have satisfied myself that the conditions 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

- ✓ 1. Books of Accounts
- ✓ 2. Original Bill, Receipts & Vouchers.
- ✓ 3. Bank Statement
- ✓ 4. Physical Progress

Signature of Chairperson
Chairperson
Konnagar Municipality


Chairperson
Konnagar Municipality

OFFICE OF THE MUNICIPAL COUNCILLORS, KONNAGAR

73, G.T. ROAD (W), KONNAGAR (Pin. 712235), HOOGHLY, West Bengal

Sri. Bappaditya Chatterjee

Chairman

Office : 2674-0210/2123/9598/7376

Ambulance : 2674-7545

Hospital : 2674-7740

Fax : 2674-0210 (Office)

Ref No. Prd/14/IPP-VIII/378

Date 22/7/2010

To

The Project Officer Health Wing (SUDA)

Ilgus Bhavan, H. C. Block.

Bidhannagar, Sector- III, Salt lake City.

Kol.....700116

Ho.
26.7.10



Sub:- Requisition of fund for payment of honorarium contingency and Medicine of IPP VIII under Konnagar Municipality for the month from July-2010 to Sept-2010

Sir/Madam,

Enclosed find herewith the requisition for payment of Honorarium, Contingency & Medicine of I.P.P --VIII under Konnagar Municipality . For the month--July--10 to --Sept--2010.

In this connection our good self it requested to release the fund of A/C of Honorarium, Contingency, & Medicine of Rs. 3,38,370/- at earliest convenience.

Thanking You.

Yours Faithfully


Chairman
Konnagar Municipality

KONNAGAR MUNICIPALITY

IPP - VIII

Requisition of fund for the period JULY- 10 to SEPT. - 10

S.L. No	Category of Health Facilities & man power	Approved No.	Actual No. in Position	Unit Hon./Sal per month	Requirement for 3 months
1	Block				
a)	HHWs	35	30	2000.00	1,80,000.00
2	Sub Centre				
a)	FTSs	7	7	2170.00	45,570.00
3	HAU				
a)	PTMOs	2	2	2850.00	17,100.00
b)	STS	1	1	2300.00	6,900.00
c)	STS(ANM)	1	1	2500.00	7,500.00
d)	Clerk cum Storekeeper	1	1	2100.00	6,300.00
e)	Attendants	2	2	1900.00	11,400.00
f)	Sweeper	1	1	1700.00	5,100.00
4)	ULB				
a)	AHO	1	1	6,000.00	18,000.00

Requisition of fund for Medicine & Contingency

SL.No	Medicine @ approved rate of KMDA	Required for 3 months
1	For HAU	30,000.00
	Contingency @ approved rate of KMDA	
2	For HAU	10,500.00


Chairman
Konnagar Municipality

OFFICE OF THE MUNICIPAL COUNCILLORS, KONNAGAR

73, G.T. ROAD (W), KONNAGAR (Pin. 712235), HOOGHLY, West Bengal

Sri. Bappaditya Chatterjee

Chairman

Office : 2674-0210/2123/9598/7376
Ambulance : 2674-7545
Hospital : 2674-7740
Fax : 2674-0210 (Office)

Ref No. *Pmof/A/SPP-VIII/1074*

Date *27/9/2010*

To

The Project Officer Health Wing (SUDA)

Ilgus Bhavan, H. C. Block.

Bidhannagar, Sector- III, Salt lake City.

Kol.....700116



Ex gratia return

Sir,

Enclosed find herewith the requisition for payment of Puja Exgratia 2010 Of I.P.P.VIII under Konnagar Municipality. In this connection our good self it requested to release the fund of A/C of Puja Exgratia 2010 of Rs. 45,000/- at earliest convenience.

Thanking You.

Yours Faithfully

[Signature]
Chairman
konnaagar Municipality

KONNAGAR MUNICIPALITY

IPP – VIII

REQUISITION OF FUND FOR PUJA EXGRATIA -2010

S.L. No	Category of Health Facilities & man power	Actual No. in Position	Amount	Total Amt.
1	Block			
a)	HHWs	30	Rs. 1000/-	Rs. 30,000/-
2	Sub Centre			
a)	FTSs	7	Rs. 1000/-	Rs. 7,000/-
3	HAU			
a)	PTMOs	2	Rs. 1000/-	Rs. 2000/-
b)				
c)	STS(ANM)	1	Rs. 1000/-	Rs. 1000/-
d)	Clerk cum Storekeeper	1	Rs. 1,000/-	Rs. 1,000/-
e)	Attendants	2	Rs. 1000/-	Rs. 2,000/-
f)	Sweeper	1	Rs. 1000/-	Rs. 1000/-
4)	ULB			
a)	AHO	1	Rs. 1000/-	Rs. 1000/-
TOTAL Rs.				45,000/-


Chairman

Konnagar Municipality

OFFICE OF THE MUNICIPAL COUNCILLORS, KONNAGAR

73, G.T. ROAD (W), KONNAGAR (Pin. 712235), HOOGHLY, West Bengal

Sri. Bappaditya Chatterjee
Chairman

Office : 2674-0210/2123/9598/7376
Ambulance : 2674-7545
Hospital : 2674-7740
Fax : 2674-0210 (Office)

Ref No. PMDA/CUDP-III/1135
To

Date 21/10/16

The Project Officer Health Wing (SUDA)

Ilgus Bhavan, H. C. Block.

Bidhannagar, Sector- III, Salt lake City.

Kol.....700116




Memo No 796/MA/P/c-10/10-9/2007
dt 1-10-16

Sir,

Enclosed find herewith the requisition for payment of Puja Exgratia 2010 Of C.U.D.P.III under Konnagar Municipality In this connection our good self it requested to release the fund of A/C of Puja Exgratia 2010 of Rs. 40,000/- at earliest convenience.

Thanking You.

