

Prevention & Control of Vector Borne Diseases  
ULB-wise Micro-Plan and requirement of Fund for the year 2015

Sl No	Name of Municipality	No of Household	No of Supervisor	No of Team	No of Volunteer	No of Office Staff	Total No. of Manpower	Honorarium @ Rs. 75/- per day per manpower for 5 days for One Month	For June to October, 2015 i.e. 5 Months
1	Alipurduar	15710	10	53	106	4	120	45,000.00	225,000.00
2	Asansol MC	141841	94	470	940	4	1038	389,250.00	1,946,250.00
3	Bally	73683	47	231	462	4	513	192,375.00	961,875.00
4	Bairghat	38041	26	127	254	4	284	106,500.00	532,500.00
5	Bankura	34500	23	115	230	4	257	96,375.00	481,875.00
6	Barasat	76843	48	240	480	4	532	199,500.00	997,500.00
7	Baruipur	13403	9	45	90	4	103	38,625.00	193,125.00
8	Berhampur	43200	29	144	288	4	321	120,375.00	601,875.00
9	Bhadreswar	23260	16	78	156	4	176	66,000.00	330,000.00
10	Bidhanagar	67877	50	241	482	4	536	201,000.00	1,005,000.00
11	Burdwan	58105	39	196	392	4	435	163,125.00	815,625.00
12	Chandannagar MC	41981	28	137	274	4	306	114,750.00	573,750.00
13	Contai	17652	11	58	116	4	131	49,125.00	245,625.00
14	Diamond Harbour	12139	8	41	82	4	94	35,250.00	176,250.00
15	Dum Dum	35522	22	120	240	4	266	99,750.00	498,750.00
16	Durgapur MC	166575	111	555	1110	4	1225	459,375.00	2,296,875.00
17	Englishbazar	43600	29	143	286	4	319	119,625.00	598,125.00
18	Gayeshpur	14427	8	50	100	4	112	42,000.00	210,000.00
19	Haldia	57205	38	191	382	4	424	159,000.00	795,000.00
20	Hooghly Chinsurah	35575	23	121	242	4	269	100,875.00	504,375.00
21	Howrah MC	292544	204	975	1950	4	2158	809,250.00	4,046,250.00
22	Jalpaiguri	26205	18	90	180	4	202	75,750.00	378,750.00
23	Kalyani	26384	17	86	172	4	193	72,375.00	361,875.00
24	Kamarhati	77649	51	259	518	4	573	214,875.00	1,074,375.00
25	Kharagpur	64842	43	216	432	4	479	179,625.00	898,125.00
26	Khardah	24480	16	80	160	4	180	67,500.00	337,500.00
27	Kulti	64346	44	205	410	4	458	171,750.00	858,750.00
28	Maheshtala	103813	69	343	686	4	759	284,625.00	1,423,125.00
29	North DumDum	67485	45	225	450	4	499	187,125.00	935,625.00
30	Panihati	101487	68	339	678	4	750	281,250.00	1,406,250.00
31	Pujali	8560	6	30	60	4	70	26,250.00	131,250.00
32	Rajarhat Gopalpur	114605	75	375	750	4	829	310,875.00	1,554,375.00
33	Rajpur Sonarpur	105588	72	353	706	4	782	293,250.00	1,466,250.00
34	Ranaghat	17863	12	60	120	4	136	51,000.00	255,000.00
35	Raniganj	32110	21	107	214	4	239	89,625.00	448,125.00
36	Serampore	42725	30	143	286	4	320	120,000.00	600,000.00
37	Siliguri MC	95100	63	317	634	4	701	262,875.00	1,314,375.00
38	South DumDum	103749	70	347	694	4	768	288,000.00	1,440,000.00
39	Suri	17846	11	58	116	4	131	49,125.00	245,625.00
40	Titagarh	19481	13	53	106	4	123	46,125.00	230,625.00
41	Uttarpara Kotrung	39860	26	127	254	4	284	106,500.00	532,500.00
42	Baranagar	86059	58	289	578	4	640	240,000.00	1,200,000.00
43	Basirhat	30594	21	102	204	4	229	85,875.00	429,375.00
44	Nabadwip	30885	20	103	206	4	230	86,250.00	431,250.00
45	Naihati	9596	6	32	64	4	74	27,750.00	138,750.00
<b>TOTAL =&gt;</b>		<b>2614995</b>	<b>1748</b>	<b>8670</b>	<b>17340</b>	<b>180</b>	<b>19268</b>	<b>7,225,500.00</b>	<b>36,127,500.00</b>

2 month

(A)

# NALHATI MUNICIPALITY

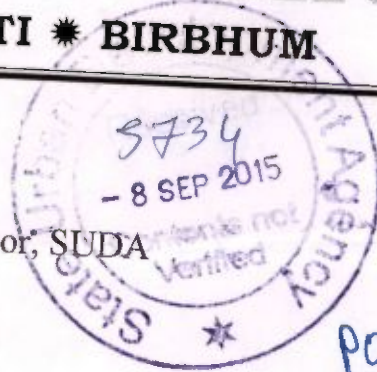
NALHATI \* BIRBHUM

Memo No:- 834/Nal/Muni

Date:- 28/08/2015

To

The Addl. Director & Financial Advisor, SUDA  
Health Wing. ILGUS BHAVAN,  
H.C Block ,Sector-III, Bidhannagar  
Kolkata 700106.



POKH

29/9/15

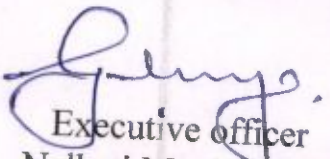
Sub:- Utilization Certificate for the fund allotted under Ref. No-SUDA-Health/65  
(pt- IV)/13/121(45) dated 07/08/2015.

Sir,

This is to report you that the fund allotted under Ref. no referred in the subject  
above has duly been utilized for the purpose for which it has been sanctioned.

Moreover, Adjustment i.e. Acquaintance Roll of the Concerned payees in  
original is submitted herewith for your information & taking n.a.

Encl:- As stated.

  
Executive officer  
Nalhati Municipality  
Executive Officer  
Nalhati Municipality

546

Following Expenditure Incurred Under Nalhati Municipality.

A/c Payee / Self Cheque. 917037 Date:-21.08.2015.

Amount Rs. 83250=00 only

Name of Bank:- SBI ...Nalhati branch.....A/c No- 11611619540

From -Head / HHW

V.N	Sl. No	Particulars of Bills	Rs	Amount to be paid/Rs
	1.	By House to House Survey by volunteers relating to prevention & Control of Dangu/Chikunguniya		83250.00
		<b>G.Total</b>	<b>Rs</b>	<b>83250=00</b>

Allowed for payment (Rupees Eighty three thousand two hundred fifty) only

  
E.O  
Nalhati Municipality

Executive Officer  
Nalhati, Municipality

  
Chairman  
Nalhati Municipality

Chairman  
Nalhati Municipality

Ph No:- 255268/255300

Fax:-03465-255300

Email:- nalhatimunicipality@rediffmail.com

OFFICE OF THE

# NALHATI MUNICIPALITY

## NALHATI \* BIRBHUM



Memo No:- /Nal/Muni

Date:- /08/2015

Honorarium of the Volunteers, Supervisors and office Staff for house to house survey for Prevention of Vector Born deases e.g. Dengue/Chikenguniya for the month June, July & August 2015.

Sl	Name	Official Staff & officers	Amount of Honorarium in Rs.	Signature of the payee
1	Golam Mortuza	Executive officer	1125.00/-	Golam Mortuza
2	Abhijit Chakroborty	Sanitary Inspector	1125.00/-	Abhijit Chakroborty
3	Diptiman Sinha	Official Staff	1125.00/-	Diptiman Sinha
4	Debojit Dey	I.T.C	1125.00/-	Debojit Dey
Total			Rs:-4500.00	

Sl	Name of Supervisor	Amount of Honorarium in Rs.	Signature of the payee
1	Debashish Saha	1125.00/-	Debashish Saha 24/08/2015.
2	Santunu Das	1125.00/-	Santunu Das
3	Khokan Fulmali	1125.00/-	Khokan Fulmali
4	Debojit Dey	1125.00/-	Debojit Dey
5	Nitai Sen	1125.00/-	Nitai Sen
6	Pulak Pramanik	1125.00/-	Pulak Pramanik
Total		Rs:6750.00/-	

Contd to Page-2

**NALHATI MUNICIPALITY****NALHATI \* BIRBHUM**

Memo No:- /Nal/Muni

Date:- 21/08/2015

Honorarium of the Volunteers, Supervisors and office Staff for house to house survey for Prevention of Vector Born deases e.g. Dengue/Chikenguniya for the month June, July & August 2015.

Sl	Name of Enumerator	Amount of Honorarium in Rs.	Signature of the payee
1	Alok sarkar	1125.00/	Alok Sarkar
2	Mohiuddin Ahemed	1125.00/	Md. Mohiuddin Shaikh
3	SERIFA BIBI	1125.00/	Serifa Bibi
4	HASIBUL ALI	1125.00/	Hasibul Ali
5	Md badrudoza	1125.00/	Md. Badruddoza
6	DHANANJOY DAS	1125.00/	Dhananjay Das
7	LALITA RAZAK	1125.00/	Lita RAZAK
8	SANJIB DUTTA	1125.00/	Sanjib Dutta
9	MARJONA MAL	1125.00/	Marjona Mal
10	NOIM SEKH	1125.00/	Naim SK
11	MIRAZUL ISLAM	1125.00/	Mirajul Islam
12	KAUSAR SK	1125.00/	Kausar SK
13	JAYANTA CHANDRA	1125.00/	Jayanta Chandra
14	KALPANA ROY BENERJEE	1125.00/	Kalpana Roy (Bamerjee)
15	SHYAMAL MAL	1125.00/	Shyamal mal
16	LOKNATH BHADURI	1125.00/	Loknath Bhaduri
17	BABLU MAL	1125.00/	Bablu Mal
18	KARNA MAL	1125.00/	Karna Mal
19	HASNERA KHATUN	1125.00/	Hasnera Khatun
20	RUSTAM ANSARI	1125.00/	Rustam Ansari

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21	MD ASRAFUL ZAMAN	1125.00/	Md Ashrafuzzaman
22	ATCRA KHATUN	1125.00/	Atoma-Khatun
23	MOUNUL HAQUE	1125.00/	Maimul Hogue
24	HAFIZUL REZA	1125.00/	Hafizul Reza
25	MIRAZUL AFIN	1125.00/	Merajul Ardin.
26	KHOKAN FULMALI	1125.00/	Khokan Fulmali.
27	NAZRUL ISLAM	1125.00/	<del>Merajul Ardin.</del> Nazrul Islam.
28	JABA DUTTA	1125.00/	Jaba Dutta
29	KISHOR MONDAL	1125.00/	Kishor Mondal.
30	KRISHNA GOPAL SAMAZDER	1125.00/	Krishna Gopal Samaidar.
31	Santana bhandari	1125.00/	Santana Bhandari
32	Sailen roy	1125.00/	Sailen K. Ray.
33	ISWAR PRAMANIK	1125.00/	Ishwar Pramanik
34	KRISHNA DE	1125.00/	Krishna DEJ
35	BIPLOB BORAL	1125.00/	Biplob Baral.
36	PRASANTA MOHARAJ	1125.00/	Ananta maharaj
37	PARESH UPADHAYA	1125.00/	Paresh Upadaya.
38	UJJAL KANTI SINHA	1125.00/	Ujjal Sinha.
39	RAMJAN SK	1125.00/	Ramjan SK
40	ASHIM BENERJEE	1125.00/	Ashim Banerjee
41	JYOSTNA DAS LET	1125.00/	Jyostna Das (let)
42	SANTONA FULMALI	1125.00/	Santana Fulmali
43	ABUL KAUSAR	1125.00/	Abul Kausar
44	JOYSTNA BEGAM	1125.00/	Joyatima Begam
45	SUMAN SINGH	1125.00/	Suman Singh
46	ABDUL ALIM	1125.00/	Abdul Alim
47	SANOWARA KHATUN	1125.00/	Sanoara khatun
48	ENAKSHI MONDAL	1125.00/	Enakshi Mondal (Fulmali)
49	MOUMITA FULMALI	1125.00/	Moumita Fulmali