Yours Faithfully


Chairman
konnaagar Municipality

KONNAGAR MUNICIPALITY

CUDP----III

REQUISITION OF FUND FOR PUJA EXGRATIA -2010

S.L. No	Category of Health Facilities & man power	Actual No. in Position	Amount	Total Amt.
1	Block			
a)	HHWs	29	Rs. 1000/-	Rs. 29,000/-
2	Sub Centre			
a)	FTSs	6	Rs. 1000/-	Rs. 6,000/-
3	HAU			
a)	PTMOs	1	Rs. 1000/-	Rs. 1000/-
b)				
c)	STS(ANM)			
d)	Clerk cum Storekeeper	1	Rs. 1,000/-	Rs. 1,000/-
e)	Attendants	2	Rs. 1000/-	Rs. 2,000/-
f)	E.S.O.P.D Attendant	1	Rs. 1000/-	Rs. 1000/-
4)				
a)				

TOTAL Rs. 40,000/-


Chairman

Konnagar Municipality

OFFICE OF THE MUNICIPAL COUNCILLORS, KONNAGAR
73, G.T. ROAD (W), KONNAGAR (Pin. 712235), HOOGHLY, West Bengal

Sri. Bappaditya Chatterjee
Chairman

Office : 2674-0210/2123/9598/7376
Ambulance : 2674-7545
Hospital : 2674-7740
Fax : 2674-0210 (Office)

Ref No. PWB/14/I.P.P-VIII/1071

Date 30/9/10

To

The Director,

SUDA (Health Wing)

ILGUS BHAVAN, H.C. BLOCK.

Sector-III, Bidhannagar

Kolkata-700106.

Chom
4-10-10



Sub-: Submission of statement of Expenditure(SOE), Utilisation Certificate(UC) 2ND quarter 10-11 & requisition of fund 3RD nd quarter 10-11

Sir,

In reference to Memo No.SUDA-Health/KMA ULBS/10/15(41)/2008 dated 1.8.2008. I am submitting statement of expenditure(SOE), Utilisation certificate(UC) & requisition of fund from 1.07.2010 to 30.09.2010 as per Annexure-I, II, III, IV as enclosed from your end.

Please take necessary action in this regard.

Encl: Annexure I to IV.

Yours faithfully


Chairman
Konnagar Municipality

✓
CDDP III / CSH / IPT-VIII

Status on Fund received & SOE submitted :

(Amount in Rs.)

..... 2nd Quarter FY-200 2010-2011

	A/C Head				Total
	Hon. / Salary	Drug	Rent	Contingency	
B/F Balance	2,81,456	-29,729	0	1,476	2,53,203.00
Fund Received	16,414	1,19,429	0	18,524	1,54,367.00
Total Available Fund	2,97,870	89700	0	20,000	4,07,570.00
SOE Submitted	3,20,870	0	0	7,748	3,28,618.00
Balance in hand	-23,000	89700	0	12,252	78,952

ds

Signature of Chairperson / Vice-Chairperson


Chairman
Konragar Municipality

CON - 131/2010/IPP-VIII

Voucher Details Statement for the 2nd Quarter of FY ~~200~~ ²⁰¹⁰⁻²⁰¹¹

Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs.)
VR No. <u>626,786,917</u> Date <u>6/7/10, 10/8/10, 8/9/10</u>	Hon./Salary	Hon. to MLAs Hon. to FTSA A.H.O, P.T.MOs, S.T.S, Clerk, Attendants, Sweepers	99,290.00 99,290.00 1,22,290.00
	Drug	FOR HAU FOR ESOPD FOR MH	
	Rent	FOR SC	7,748.00
VR No. <u>744,855,1066</u> Dt. <u>26/7/10, 24/8/10, 22/9/10</u>	Contingency	FOR HAU FOR ESOPD FOR MH FOR IC	7,748.00
Total			3,28,618.00

N.D. Not to enclose any copies of bills & vouchers.


 Chairman
 Konnagar Municipality

EUDP III / CSIP / IPP-VIII

Requisition of Fund for the 3rd Quarter of FY 2008-09 2010-2011

Facilities	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
Block (HHW)	2,25,000				2,25,000
Sub-Centre (FIS)	56,070				56,070
HAU	66,300	30,000		10,500	1,06,800
ESOPD					
MH					
DC					
ULB (AHO & UIIO)	19,500				19,500

* Space marked with  is not to be filled in.


 Chairman
 Konnagar Municipality

OFFICE OF THE MUNICIPAL COUNCILLORS, KONNAGAR
73, G.T. ROAD (W), KONNAGAR (Pin. 712235), HOOGHLY, West Bengal

Sri. Bappaditya Chatterjee
Chairman

Office : 2674-0210/2123/9598/7376
Ambulance : 2674-7545
Hospital : 2674-7740
Fax : 2674-0210 (Office)

Ref No. PWD/14/CVDP/11/1069

Date 30.9.10

To

The Director,

SUDA(Health Wing)

ILGUS BHAVAN, H.C. BLOCK.

Sector-III, Bidhannagar

Kolkata-700106.



Sub: Submission of statement of Expenditure(SOE), Utilisation Certificate(UC) 2ND quarter 10-11 & requisition of fund 3RD nd quarter 10-11

Sir,

In reference to Memo No.SUDA-Health/KMA ULBS/10/15(41)/2008 dated 1.8.2008. I am submitting statement of expenditure(SOE), Utilisation certificate(UC) & requisition of fund from 1.07.2010 to 30.09.2010 as per Annexure-I, II, III, IV as enclosed from your end.

Please take necessary action in this regard.

Encl: Annexure I to IV.

Yours faithfully


Chairman
Chairman
Konnagar Municipality

Annexure - I

✓
CUDP III / CSIP / IPP-VIII.

Status on Fund received & SOE submitted :

(Amount in Rs.)

..... 2ND Quarter FY 2008-09 ¹⁰⁻¹¹

	A/C Head				Total
	Hon. / Salary	Drug	Rent	Contingency	
B/F Balance	2,59,110	-147055		60,539	1,72,414
Fund Received	-	-	-	-	
Total Available Fund	2,59,110	-147055		60,539	1,72,414
SOE Submitted	2,92,010	-	-	5,850	2,97,860
Balance in hand	-32,900	-1,47,055		54,689	-1,25,446

ds

Chairman
Konnagar Municipality

[Signature]
Signature of Chairperson / Vice-Chairperson


FORM III/CSIR/IPP-VIII

Voucher Details Statement for the ... 2ND QTR ... Quarter of FY 2000-11

Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs.)
V. No. <u>622, 623, 782, 783</u> Date <u>6.7.10, 10/8/10, 8/9/10</u>	✓ Hon./Salary P.T.M.O. H.H.W clerk cum Store. E.S.O.P.O. Doctor Attendant etc.	Hon. to H/Ws Hon. to FTSA	90,670.00 90,670.00 <u>1,10,670.00</u> 2,92,010.00
	Drug	FOR HAU FOR ESOPD FOR MH	
	Rent	FOR SC	
	X		
V. No: <u>624, 625, 784, 785</u> Date <u>6/7, 70/8/10</u>	Contingency	FOR HAU FOR ESOPD FOR MH FOR IC	1,950.00 1,950.00 1,950.00 <u>5,850.00</u>
Total			2,97,860.00

N.B. Not to enclose any copies of bills & vouchers.

2



 Chairman
 Konnagar Municipality
 Konnagar Municipality

CUDP III / CSIP / IPP-VIII

Requisition of Fund for the ^{2ND} Quarter of FY ~~2008-09~~ 2010-11.

Facilities	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
Block (HHW)	72,500.00				2,17,500
Sub-Centre (FTS)	16,020				48,060
HAU	10,650x3	30,000x3		1,500x3	66,450
ESOPD	15,575x3	20000x3		-	1,06,725
MH					
DC					
ULB (AHO & UIIO)					

* Space marked with  is not to be filled in.


Chairman
Konnagar Municipality

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

Sl. No.	Letter No. & Date	Amount (in Rs.)
1	SUDA/Health/145/08/55	5,40,350
	Total	5,40,350/-

Certified that out of Rs. ~~5,40,350~~ of Grants-in-aid sanctioned during the year 2008-09 in favour of Konnagar Municipality under this Ministry / Department letter no. given in the margin and Rs. ~~89,919~~ on account of unspent balance of the previous year, a sum of

Rs. ~~7,85,915~~ has been utilized for the purpose it was sanctioned and the balance of Rs. ~~1,25,446~~ remaining unutilized at the end of the 1st quarter has been carried forward to the A/C of next quarter of FY 2010-11.

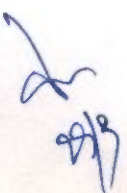
Certified that I have satisfied myself that the conditions on which the Grant-in-aid was sanctioned has been duly fulfilled / are being fulfilled and that I have exercised the following checks to see that the money was actually utilized for the purpose for which it was sanctioned.

KINDS OF CHECK EXERCISED

- ✓ 1. Books of Accounts
- ✓ 2. Original Bill, Receipts & Vouchers.
- ✓ 3. Bank Statement
- ✓ 4. Physical Progress


Signature of Chairperson / Vice-Chairperson

**Chairman
Konnagar Municipality**



OFFICE OF THE MUNICIPAL COUNCILLORS, KONNAGAR
73, G.T. ROAD (W), KONNAGAR (Pin. 712235), HOOGHLY, West Bengal

Sri. Bappaditya Chatterjee
Chairman

Office : 2674-0210/2123/9598/7376
Ambulance : 2674-7545
Hospital : 2674-7740
Fax : 2674-0210 (Office)

Ref No. PWD/14/1.P.P-VIII/1070

Date 30/9/10

To

The Director,

SUDA(Health Wing)

ILGUS BHAVAN, H.C. BLOCK.

Sector-III, Bidhannagar

Kolkata-700106.



Sub: Submission of statement of Expenditure(SOE), Utilisation

Certificate(UC) 1st quarter 10-11 & requisition of fund 2nd quarter 10-11

Sir,

In reference to Memo No.SUDA-Health/KMA ULBS/10/15(41)/2008 dated 1.8.2008. I am submitting statement of expenditure(SOE), Utilisation certificate(UC) & requisition of fund from 1.04.2010 to 30.06.2010 as per Annexure- I, II, III, IV as enclosed from your end.

Please take necessary action in this regard.

Encl: Annexure I to IV.

Yours faithfully


Chairman

Konnagar Municipality
Konnagar Municipality

CUDP III / CSH / IPT-VIII

Status on Fund received & SOE submitted :

(Amount in Rs.)

1st Quarter FY 200 2010 - 2011.

	A/C Head				Total
	Hon. / Salary	Drug	Rent	Contingency	
B/F Balance	3,80,746	30,000	0	10,500	4,21,246.00
Fund Received	1,98,580	0	0	0	1,98,580.00
Total Available Fund	5,79,326	30,000	0	10,500	6,19,826.00
SOE Submitted	2,97,870	59,729	0	9,024	3,66,623.00
Balance in hand	2,81,456	-29,729	0	1,476	2,53,203.00



Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

~~1st~~ ETC/CAIP/IPP-VIII

Voucher Details Statement for the ... ^{1st} ... Quarter of FY 200 ²⁰¹⁰⁻²⁰¹¹

Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs.)
VR No. 50,218,519 Date: 7/4/10, 5/5/10, 7/6/10	Hon./Salary	Hon. to H/Ws Hon. to FTSA, S.T.S., P.T.M.Ds, A.H.O., Clerk, Attendants, Sweeper	99,290.00 99,290.00 99,290.00
VR No. 597 Dt. - 7/6/10	Drug	FOR HAU FOR ESOPD FOR MH	59,729.00
	Rent	FOR SC	
VR No. - 145,348,614 Dt. - 26/4/10, 21/5/10, 21/6/10	Contingency	FOR HAU FOR ESOPD FOR MH FOR IC	9024.00
Total			3,66,623.00

N.B. Not to enclose any copies of bills & vouchers.

Member of the Corporation/Ward Chairman

Chairman
Konnagar Municipality

EUDP III / CSIP / IPP-VIII

Requisition of Fund for the 2nd Quarter of FY-2008-09 2010 - 2011

Facilities	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
Block (HHW)	1,80,000				1,80,000
Sub-Centre (FIS)	45,570				45,570
HAU	54,300	30,000		10,500	94,800
ESOPD					
MH					
DC					
ULB (AHO & UIHO)	18,000				18,000

* Space marked with  is not to be filled in.




 Chairman
 Konnagar Municipality

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

Sl. No.	Letter No. & Date	Amount (in Rs.)
1.	SUDA - Health / 145/08/39(40)	1,98,580.00
	Total	1,98,580.00

Certified that out of Rs. 1,98,580.00 of Grants-in-aid sanctioned during the year 2010-2011 in favour of Konnagar Municipality under this Ministry / Department letter no. given in the margin and Rs. 4,21,246.00 on account of unspent balance of the previous year, a sum of

Rs. 3,66,623.00 has been utilized for the purpose it was sanctioned and the balance of Rs. 2,53,203.00 remaining unutilized at the end of the 1st quarter has been carried forward to the A/C of next quarter of FY 2010-2011.