50	JINNATUL HAQUE	1125.00/	Jinnatul Haque
51	SIKHA PAL	1125.00/	Shukha Pal
52	CHAITALI LET	1125.00/	Chaitali let
53	HASAN ALI	1125.00/	<del>Hasan Ali</del>
54	MAZARUL HAQUE	1125.00/	Mazarul Haque
55	SAFIUL HAQUE	1125.00/	Sofiaul Haque
56	NAZRUL ISLAM	1125.00/	Nazrul Islam
57	NARGIS KHATUN	1125.00/	Nargis khatun
58	MOUSUMI BEGAM	1125.00/	Mousumi Begum
59	BABLU MAHALDER	1125.00/	Bablu Mahaldar
60	SHYAM MAHALDER	1125.00/	Shyam Sundor Mahaldar
61	ABU HENA	1125.00/	Abu Hena
62	MD. BADRUDOZZA	1125.00/	Md. Badreddoza
63	SARATHI LET	1125.00/	Sarathi Let
64	TAPAN FULMALI	1125.00/	Tapan Sir
TOTAL		72000.00/-	



Total Amount :- Official Staff & officers + Supervisor + Enumerator

= (4500.00+6750.00 +72000.00)=83250.00/-(Rupees Eighty three Thousand two Hundred fifty only)

*[Signature]*  
Executive Officer  
Nalhati Municipality

*[Signature]*  
Rajendra Prasad Singh  
Chairman  
Nalhati Municipality

~~Chairman  
Nalhati Municipality~~  
PASS FOR PAYMENT  
RS.....

PASS FOR PAYMENT  
RS...83,250/-  
*[Signature]*  
Chairman  
Nalhati Municipality

Scdt. 2 Oct 2015 H.A.H. 5/27

255268/255300

# NALHATI MUNICIPALITY

NALHATI \* BIRBHUM

45

## FORM OF UTILISATION CERTIFICATE PRESCRIBED INS. R. 330A OF THE TREASURY RULES, WEST BENGAL AND THE SUBSIDIARY RULES MADE THERE UNDER VOLUME-1

Letter No. and Date	Amount
SUDA-Health 65/ (Pt-IV)/13/280(43) dt.14.01.16	55500.00
SUDA-Health 65/ (Pt-IV)/13/105(41) dt.28.08.16	✓ 83250.00
<b>Prevention &amp; control of Dengue</b>	
<b>TOTAL</b>	<b>138750=00</b>

Certified that out of Rs. **138750=00** of Grants-in-aid Sanctioned during the Year **2016-17** in favour of **Nalhati Municipality** under the Ministry / Department Cheque No. Given in the margin and Rs.**0.00** on account of unspent balance of the previous year. A sum of Rs. **138750=00** has been utilized for the purpose of Prevention & control of Dengue Programme. for which it was sanctioned. The Remaining Unutilized balance of Rs **0.00** will be utilized soon (Vide No. \_\_\_\_\_ X \_\_\_\_\_ dated \_\_\_\_\_ X \_\_\_\_\_) / will be adjusted towards the Grants-in-aid payable during the next F.Y

ified that I have satisfied myself that the conditions on which the Grants-in-aid was sanctioned have been duly filled / are being fulfilled and that I have exercised the following checks to see that the Money was actually ized for the purpose for which it was sanctioned.

ids of Checks exercised:  
Grant appropriation Reg.  
Vouchers



Signature : \_\_\_\_\_  
Designation: **Chairman**  
Date : **Nalhati Municipality**

memo No. 1317

Date 08/11/16

Copy to:-  
1) Director, State Urban Development Agency, ILGUS Bhavan, Kolkata

Chairman/Executive Officer  
Nalhati Municipality

Chairman  
Nalhati Municipality



# NALHATI MUNICIPALITY

NALHATI \* BIRBHUM

H. J. H  
2015  
45

## FORM OF UTILISATION CERTIFICATE PRESCRIBED INS. R. 330A OF THE TREASURY RULES, WEST BENGAL AND THE SUBSIDIARY RULES MADE THERE UNDER VOLUME-1

Sl. No	Letter No. and Date	Amount
1	SUDA-Health/65(Pt. IV)/13/280(43)	55500.00
	TOTAL	55500.00

Certified that out of Rs. 55500.00 Grants-in-aid Sanctioned during the Year 2015-16 in favour of **Nalhati Municipality** under the Ministry / Department Cheque No. Given in the margin and Rs. 0.00 on account of unspent balance of the previous year. A sum of Rs. 55500.00 has been utilized for the purpose of **House to house survey relating to prevention & control of Dengue / Chikunguniya for the month of September & October, 2015.**

for which it was sanctioned. The Remaining Unutilized balance of Rs. NIL will be utilized soon (Vide No. X dated X) / will be adjusted towards the Grants-in-aid payable during the next F.Y

Certified that I have satisfied myself that the conditions on which the Grants-in-aid was sanctioned have 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 Checks exercised:

- (1) Grant appropriation Reg.
- (2) Vouchers

Signature :  
Designation: **Chairman**  
Date: **Nalhati Municipality**

Memo No. 408 Nal./Muni.

Date 16/03/16

Copy to:-

- 1) Account General W.B Treasury Building Kolkata-1
- 2) District Magistrate, Suri Birbhumi
- 3) Jt. Secy. Department of Municipal Affairs Writers Building, Kolkata-1
- 4) Director, state Urban Development Agency, ILGUS Bhaban, Kolkata-1
- 5) Director of local bodies, Purta Bhaban ( 1<sup>st</sup> Floor ) Salt Lake, Kolkata-91

Chairman/Executive Officer  
Nalhati Municipality  
**Chairman**  
Nalhati Municipality



পৌর সদস্য পর্ষদের কার্যালয়

নবদ্বীপ পৌরসভা, পো:-নবদ্বীপ, জেলা - নদীয়া

OFFICE OF THE BOARD OF COUNCILLORS

NABADWIP MUNICIPALITY

NABADWIP, NADIA

[chairmannabadwip@gmail.com](mailto:chairmannabadwip@gmail.com)



Memo No. ৪০ /F-42/M & S Cell/NM/08-09

Date ০৪.০৭.১৫

From : Sri Biman Krishna Saha , Chairman, Nabadwip , Municipality , Nabadwip ,Nadia.

To

The Director,  
State Urban Development Agency (SUDA),  
Health Wing, ILGUS Bhavan,  
H-C Block, Sector-III,  
Bidhannagar, Kolkata – 700091.