Certified that I have satisfied myself that the conditions 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

- ✓ 1. Books of Accounts
- ✓ 2. Original Bill, Receipts & Vouchers.
- ✓ 3. Bank Statement
- ✓ 4. Physical Progress

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

OFFICE OF THE MUNICIPAL COUNCILLORS, KONNAGAR

73, G.T. ROAD (W), KONNAGAR (Pin. 712235), HOOGHLY, West Bengal

Sri. Bappaditya Chatterjee
Chairman

Office : 2674-0210/2123/9598/7376
Ambulance : 2674-7545
Hospital : 2674-7740
Fax : 2674-0210 (Office)

Ref No. *PND/IA/CUDP-III/369*

Date *21.07.2010*

21.7.10

To

The Project Officer Health Wing (SUDA)

Ilgus Bhavan, H. C. Block.

Bidhannagar, Sector- III, Salt lake City.

Kol.....700116



Sub-:-Your Notification No-:1193/MA/P/C-10/1G-5/2007Dt-24.12.08.

Sir,

Enclosed find herewith the requisition for payment of honorarium, contingency & Medicine of C.U.D.P.-III, under Konnagar Municipality for the month from July- 10 to Sept -10. In this connection our good self it requested to release the fund of A/C of honorarium, Contingency, & Medicine of Rs. 3,78,735/- at earliest convenience.

Thanking You.

Yours Faithfully

[Signature]
Chairman
KONNAGAR MUNICIPALITY

KONNAGAR MUNICIPALITY

CUDP- III

REQUISITION OF FUND FOR THE PERIOD - July- 10 to Sept - 10

S.L No	Category of Health Facilities & man power	Approved No.	Actual No. in Position	Unit Hon./Sal per month	Requirement for 3 months
1	Block				
a)	HHWs	30	29	2000/-	1,74,000/-
2	Sub Centre				
a)	FTSs	6	6	2170/-	39060/-
3	HAU	1	1		
a)	PTMOs	2	1	2850/-	8550/-
b)	STS				
c)	S.I.	1	1	300/-	900/-
d)	Clerk cum Storekeeper	1	1	1700/-	5100/-
e)	Attendants	2	2	1900/-	11400/-
f)	Sweeper				
4)	E.S.O.P.D.				
a)	Spl. Doctor	7	7	2600X4 925X3	39525/-
b)	Attendant	1	1	1900/-	5700/-

Requisition of fund for Medicine & Contingency

SL.No	Medicine @ approved rate of KMDA	Required for 3 months
1	For HAU	30,000/-
2	For E.S.O. P. D.	60,000/-
	Contingency @ approved rate of KMDA	
3	For HAU	4500/-


Chairman
Konnagar Municipality

OFFICE OF THE MUNICIPAL COUNCILLORS, KONNAGAR

73, G.T. ROAD (W), KONNAGAR (Pin. 712235), HOOGHLY, West Bengal

Sri. Bappaditya Chatterjee

Chairman

Office : 2674-0210/2123/9598/7376
Ambulance : 2674-7545
Hospital : 2674-7740
Fax : 2674-0210 (Office)

Ref No. PND/14/CVDP-III/270

Date 21/7/2010

To

The Director,

SUDA (Health Wing)

ILGUS BHAVAN, H.C. BLOCK.

Sector-III, Bidhannagar,

Kolkata-700106.



26.7.10

Sub-: Submission of SOE, UC & , requisition of fund of 1st quarter CUDP-III FY 2010-11.

Sir,

In reference to Memo No. SUDA-Health/KMA ULBS/10/15(41)/2008 dated 1.8.2008. I am submitting statement of expenditure (SOE), Utilisation certificate (UC) & requisition of fund from 1.04.2010 to 30.06.2010 as per Annexure-I, II, III, IV as enclosed from your end.

Please take necessary action in this regard.

Encl: Annexure I to IV.

Yours faithfully

Chairman
Konnagar Municipality

446687
1093781
114570
147785

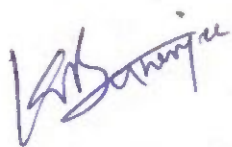

CUDP III / CSIP / IPP-VIII.

Status on Fund received & SOE submitted :

(Amount in Rs.)

1st. Quarter FY ²⁰¹⁰⁻¹¹ ~~2008-09~~

	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
B/F Balance	94270	-57060		52709	89919
Fund Received	4,36,850	90,000		13500	5,40,350
Total Available Fund	-	-	-	-	-
SOE Submitted	2,72,010	179,995		5850	4,57,855
Balance in hand	2,59,110	1,47,055		60,359	1,72,414

Chairman
KONNAGAR MUNICIPALITY
Signature of Chairperson / Vice-Chairperson

CUDP-III/CSIP/IPP-VIII


Annexure-II

Voucher Details statement for the 1ST Quarter of FY 2010-11 2008-09.

<u>Vouchre No.& Date</u>	<u>Item of Expenditure</u>	<u>Nature of Expenditure</u>	<u>Amount (Rs.)</u>
Vr.No. 46.49, 216, 217 522, 525 Date. 7.4.10, 5.5.10 7.6.10	Hon./Salary	Hon. to HHWS Hon. to FTSS P.T.M.O. S.I. clerk, P.T.G.D.A. & Spl. Doctors etc.	90,670.00 90,670.00 90,670.00 <u>2,72,010.00</u>
Vr. No. 596 Date 18.6.2010	Drug	For HAU For ESOPD For MH	1,79,952.00
NIL	Rent	For SC	—
Vr.No. 47.48, 214, 215 523, 524 DATE 7.4.10, 5/5/10 7.6.10	Contingency	For HAU For ESOPD For MH For DC	1950.00 1950.00 1950.00 <u>5850.00</u>
<u>Total</u>			4,57,812.00

N.B. Not to Enclose any copies of bills & Vouchers.

K. Banerjee

 Chairman
KONNAGAR MUNICIPALITY

CUDP III / CSIP / IPP-VIII

Requisition of Fund for the^{1st}..... Quarter of FY ²⁰¹⁰⁻¹¹ ~~2008-09~~

Facilities	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
Block (HHW)	58,500 x3				1,74,000.00
Sub-Centre (FTS)	13,020.00 x3		—		39,060.00
HAU	6,750.00 x3	30,000.00		1,500.00 x3	54,750.00
ESOPD	15,075.00 x3	60,000.00		—	1,05,525.00
MH					
DC					
ULB (AHO & UHIO)					

* Space marked with  is not to be filled in.