**Sud: Submission of Statement of Expenditure (SOE) FOR the Month of June'2015 & July'2015, house to house survey by volunteers relating to prevention & control of Dengue/ Chikunguniya.**

**Ref: SUDA – Health/65(Pt.-IV)/13/121(45) Dated 07.08.2015**

Sir/Madam,

Enclosed herewith a statement of Expenditure (SOE) of dt.07.08.2015, installment of fund amounting to Rs.2,58,750/- in-connection with house to house survey by volunteers relating to prevention & control of Dengue/ Chikunguniya, for the month of June'2015 & July'2015 of the financial year 2015-16 which may kindly be acknowledged.

This is for your kind information.

Thanking you,

Yours faithfully

Enclose: As Stated

08-7-15  
Chairman  
Nabadwip Municipality

Community Based Primary Health Care Services on 63 Non – KMA ULBs  
 Statement of Expenditure (SOE) for the month of June' 2015 – July' 2015.  
 Prevention & control of Dengue/Chikunguniya.  
 Name of the Municipality :- Nabadwip Municipality.

Sl. NO.	Voucher No.& Date	Item of Expenditure	Nature of Expenditure	Amount Rs.
1	42/HHW/15-16 dt 08.09.15	Honorarium – Supervisors for July'2015	Non Recurring	Rs. 7,500.00
2	43/HHW/15-16 dt 08.09.15	Honorarium – Supervisors for June'2015	..	Rs. 7,500.00
3	44/HHW/15-16 dt 08.09.15	Honorarium – Office Staff for June'2015	..	Rs. 1,500.00
4	45/HHW/15-16 dt 08.09.15	Honorarium – Office Staff for July'2015	..	Rs. 1,500.00
5	46/HHW/15-16 dt 08.09.15	Honorarium –volunteers for July'2015	..	Rs. 77,250.00
6	47/HHW/15-16 dt 08.09.15	Honorarium – volunteers for July'2015	..	Rs.77,250.00
Total				<b>Rs.1,72,500.00</b>

Sd/- B.K. Saha  
 Chairman  
 Nabadwip Municipality

৬.১.১৪  
২০/১৫  
২০/১৫  
৪৪



পৌর সদস্য পর্ষদের কার্যালয়  
নবদ্বীপ পৌরসভা, পোঃ-নবদ্বীপ, জেলা - নদিয়া  
**OFFICE OF THE BOARD OF COUNCILLORS  
NABADWIP MUNICIPALITY  
NABADWIP, NADIA**

Memo No. 166 /F-42/M & S Cell /NM/08-09  
Date

dt. 22.02.2016

From : Sri Sachindra Basak Vice-Chairman, Nabadwip Municipality, Nabadwip, Nadia.

To  
The Director,  
State Urban Development Agency (SUDA),  
Health Wing, H.G.U.S Bhavan,  
H-C Block, Sector-III,  
Bidhannagar, Kolkata-700091.

Sub: Submission of Statement of Expenditure (SOE) for the Month of September 2015 & October 2015 house to house survey by Volunteers relating to Prevention and Control of Dengue/Chikungunya.

Ref: SUDA- Health/65(Pt-IV)/13/121(45) Dated 07.08.2015  
SUDA- Health/65(Pt-IV)/13/280(43) Dated 14.01.2016


Sir/Madam,

Enclosed herewith a statement of Expenditure (SOE) of dt. 07.08.14 & dt.14.01.2016 installment of fund amounting to Rs. 2,58,750/- & Rs. 1,72,500/- in connection with House to House Survey by Volunteers relating to Prevention and control of Dengue /Chikungunya, for the month of September 2015 & October 2015 of the financial year 2015-16, which may kindly be acknowledged.

This is for your kind information.

Thanking you,

Yours faithfully

  
Chairman  
Nabadwip Municipality  
22-2-14  
Chairman  
Nabadwip Municipality

Enclose: As Stated



Community Based Primary Health Care Services on 63 Non-KMA ULBs  
Statement of Expenditure (SOE) For the Month of September'2015 & October' 2015  
Prevention & Control of Dengue/Chikuguniya  
Name of the Municipality: - Nabadwip Municipality

Sl. No.	Items of Expenditure	Expenditure
01	Prevention & Control of Dengue/Chikuguniya	Rs.1,72,500.00
Total		Rs.1,72,500.00

  
Chairman  
Nabadwip Municipality  
Chairman  
Nabadwip Municipality

Community Based Primary Health Care Services on 63 Non – KMA ULBs Statement of Expenditure (SOE) for the Month of September 2015 & October 2015  
Prevention and Control Dengue/Chikungunya.  
Name of the Municipality: - Nabadwip Municipality

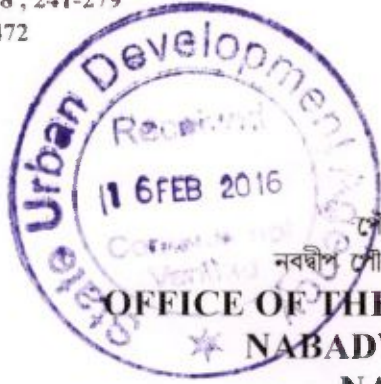
Sl. No.	Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount Rs.
1	165/HHW/15-16 dt. 01.02.16	Honorarium-Volunteers for September 2015	Non-Recurring	77,250.00
2	166/HHW/15-16 dt. 01.02.16	Honorarium-Supervisors for September 2015	"	7,500.00
3	167/HHW/15-16 dt. 01.02.16	Honorarium-office staff for September 2015	"	1,500.00
4	168/HHW/15-16 dt. 01.02.16	Honorarium-Volunteers for October 2015	"	77,250.00
5	169/HHW/15-16 dt. 01.02.16	Honorarium-Supervisors for October 2015	"	7,500.00
6	170/HHW/15-16 dt. 01.02.16	Honorarium-office staff for October 2015	"	1,500.00
Total				1,72,500.00

Sd/- B.K. Saha

Chairman  
Nabadwip Municipality

Ph : 240-008 , 241-279  
S.T,D - 03472

দুরাভাষ : ২৪০-০০৮, ২৪১-২৭৯  
এস.টি.ডি - ০৩৪৭২



শৌর সদস্য পর্ষদের কার্যালয়  
নবদ্বীপ শৌরসভা, পো:-নবদ্বীপ, জেলা - নদীয়া  
**OFFICE OF THE BOARD OF COUNCILLORS**  
**NABADWIP MUNICIPALITY**  
**NABADWIP, NADIA**

Memo No. 121 / F- 42/M & S Cell / NM / 08-09

Date 19-11-15

From : Sri Sachindra Basak Vice-Chairman, Nabadwip Municipality, Nabadwip, Nadia.

To

The Director,  
State Urban Development Agency (SUDA),  
Health Wing, ILGUS Bhavan,  
H-C Block, Sector-III,  
Bidhannagar, Kolkata-700091.

Sub: Submission of Statement of Expenditure (SOE) for the Month of August'- 2015 house to house survey by Volunteers relating to Prevention and Control of Dengue/ Chikunguniya.

Ref: SUDA- Health/65(Pt.-IV)/13/121(45) Dated 07.08.2015

Sir/Madam,

Enclosed herewith a statement of Expenditure (SOE) of dt. 07.08.14 installment of fund amounting to Rs. 2,58,750/- in connection with House to House Survey by Volunteers relating to Prevention and control of Dengue /Chikuguniya, for the month of August' 2015 of the financial year 2015-16, which may kindly be acknowledged.

This is for your kind information.

Thanking you,

Yours faithfully

SBK. 19/11/15

Vice-Chairman  
Nabadwip Municipality  
Vice-Chairman  
Nabadwip Municipality

Enclose: As Stated



**Community Based Primary Health Care Services on 63 Non – KMA ULBs Statement of Expenditure (SOE) for the Month of August' 2015  
Prevention and Control Dengue/Chikunguniya.**

**Name of the Municipality: - Nabadwip Municipality**

Sl. No.	Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount Rs.
1	83/HHW/15-16 dt. 16.11.15	Honorarium-Volunteers for August'2015	Non-Recurring	<b>77,250.00</b>
2	84/HHW/15-16 dt 16.11.15	Honorarium-Supervisors for August'2015	„	<b>7,500.00</b>
3	85/HHW/15-16 dt 16.11.15	Honorarium-office staff for August'2015	„	<b>1,500.00</b>
Total				<b>86,250.00</b>

Sd/- B. K. Saha

Vice-Chairman  
Nabadwip Municipality



Community Based Primary Health Care Services on 63 Non – KMA ULBs  
Statement of Expenditure (SOE) For the Month of August'2015. Prevention & Control  
of Dengue/Chikuguniya

Name of the Municipality: - Nabadwip Municipality

Sl. No.	Items of Expenditure	Expenditure
01	Prevention & Control of Dengue/Chikuguniya	Rs.86,250.00
Total		Rs.86,250.00

BBK. 19/11/15

Vice- Chairman  
Nabadwip Municipality

Vice-Chairman  
Nabadwip Municipality

Ph: 240-008, 241-279  
S.T. D - 03472

ATIT

দুরাভাষ : ২৪০-০০৮, ২৪১-২৭৯  
এস. টি. ডি ০৩৪৭২

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পৌর সদস্য পর্ষদের কার্যালয়  
নবদ্বীপ পৌরসভা, পোঃ-নবদ্বীপ, জেলা - নদীয়া  
**OFFICE OF THE BOARD OF COUNCILLORS**  
**NABADWIP MUNICIPALITY**  
**NABADWIP, NADIA**  
[chairmannabadwip@gmail.com](mailto:chairmannabadwip@gmail.com)

Memo No. 80 /F-42/M & S Cell/NM/08-09

Date 08.09.15

From : Sri Biman Krishna Saha , Chairman, Nabadwip , Municipality , Nabadwip ,Nadia.

To

The Director,  
State Urban Development Agency (SUDA),  
Health Wing, ILGUS Bhavan,  
H-C Block, Sector-III,  
Bidhannagar, Kolkata - 700091.

**Sud: Submission of Statement of Expenditure (SOE) FOR the Month of June'2015 & July'2015, house to house survey by volunteers relating to prevention & control of Dengue/ Chikunguniya.**

**Ref: SUDA - Health/65(Pt.-IV)/13/121(45) Dated 07.08.2015**

Sir/Madam,

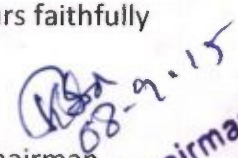
Enclosed herewith a statement of Expenditure (SOE) of dt.07.08.2015, installment of fund amounting to Rs.2,58,750/- in-connection with house to house survey by volunteers relating to prevention & control of Dengue/ Chikunguniya, for the month of June'2015 & July'2015 of the financial year 2015-16 which may kindly be acknowledged.

This is for your kind information.

Thanking you,

Yours faithfully

Enclose: As Stated

  
Chairman  
Nabadwip Municipality

08-9-15  
Chairman  
Nabadwip Municipality

**Community Based Primary Health Care Services on 63 Non – KMA ULBs  
Statement of Expenditure (SOE) for the month of June' 2015 – July' 2015.  
Prevention & control of Dengue/Chikunguniya.  
Name of the Municipality :- Nabadwip Municipality.**

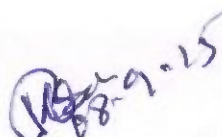
Sl. NO.	Voucher No.& Date	Item of Expenditure	Nature of Expenditure	Amount Rs.
1	42/HHW/15-16 dt 08.09.15	Honorarium – Supervisors for July'2015	Non Recurring	Rs. 7,500.00
2	43/HHW/15-16 dt 08.09.15	Honorarium – Supervisors for June'2015	„	Rs. 7,500.00
3	44/HHW/15-16 dt 08.09.15	Honorarium – Office Staff for June'2015	„	Rs. 1,500.00
4	45/HHW/15-16 dt 08.09.15	Honorarium – Office Staff for July'2015	„	Rs. 1,500.00
5	46/HHW/15-16 dt 08.09.15	Honorarium –volunteers for July'2015	„	Rs. 77,250.00
6	47/HHW/15-16 dt 08.09.15	Honorarium – volunteers for July'2015	„	Rs.77,250.00
<b>Total</b>				<b>Rs.1,72,500.00</b>

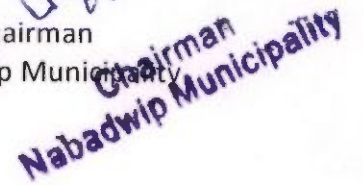
Sd/- B.K. Saha  
Chairman  
Nabadwip Municipality

Community Based Primary Health Care Services on 63 Non – KMA ULBs  
Statement of Expenditure (SOE) for the month of June' 2015 – July' 2015.