W. S. Sanjay


Chairman
KONNAGAR MUNICIPALITY
Signature of Chairperson / Vice-Chairperson

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

Sl. No.	Letter No. & Date	Amount (in Rs.)
1.	SUDA-HEALTH 145/08/55 25/5/10	5,40,340
	Total	5,40,340

Certified that out of Rs. 5,40,350 of Grants-in-aid sanctioned during the year 2008-09 in favour of ..Konnagar... Municipality under this Ministry / Department letter no. given in the margin and Rs. ..89,919 on account of unspent balance of the previous year, a sum of Rs. 4,57,852 has been utilized for the purpose it was sanctioned and the balance of Rs. 1,72,410..... remaining unutilized at the end of the 4th quarter has been carried forward to the A/C of next quarter of FY 2010-11.

Certified that I have satisfied myself that the conditions 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

- ✓ 1. Books of Accounts
- ✓ 2. Original Bill, Receipts & Vouchers.
- ✓ 3. Bank Statement
- ✓ 4. Physical Progress

W. Sanyal


 Signature of Chairperson / Vice-Chairperson
 Chairman
 KONNAGAR MUNICIPALITY



STATE URBAN DEVELOPMENT AGENCY

HEALTH WING

"ILGUS BHAVAN"

H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091
West Bengal

Ref No.SUDA-Health/124/08/119

Date14.07.2010

From : Project Officer
Health, SUDA

To : The Chairman
Konnagar Municipality

Sub. : Reconciliation of fund under different A/C heads of IPP-VIII.

Sir,

It is revealed from this office record that the fund balance as on 31st March, 2010 for IPP-VIII lying at your end be utilized for the purposes as mentioned in the table below :

Account Head	Amount lying with you as on 31.03.2010	Remarks
Honorarium / Salaries	2,44,610/- *	Available fund will be Rs. 3,80,746/- (Rs. 2,44,610/- * + 1,36,136/- from Drug A/C head) which may be utilized for payment towards Hon. & Salaries
Contingency	8,548/-	May be utilized for payment towards Contingency by taking fund of Rs. 1,952/- from the A/C head of Drug
Drug	1,68,088/-	Quarterly requirement of Rs. 30,000/- may be utilized for purchase of drugs. Fund for drug for the 2 nd qtr onwards will be released in due course.

You are requested to instruct your office to reconcile available fund under different A/C heads accordingly and submit Statement of Expenditure (SOE) for the 1st quarter of FY 2010-11 by 30th July, 2010.

Yours faithfully,

Project Officer

CC

Finance Officer, Health, SUDA

OFFICE OF THE MUNICIPAL COUNCILLORS, KONNAGAR

73, G. T. ROAD (W), KONNAGAR, (Pin - 712235), HOOGHLY, West Bengal

Sri Samir Banerjee
Chairman

Office : 2674-0210/2123
Residence : 2674-5300
Ambulance : 2674-7545
Hospital : 2674-7740
Fax : 2674-0210 (Office)

Ref. No.

PMD/14/gpp-viii/207

Dated ... *21/6/2020*

To

The Director,

SUDA(Health Wing)

ILGUS BHAVAN,H.C. BLOCK.

Sector-III,Bidhannagar,

Kolkata-700106.

*entw in
compr.*



Submission of statement of Expenditure(SOE), Utilisation

Certificate(UC) 4th quarter 09-10 & requisition of fund 1st quarter 10-11

Sir,

In inviting your above reference, I am submitting the necessary information i.e. statement of expenditure (SOE),Utilisation certificate & requisition of fund in connection with (IPP-VIII) scheme.

This may kindly be acknowledge.

S. Banerjee
Chairman

Konnagar Municipality

CUDP III/CSIP/IPP-VIII

Status on Fund received & SOE submitted :

(Amount in Rs.)

.....4th..... Quarter FY 2009-2010

	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
B/F Balance	1,98,580	1,37,051	0	7,800	3,43,431
Fund Received	3,43,900	90,000	0	10,500	4,44,400
Total Available Fund	5,42,480	2,27,051	0	18,300	7,87,831
SOE Submitted	2,97,870	58,963	0	9,752	3,66,585
Balance in hand	2,44,610	1,68,088	0	8,548	4,21,246

Signature of Chairperson / Vice-Chairperson

[Signature]
Chairman
Municipality

[Signature]
8/8

Annexure-II

CDDP III/CSIP/IPP-VIII

Voucher Details Statement for the 4th Quarter of FY 2009-10

Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs.)
Vr. No. 1539, 1755, 1994 Date: 6/1/10, 5/2/10, 10/3/10	Hon./Salary	Hon. to HHWs Hon. to FTSS	99,290.00 99,290.00 99,290.00
2178 Dt. - 30/3/10	Drug	FOR HAU FOR ESOPD FOR MH	58,963.00 - -
	Rent	FOR SC	
1652, 1893, 2134 Dt: 22/1/0, 20/2/10, 23/3/10	Contingency	FOR HAU FOR ESOPD FOR MH FOR DC	9,752.00 - - -
Total.			3,66,585.00

N.B. Not to annex any copies of bills & vouchers.

2/8/6

Signature of  Chairman
Konnagar Municipality/Person/Vice-Chairman

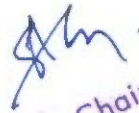
CUDP III/CSIP/IPP-VIII

Requisition of Fund for the ^{1st} Quarter of FY 2010-2011

Facilities	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
Block (HHW)	1,80,000				1,80,000
Sub-Centre (FIS)	45,570				45,570
HAU	54,300	30,000		10,500	94,800
ESOPD					
MH					
DC					
ULB (AHO & UHIO)	18,000				18,000

* Space marked with  is not to be filled in.

2/8/6


Chairman
Kohgaon Municipality
Signature of Chairperson / Vice-Chairperson

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

Sl. No.	Letter No. & Date	Amount (in Rs.)
1.	SUDA-Health/145/08/211 (40)	3,95,200
2.	SUDA-Health/145/08/301 (39)	30,000
3.	SUDA-Health/145/08/387	1,98,580
4.	SUDA-Health/145/08/472	4,97,620
5.	SUDA-Health/145/08/695	4,44,400
	Total	15,65,800

Certified that out of Rs. 15,65,800 of Grants-in-aid sanctioned during the year 2008-09 in favour of .Konnagar..... Municipality under this Ministry / Department letter no. given in the margin and Rs. 2,85,705.. on account of unspent balance of the previous year, a sum of

Rs. 14,30,259..... has been utilized for the purpose it was sanctioned and the balance of Rs. 1,21,246..... remaining unutilized at the end of the ..4th... quarter has been carried forward to the A/C of next quarter of FY .2010...-2011.