Prevention & control of Dengue/Chikunguniya.  
Name of the Municipality :- Nabadwip Municipality.

Sl.No.	Item of Expenditure	Expenditure
01	Prevention & control of Dengue/Chikunguniya.	Rs.1,72,500.00
Total		Rs. 1,72,500.00

  
Chairman  
Nabadwip Municipality

  
Chairman  
Nabadwip Municipality

Submission of UC at quarterly interval  
As per proforma given below  
Utilization Certificate  
(Form No. S.R. 330A)

*[Handwritten Signature]*

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Sl. No.	Letter No. & Date	Amount (In Rs.)
	SUDA-Health/65(pt.-IV)/13/121(45)	2,57,625/-

Total RS,257625.00

Certified that a sum of Rs,257625.00(Two lakh Fifty Seven Thousand Six Hundred Twenty Five Only ) only out of Grants-in-aid sanctioned the F.Y-2015-16 In favour of Basirhat Municipality,alloted by S.U.D.A.(health Wing) Govt of West Bengal

A sum of Rs 257625.00(Two lakh Fifty Seven Thousand Six Hundred Twenty Five Only) only has been utilized 08/09/2015.

Available balance 09/09/2015 ,is Rs,00.00 (NIL)

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 & Voucher.
3. Bank Statement
4. Physical Progress

*[Handwritten Signature]*  
9/9/15  
Finance officer  
Basirhat Municipality  
Basirhat Municipality  
North 24 Parganas

*[Handwritten Signature]*  
Chairman  
Basirhat Municipality  
Chairman,  
BASIRHAT MUNICIPALITY.

Ref No-SUDA-health/65(pt.-IV)/13/121(45) Date-07/08/2015 (Expendature Sheet)

Month	No Of Volunteer	No Of Supervisor	No of Office Staff	Total Worker	Amount
Jun-15	204	21	4	229	85875
Jul-15	204	21	4	229	85875
Aug-15	204	21	4	229	85875
				TOTAL	257625

Per month 5 Day\*perday75=375

*[Handwritten Signature]*

Chairman

Basimat Municipality  
North 24 Parganas

14-1-2016  
2015

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OFFICE OF THE MUNICIPAL COUNCILLORS OF BASIRHAT

North 24 Parganas

Ref. No.: *B.M.C.B.P.H.C.S-717*

date: *24/02/2016*

From.

*Sri. Tapan kr Sarkar.*  
Chairman, Basirhat Municipality

To

The Director, S.U.D.A  
Health wing, ILGUS BHAVAN  
H.C. BLOCK Sec.-III,  
Salt Lake,  
Kolkata-700091

Subject: U.C For Dengue/Chikuniya

Sir/Madam,

With reference to above, I am Submitting U.C For Dengue/Chikunguniya programme 2015, Vide ref No-SUDA-Health/65(Pt.-IV)/13/280(43) Dt-14/01/2016 ,FOR The Month Of September 15, October 15 .. of Basirhat Municipality .

With thanks.

Enclose: As stated above.

Yours Faithfully

*Tapan kr Sarkar*  
Chairman  
Basirhat Municipality  
BASIRHAT MUNICIPALITY

Submission of UC at quarterly interval  
As per proforma given below  
Utilization Certificate  
(Form No. S.R. 330A)

Sl. No.	Letter No. & Date	Amount (In Rs.)
	S.U.D.A-Health-65(pt.-IV) 13/289(43) Date- 14/01/2016	171750.00

Total RS.171750.00

Certified that a sum of Rs.171750.00(One Lakh seventy One Thousand Seven Hundred Fifty Only ) only out of Grants-in-aid sanctioned the F.Y-2015-16. In favour of Basirhat Municipality,alloted by S.U.D.A.(health Wing) Govt of West Bengal

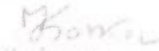
A sum of Rs 171750.00(One Lakh seventy One Thousand Seven Hundred Fifty Only ) only has been utilized date-20/01/2016.

Available balance as on 21/01/16 Rs.,00 (Nil)

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 & Voucher.
3. Bank Statement
4. Physical Progress

  
Chairman  
Basirhat Municipality  
Basirhat, West Bengal



H-1-16  
2015

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Email: purosabha\_baranagar@yahoo.co.in  
Website: www.baranagarmunicipality.org

# BARANAGAR MUNICIPAL OFFICE

87, DESHBANDHU ROAD ( East) KOLKATA - 700035

Memo No. 50/UPHCS/3M

Date. 22.12.2015

To  
The Director  
S.U.D.A  
Bidhannagar.  
Kolkata - 700091.



Sir,

Ref: - SUDA - Health/65(Pt. - IV)/13/121(45), dt. 07/08/2015.

Enclosed please find herewith the Utilisation certificate of Rs 7,20,000/- which was received from SUDA vide memo no as aforesaid.

Dated, 9<sup>th</sup>.December, 2015

Yours faithfully

Chairman

Chairman  
Baranagar Municipality

# BARANAGAR MUNICIPAL OFFICE

87, DESHBANDHU ROAD ( East) KOLKATA - 700035

## Utilisation Certificate

(Form No. S.R. 330 A)

Sl. No.	Letter No. & Date	Amount (in Rs.)
01.	SUDA – Health/65(Pt. - IV)/13/121(45) dt. 07/08/2015.	7, 20, 000/-
	<b>Total:-</b>	7, 20, 000/-

Certified that out of Rs. 7, 20, 000/- Received from SUDA, Under Basic Supervisors & Volunteers payments made.



**Chairman**

Chairman  
Baranagar Municipality

PHONE: 2577-6595/0012

H.D. B  
A-C/B  
SIR  
MAY, 15

*[Handwritten signature]*

42

Fax: 2577-1071

Email: purosabha\_baranagar@yahoo.co.in

Website: www.baranagarmunicipality.org

## BARANAGAR MUNICIPAL OFFICE

87, DESHBANDHU ROAD ( East) KOLKATA - 700035

Memo No. 67/UPKCS/RM

Date. 21/4/2016

To

The Director

S.U.D.A

Bidhannagar.