Certified that I have satisfied myself that the conditions 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

- ✓1. Books of Accounts
- ✓2. Original Bill, Receipts & Vouchers.
- ✓3. Bank Statement
- ✓4. Physical Progress

Signature of Chairperson / Vice-Chairperson

[Handwritten Signature]
Chairman
Konnagar Municipality

[Handwritten Signature]
8/6

OFFICE OF THE MUNICIPAL COUNCILLORS, KONNAGAR

73, G. T. ROAD (W), KONNAGAR (PIN : 712235), HOOGHLY, WEST BENGAL

Sri Samir Banerjee
Chairman

Office : 2674-0210/2123
Residence : 2674-5300
Ambulance : 2674-7545
Hospital : 2674-7740
Fax : 2674-0210 (Office)

Ref. No. : TO

@ PMDPA/CUDP-III/258

Dated : 21/6/2010

The Director,
SUDA(Health Wing)
ILGUS BHAVAN,H.C. BLOCK.
Sector-III,Bidhannagar,
Kolkata-700106.



Sub-: Submission of SOE,UC&, requisition of fund of 4th quarter
CUDP-III FY 2009-10.

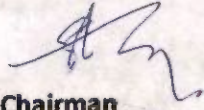
Sir,

In reference to Memo No.SUDA-Health/KMA ULBS/10/15(41)/2008 dated 1.8.2008.I am submitting statement of expenditure(SOE), Utilisation certificate(UC) & requisition of fund from 1.01.2010 to 31.03.2010 as per Annexure- I, II, III, IV as enclosed from your end.

Please take necessary action in this regard.

Encl: Annexure I to IV.

Yours faithfully


Chairman

Konnagar Municipality

CUDP III / CSIP / IPP-VIII

Status on Fund received & SOE submitted :

(Amount in Rs.)

..... 4TH Quarter FY 2008-09-10

	A/C Head				Total
	Hon. / Salary	Drug	Rent	Contingency	
B/F Balance	1,51,140	30,06.00	-	57,559	2,08,705
Fund Received	2,16,740	1,20,000	X	-	3,36,740
Total Available Fund	X	X	X	X	
SOE Submitted	2,73,610	1,77,066	-	4,850.00	4,55,526
Balance in hand	894,270	+57,060		52,709	89,919


 Chairman
 Karnataka Mission

Signature of Chairperson / Vice-Chairperson

CUDP-III/CSIP/IPP-VIII

Annexure-II

Voucher Details statement for the 4TH Quarter of FY 2009-10

<u>Vouchre No.& Date</u>	<u>Item of Expenditure</u>	<u>Nature of Expenditure</u>	<u>Amount (Rs.)</u>
Vr.No. 1537, 1538, 1539, 1753. 1754. Date. 6/10, 5/2/10	Hon./Salary	Hon. to HHWS Hon. to FTSS P.T. M.O. S.I. clerk P.T.G.DA. & ESOPD Docum. tk	91,470.00 90,670.00 91,470.00 <u>2,73,610.00</u>
VR. NO. 2179 Date 31/3/10	Drug	For HAU For ESOPD For MH	1,77,066.00
NIL	Rent	For SC	
VR. NO. 1539, 1751, 2006 DATE 6/1/10, 5/2/10, 10/3/10	Contingency	For HAU For ESOPD For MH For DC	1450.00 1450.00 1,950.00 <u>4,850.00</u>
		<u>Total</u>	4,55,526.00


N.B. Not to Enclose any copies of bills & Vouchers.

CUDP III / CSIP / IPP-VIII

Requisition of Fund for the^{4th}..... Quarter of FY 2008-09

Facilities	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
Block (HHW)	58,500/-				1,74,000.00
Sub-Centre (FTS)	13,020		X		39,060
HAU	6,750.00	30,000.00		4,500.00	54,750.00
ESOPD	15,075.00	60,000.00			1,05,525.00
MH					
DC					
ULB (AHO & UHIO)					

* Space marked with  is not to be filled in.


Signature of Chairperson / Vice-Chairperson

Annexure - IV

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

Sl. No.	Letter No. & Date	Amount (in Rs.)
1	SUDA/HEALTH/145/08/574	1,20,000.00
2	SUDA/HEALTH/145/08/680	2,16,740.00
Total		3,36,740.00


Certified that out of Rs. ~~3,36,740.00~~ 3,36,740.00 of Grants-in-aid sanctioned during the year 2008-09 in favour of ..Kannur... Municipality under this Ministry / Department letter no. given in the margin and Rs. 2,88,786.00 on account of unspent balance of the previous year, a sum of

Rs. ~~4,55,526.00~~ 4,55,526.00 has been utilized for the purpose it was sanctioned and the balance of Rs. ~~89,919.00~~ 89,919.00 remaining unutilized at the end of the ~~4TH~~ 4TH quarter has been carried forward to the A/C of next quarter of FY ~~2010-11~~ 2010-11.

Certified that I have satisfied myself that the conditions 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

1. Books of Accounts
2. Original Bill, Receipts & Vouchers.
3. Bank Statement
4. Physical Progress


 Signature of ~~Chairperson~~ / Vice-Chairperson

CUDP
2nd of FY 2009-10

OFFICE OF THE MUNICIPAL COUNCILLORS, KONNAGAR

73, G. T. ROAD (W), KONNAGAR (PIN : 712235), HOOGHLY, WEST BENGAL

Sri Samir Banerjee
Chairman

Office : 2674-0210/2123
Residence : 2674-5300
Ambulance : 2674-7545
Hospital : 2674-7740
Fax : 2674-0210 (Office)

Ref. No. Pin D/14/CUDP-III/969

Dated : 11/12/09

To
The Director,
SUDA (Health Wing)
ILGUS BHAVAN, H.C. BLOCK.
Sector-III, Bidhannagar,
Kolkata-700106.

04-12-09
ACT/MSA/AB
DILIC



2ND QTR..

Sub-: Submission of SOE, UC & requisition of fund of CUDP-III FY 2009-10.

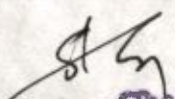
Sir,

In reference to Memo No. SUDA-Health/KMA ULBS/10/15(41)/2008 dated 1.8.2008. I am submitting statement of expenditure (SOE), Utilisation certificate (UC) & requisition of fund from 1.7.2009 to 30.9.2009 as per Annexure-I, II, III, IV as enclosed from your end.

Please take necessary action in this regard.

Encl: Annexure I to IV.