Kolkata - 700091.

Sir,

Ref: - SUDA - Health/65(Pt - IV)/13/323(08), dt. 02/03/2016.

Enclosed please find herewith the Utilisation certificate of Rs 2, 40, 000/- which was received from SUDA vide memo no as aforesaid.

Dated, 21<sup>st</sup>. April, 2016.

Yours faithfully

Executive Officer

*[Handwritten signature]*  
BARANAGAR MUNICIPALITY

PHONE: 2577-6595/0012

Fax: 2577-1071

Email: purosabha\_baranagar@yahoo.co.in  
Website: www.baranagar.municipality.org

## BARANAGAR MUNICIPAL OFFICE

87, DESHBANDHU ROAD ( East) KOLKATA - 700035

### Utilisation Certificate

(Form No. S.R. 330 A)

Sl. No.	Letter No. & Date	Amount (in Rs.)
01.	SUDA – Health/65(Pt. - IV)/13/323(08). dt. 02/03/2016.	2,40,000/-
	<b>Total:-</b>	2,40,000/-

Certified that out of Rs. 2,40,000/- Received from SUDA, for payment Volunteers & Supervisors and other expenses.

Expense Incurred = Rs. 2,30,250/-

Balance in Municipal fund = Rs. 9,750/-

Executive Officer

BARANAGAR MUNICIPALITY

PHONE: 2577-6595/0012

Fax: 2577-1071  
Email: purosabha\_baranagar@yahoo.co.in  
Website: www.baranagarmunicipality.org

## BARANAGAR MUNICIPAL OFFICE

87, DESHBANDHU ROAD ( East) KOLKATA - 700035

Memo No. 66/UPHCS/BM

Date. 18-3-2016

To

The Director

S.U.D.A

Bidhannagar.

Kolkata - 700091.

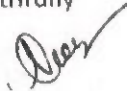
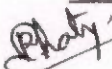
Sir,

Ref: - SUDA - Health/65(Pt. - IV)/13/280(43), dt. 14/01/2016.

Enclosed please find herewith the Utilisation certificate of Rs 4,80,000/- which was received from SUDA vide memo no as aforesaid.

Dated, 18<sup>th</sup>. March, 2016.

Yours faithfully

  
**Chairman**  
  
Chairman  
Baranagar Municipality

PHONE: 2577-6595/0012

Fax: 2577-1071

Email: purosabha\_baranagar@yahoo.co.in  
Website: www.baranagarmunicipality.org

# BARANAGAR MUNICIPAL OFFICE

87, DESHBANDHU ROAD ( East) KOLKATA - 700035

Utilisation Certificate

(Form No. S.R. 330 A)

Sl. No.	Letter No. & Date	Amount (in Rs.)
01.	SUDA – Health/65(Pt. - IV)/13/280(43), dt. 14/01/2016.	4, 80, 000/-
	<b>Total:-</b>	4, 80, 000/-

Certified that out of Rs. 4, 80, 000/- Received from SUDA, Under Basic Supervisors & Volunteers & Office Staff payments made.



**Chairman**  
Chairman  
Baranagar Municipality,

**SR - 330A OF WBTR - I  
UTILISATION CERTIFICATE**

NO-1/2494  
dt-13/10/15 41

Sanction Memm. No	Date	Amount
Ref no. SUDA-Health/CS(Pt-IV)/13/12/15	dt 07.8.2015	RS. 3,19,500/-
TOTAL : Rs.		319500/-

Certified that out of Rs. 3,19,500/- of Grant sanctioned / allotted during the year 2015-2016 in favour of Chairman Uttarpara, Kotrung Municipality

under the Government of West Bengal, Directorate of Technical Education & Training, Bilash Bhawan letter No. (S) (given in the margin) and Rs. 5000 on account of unspent balance of the previous year. A sum of Rs. Nil

have been utilized for the purpose of House to House Survey by volunteers relative to prevention & control of Dengue/Chikungunya for the month of June to the sanctioned / allotted and that the balance of Rs. Nil

remained unutilized at the end of the year has been surrendered to Government vide No. AV1 dated nil and will be adjusted towards the grants payable during the year nil

Certified that I have satisfied myself that the conditions on which the Grants / Grants-in-aid were sanctioned have 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.

Kind of Check exercised:

- 1) Registrar Assurances
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Signature : Dilip  
 Designation : \_\_\_\_\_  
 Date : \_\_\_\_\_  
**Chairman  
Uttarpara-Kotrung  
Municipality**

\* J. H  
2015

(11)

# UTTARPARA-KOTRUNG MUNICIPALITY

Memo No. 1/735

Dated: 08.03.2016

To  
The Director  
S.U.D.A  
State Urban Development Agency  
Health Wings  
Ilgus Bhaban  
Kolkata

Sub : - Submission of Utilisation Certificate.

Madam,

I am sending here with Utilisation Certificate in prescribed form ( SR-330 A of W.B.R.T.I) for the fund of Rs. 2,13,000.00 sanctioned in Memo No. SUDA – Health/65 (Pt-IV)/13/280 (43) dated – 14.01.2016 for the purpose of Honorarium of the volunteers & Supervisors for the period September & October 2015 relating to prevention & control of Dengue/ Chikenguniya.

Dated : 08.03.2016

Yours faithfully,



Dilip Yadav  
Chairman  
Chairman  
Uttarpara-Kotrung  
Municipality

New G. T. Road, Uttarpara, Dist. Hooghly (West Bengal), Pin - 712 258

Visit us at - [www.uttarparamunicipality.in](http://www.uttarparamunicipality.in)

Mail us at - [uttarpara@yahoo.com](mailto:uttarpara@yahoo.com), [uttarparakotrungmunicipality@gmail.com](mailto:uttarparakotrungmunicipality@gmail.com)

Tele : 2663 4095 / 7298 / 3863 Telefax : 2663 3863 / 7298



**SR - 330A OF WBTR - I  
UTILISATION CERTIFICATE**

Sanction Memo. No.	Date	Amount
SUGA-HEALTH/65(P-IV) /13/280(13)	14.1.2016	Rs. 2,13,000-00
<b>TOTAL : Rs.</b>		<b>2,13,000-00</b>