Yours faithfully


Chairman
Konnagar Municipality
Konnagar Municipality

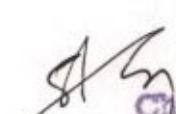
CUDP III / CSIP / IPP-VIII

Status on Fund received & SOE submitted :

(Amount in Rs.)

..... 2ND. Quarter FY 2009-10

	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
B/F Balance	(-) 3,67,385	1,20,002	-	(-) 22,341	(-) 2,69,724
Fund Received	5,90,000	1,20,000	-	20,000	7,30,000
Total Available Fund	2,22,615	2,40,002		(-) 2,341	4,60,276
SOE Submitted	3,92,560	60,000	-	-	4,52,560
Balance in hand	(-) 1,69,945	1,80,002		(-) 2,341	(-) 7,716


 Chairman
 Municipality
 Signature of Chairperson / Vice-Chairperson

CUDP-III/CSIP/IPP-VIII

Annexure-II

Voucher Details statement for the 2ND Quarter of FY 2009-10

<u>Vouchre No.& Date</u>	<u>Item of Expenditure</u>	<u>Nature of Expenditure</u>	<u>Amount (Rs.)</u>
Vr.No. 462-465 ⁶³⁹ 638,640 641, 796, 797, 798, 799. Date. 7.7.09 4.08.09 2/9/09. 22/9/09	✓ Hon./Salary	Hon. to HHWS Hon. to FTSS Area. Agency of Poutan. Puga Exgratin.	88,320 88,320 20,000 90,820 65,100 40,000
VR. NO. 630 Date 4.8.09.	Drug	For HAU For ESOPD For MH	3,92,560 60,000.00
NIL	Rent	For SC	
VR, NO. DATE.	Contingency	For HAU For ESOPD For MH For DC	0
<u>Total</u>			4,52,560

N.B. Not to Enclose any copies of bills & Vouchers.


 Chairman
 Municipal
 Signature of Chairman/Vice-Chairman


05

CUDP III / CSIP / IPP-VIII

Requisition of Fund for the^{2ND}..... Quarter of FY 2008

Facilities	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
Block (HHW)	58,000 P.M.				1,74,000
Sub-Centre (FTS)	13,020 P.M.				39,060/-
HAU	6750 P.M.	30000		4,500	54,750
ESOPD	15075 P.M.	60,000		X Stream of Doctors	1,05,225 65,100
MH					
DC					
ULB (AHO & UHIO)					

* Space marked with  is not to be filled in.

 Chairman
Konnagar Municipality

Signature of Chairperson / Vice-Chairperson

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

Sl. No.	Letter No. & Date	Amount (in Rs.)
1	SUDA/HEALTH 145/08 (212) 20/7/2009 31.	7,30,000
	Total	7,30,000

Certified that out of Rs. ~~17,30,000~~ of Grants-in-aid sanctioned during the year 2008-09 in favour of ...Kontagan... Municipality under this Ministry / Department letter no. given in the margin and Rs. ~~7,96,34/-~~ on account of unspent balance of the previous year, a sum of

Rs. 801918 has been utilized for the purpose it was sanctioned and the balance of Rs. 7,76,1- remaining unutilized at the end of the 2nd quarter has been carried forward to the A/C of next quarter of FY 2009-10.

Certified that I have satisfied myself that the conditions 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

1. Books of Accounts
2. Original Bill, Receipts & Vouchers.
3. Bank Statement
4. Physical Progress

CONF

[Handwritten Signature]

Signature of Chairperson / Vice-Chairperson

CUDP
1st of FY 2009-10

OFFICE OF THE MUNICIPAL COUNCILLORS, KONNAGAR

73, G. T. ROAD (W), KONNAGAR (PIN : 712235), HOOGHLY, WEST BENGAL

Sri Samir Banerjee
Chairman

*Acknowledged / Fa
23.9.09*

Office : 2674-0210/2123
Residence : 2674-5300
Ambulance : 2674-7545
Hospital : 2674-7740
Fax : 2674-0210 (Office)

Ref. No. : PWD/1A/CUDP-III/755

Dated : 22/9/09

To

The Director,

SUDA(Health Wing)

ILGUS BHAVAN, H.C. BLOCK.

Sector-III, Bidhannagar,

Kolkata-700106.



Sub-: Submission of SOE, UC & requisition of fund of CUDP-III FY 2009-10.

Sir,

In reference to Memo No. SUDA-Health/KMA ULBS/10/15(41)/2008 dated 1.8.2008. I am submitting statement of expenditure (SOE), Utilisation certificate (UC) & requisition of fund from 1.4.2009 to 30.6.2009 as per Annexure-I, II, III, IV as enclosed from your end.

Please take necessary action in this regard.

Encl: Annexure I to IV.

Yours faithfully

[Signature]
Chairman
KONNAGAR MUNICIPALITY

Konnagar Municipality

CUDP III / CSIP / IPP-VIII

Status on Fund received & SOE submitted :

(Amount in Rs.)

..... 1ST..... Quarter FY 2008-09-10

	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
B/F Balance	124630	2,10,000	-	- 4741	80,629
Fund Received	5,90,000	120,000	-	20,000	7,30,000
Total Available Fund	4,65,370	3,30,000	-	15259	8,10,619
SOE Submitted	2,41,760	89997	-	17600	3,49,357
Balance in hand	2,24,010	2,40,003	-	- 2341	461,252

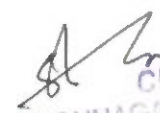
Chairman
KONNIGAN MUNICIPALITY

Signature of Chairperson / Vice-Chairperson

CUDP-III/CSIP/IPP-VIIIAnnexure-IIVoucher Details statement for the 1st Quarter of FY 2008-09

<u>Vouchre No.& Date</u>	<u>Item of Expenditure</u>	<u>Nature of Expenditure</u>	<u>Amount (Rs.)</u>
Vr.No. 32, 34, 40 Date. 2/4/09, 3/5/09 4/6/09	Hon./Salary	Hon. to HHWS Hon. to FTSS clerk. P. T. M. G. P. T. G. D. A. S. I	77,920. 81,920 81,920 <u>241,760</u>
VR. NO. 35, 159 Date 2/4/09, 3/5/09	Drug	For HAU For ESOPD For MH	59,997 30,000
NIL	Rent	For SC NIL	
VR. NO. 35, 162, 465 DATE	Contingency	For HAU For ESOPD For MH For DC	5,600.00 6,400.00 5,600.00 <u>17,600.00</u>
		<u>Total</u>	<u>3,49,357.00</u>

N.B. Not to Enclose any copies of bills & Vouchers.



CHAIRMAN
KONNAGAR MUNICIPALITY
Signature of chairman/Vice-Chairman

CUDP III / CSIP / IPP-VIII

Requisition of Fund for the^{1st}..... Quarter of FY 2008-09¹⁰

Facilities	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
Block (HHW)	52,500				1,57,500
Sub-Centre (FTS)	11,520				11,520
HAU	1,000	30,000		4,500	34,500
ESOPD	62,225	60,000		15,000	1,20,525
MH					
DC					
ULB (AHO & UHIO)					

* Space marked with  is not to be filled in.


 CHANNAGAR MUNICIPALITY

Signature of Chairperson / Vice-Chairperson

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

Sl. No.	Letter No. & Date	Amount (in Rs.)
	SVDA/Health/145/08/212 (31) 20/7/2009	7,30,000/-
	Total	7,30,000/-


Certified that out of Rs. ~~7,30,000~~ of Grants-in-aid sanctioned during the year ~~2008-09~~ 10 in favour of ...Konnagar... Municipality under this Ministry / Department letter no. given in the margin and Rs. on account of unspent balance of the previous year, a sum of

Rs. 3,49,357/- has been utilized for the purpose it was sanctioned and the balance of Rs. 4,61,262/- remaining unutilized at the end of the 1st... quarter has been carried forward to the A/C of next quarter of FY 2009-10..

Certified that I have satisfied myself that the conditions 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

1. Books of Accounts
2. Original Bill, Receipts & Vouchers.
3. Bank Statement
4. Physical Progress


 Chairman
 KONNAGAR MUNICIPALITY
 Signature of Chairperson / Vice-Chairperson

One

CUDP
1st Q FY 2009-10
Achintha
To maintain File
4/12/09

OFFICE OF THE MUNICIPAL COUNCILLORS, KONNAGAR

73, G. T. ROAD (W), KONNAGAR (PIN : 712235), HOOGHLY, WEST BENGAL

Sri Samir Banerjee
Chairman

Office : 2674-0210/2123
Residence : 2674-5300
Ambulance : 2674-7545
Hospital : 2674-7740
Fax : 2674-0210 (Office)

Ref. No. : Pmd/14/cudp-III/968

Dated : 11/11/09

Achintha
04.12.09
F.P.
01.12.09

To
The Director,
SUDA(Health Wing)
ILGUS BHAVAN,H.C. BLOCK.
Sector-III,Bidhannagar,
Kolkata-700106.



Sub-: Submission of SOE,UC&, requisition of fund of CUDP-III FY 2009-10.

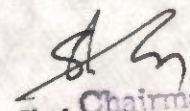
Sir,

In reference to Memo No.SUDA-Health/KMA ULBS/10/15(41)/2008 dated 1.8.2008.I am submitting statement of expenditure(SOE), Utilisation certificate(UC) & requisition of fund from 1.4.2009 to 30.6.2009 as per Annexure- I, II, III, IV as enclosed from your end.

Please take necessary action in this regard.

Encl: Annexure I to IV .

Yours faithfully


Chairman
Konnagar Municipality
Konnagar Municipality

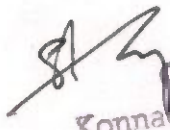
CUDP III / CSIP / IPP-VIII

Status on Fund received & SOE submitted :

(Amount in Rs.)

..... ~~2ND~~ 1ST Quarter FY 2008-10

	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
B/F Balance	(-) 1,25,625	2,10,000	-	(-) 4741	79,634
Fund Received	-	-	-	-	NIL
Total Available Fund	(-) 1,25,625	2,10,000	-	(-) 4741	79,634
SOE Submitted	2,41,760	89,998	-	17,600	3,49,358
Balance in hand	(-) 3,67,385	1,20,002	-	(-) 22,341	(-) 2,69,724


 Chairman
 Konnagar Municipality
 Signature of Chairperson / Vice-Chairperson

CUDP III / CSIP / IPP-VIII

Requisition of Fund for the^{1ST}..... Quarter of FY 2007 ..

Facilities	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
Block (HHW)	58,000/-				1,74,000
Sub-Centre (FIS)	13,020/-		NIL		39,060
HAU	6,750/-	30,000		4,500	54,750
ESOPD	15,075	60,000		x	1,05,225
MH					
DC					
ULB (AHO & UHIO)					

* Space marked with  is not to be filled in.


Chairman
Konnagar Municipality
Signature of Chairperson / Vice-Chairperson

CUDP-III/CSIP/IPP-VIII

Annexure-II

1ST.

Voucher Details statement for theQuarter of FY 200.....

<u>Vouchre No.& Date</u>	<u>Item of Expenditure</u>	<u>Nature of Expenditure</u>	<u>Amount (Rs.)</u>
Vr.No. 31. 32, 158, 160 294, 296 Date. 2, 4.09, 8, 5.09. 4.06, 09	✓ Hon./Salary	Hon. to HHWS Hon. to FTSs P.T.M.O, clerk P.T.G.D.A.S.I. DOCTORS ESOPD.	77920 81,920 81,920 <u>2,41,760</u>
VR. NO. 40. 323 Date 7.4.09. 9.06.09	Drug	For HAU For ESOPD For MH	59,997 30001 <u>89,998</u>
NIL	Rent	For SC	
VR.NO. 34. 162, 298 DATE 2/4/09 8/5/09 04/6/09	Contingency	For HAU For ESOPD For MH For DC	5,600.00 6,400.00 5,600.00 <u>17,600</u>
<u>Total</u>			3,49,358

N.B. Not to Enclose any copies of bills & Vouchers.

[Signature]
Chairman
Konnagar Municipality

Signature of chairman/Vice-Chairman

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

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

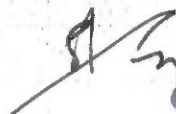
Certified that out of Rs. 11.11L of Grants-in-aid sanctioned during the year 2008-09 in favour of Konnagan Municipality under this Ministry / Department letter no. given in the margin and Rs. 796.34 on account of unspent balance of the previous year, a sum of

Rs. 349.258 has been utilized for the purpose it was sanctioned and the balance of Rs. 269.724 remaining unutilized at the end of the 1st quarter has been carried forward to the A/C of next quarter of FY 2009-10.

Certified that I have satisfied myself that the conditions 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

1. Books of Accounts
2. Original Bill, Receipts & Vouchers.
3. Bank Statement
4. Physical Progress


 Chairman
 Konnagar Municipality
 Signature of Chairman / Vice-Chairperson