Certified that out of Rs. 2,13,000-00 of Grant sanctioned / allotted during the year 2015-16 in favour of Uttarpara Kotrung Municipality

\_\_\_\_\_ under the Government of West Bengal, Directorate of Technical Education & Training, Bishu Bhavan letter No. (S) (given in the margin) and Rs. \_\_\_\_\_

\_\_\_\_\_ on account of unspent balance of the previous year. A sum of Rs. Nil

\_\_\_\_\_ have been utilized for the purpose of Preventive & vector borne Disease investigation for the month of September & October 2015 for which it was sanctioned / allotted and that the balance of Rs. \_\_\_\_\_ remained unutilized at the end of the year has been surrendered to Government vide No. Nil dated Nil and will be adjusted towards the grants payable during the year Nil

Certified that I have satisfied myself that the conditions on which the Grants / Grants-in-aid were sanctioned have 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) Payment Register
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Signature : Dilip Kumar  
 Designation : Chairman  
Uttarpara-Kotrung  
Municipality  
 Date : \_\_\_\_\_

*Sh*

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Phone No.2501-0359

Fax No.2501-7736

E-Mail I.D. titagarh2007@yahoo.com

**OFFICE OF THE BOARD OF COUNCILLORS OF  
TITAGARH MUNICIPALITY**

i. B.T. Road, Titagarh, North 24-Parganas, Kolkata - 700119, West Bengal.

No. *537/T.M/15*

From:

**Shri Prashanta Chowdhury**  
Chairman, Titagarh Municipality

Dated, Titagarh, the 11th. September, 2015.

To  
The Addl. Director & Financial Advisor,  
State Urban Development Agency (SUDA),  
Health Wing,  
ILGUS Bhavan, HC Block, Sector-III,  
Salt Lake, Kolkata - 700106.

Sub: Utilisation in respect of fund amounting to Rs.1,38,375/- as sanctioned under order No.SUDA-Health/65(Pt.IV)/13/121(45)/1(46) dated 07.08.2015 for house to house survey by volunteers relating to prevention & Control of Dengue / Chikunguniya for the month of June, July & August, 2015.

Sir,

This is to inform you that the fund as allotted under the said order has been fully utilized for the purposes it was granted.

Thanking you,

Yours faithfully,

*Prashanta Choudhury*  
Chairman,  
Titagarh Municipality

Chairman  
TITAGARH MUNICIPALITY



Handwritten: 1875, 40, and a signature.

Phone : 2501-0359

Fax : 2501-7736

E-mail : [titagarh2007@yahoo.com](mailto:titagarh2007@yahoo.com)

**Office of the Board of Councillors of Titagarh Municipality**

1, B.T.Road, Titagarh, North 24-Parganas, Kolkata-700119.

**From : Sri Prashanta Chowdhury,  
Chairman, Titagarh Municipality**

Ref. No. 144/TM/16

Dated, the 18<sup>th</sup> March, 2016.  
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To  
The Addl. Director & Financial Advisor,  
State Urban Development Agency,  
Health Wing, "ILGUS Bhavan",  
H.C. Block, Sector-III, Bidhannagar,  
Kolkata - 700 106.



POCH  
Signature

**Sub. : Utilisation Certificates for Govt. Grant (SUDA).**

Dear Sir,

I am submitting herewith the Utilisation Certificates in respect of Govt. Grants-in-aid in prescribed form for house to house survey by the volunteers relating to prevention & control of Dengue / Chikunguniya for the month of Sept. & Oct., 2015 for the year 2015-16.

Thanking you,

Yours faithfully,

Prashanta Chowdhury

Chairman,  
Titagarh Municipality  
Chairman  
TITAGARH MUNICIPALITY

Encl : 1(one)

Memo No. 144/TM/16

Dated, the 18<sup>th</sup> March, 2016.

Copy forwarded to :-

- 1) The Director, SUDA.

Encl : 1(one)

Chairman,  
Titagarh Municipality

**FORM OF UTILISATION CERTIFICATE PRESCRIBED IN S.R. 330A OF THE TREASURY RULES  
WEST BENGAL AND THE SUBSIDIARY RULES MADE THEREUNDER VOLUME-1**

Certified that out of **Rs.92,250/-** of Grants-in-aid sanctioned during the year 2015-16 in favour of TITAGARH MUNICIPALITY under the Local Govt. and Urban Development Order No. given below and Rs. **NIL** on account of unspent balance of the previous year, a sum of **Rs.92,250/-** been utilized for the purpose for which it was sanctioned and that the balance of Rs. **NIL** remaining un-utilized at the end of the year has been surrendered to Government (vide No. **Nil** dated **Nil** Rs. **Nil**) and will be adjusted towards the grants-in-aid payable during the next year.

Certified that I have satisfied myself that the condition on which the grants-in-aid was sanctioned have 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 exercised.

**Sl. No.**      **G.O. No. and Date**      **Amount**

Sl. No.	G.O. No. and Date	Amount
1.	SUDA-Health/65(Pt.-IV)/13/280(43) 14-01-2016	For house to house survey by the volunteers relating to prevention & control of Dengue / Chikunguniya for the month of Sept. & Oct., 2015 for 2015-16. Rs.92,250/-

**Kinds of checks exercised**

1. Appropriation Register

Signature *Prosenjit Chandra*  
Designation - Chairman,

Titagarh Municipality  
Chairman  
TITAGARH MUNICIPALITY

# SURI MUNICIPALITY: BIRBHUM

39

## UTILISATION CERTIFICATE FOR DENGUE PREVENTION AND CONTROL ACTIVITY

From June to August, 2015.

Fund Received	Category of Worker				Monthly Expenditure @ Rs. 75/- per person per day – for 5 days in each month	Total Expenditure	Balance in Bank
	Volunteer	Supervisor	Office Staff	Total No.			
Rs. 147375/- vide memo no. S/DX-Health/65(P-IV)-13-121(45) dt 17.08.2015	June 15	116	11	4	131	Rs.49125/-	Rs.147375/- Nil
	July 15	116	11	4	131	Rs.49125/-	
	Aug. 15	116	11	4	131	Rs.49125/-	

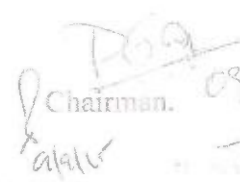
*[Signature]*  
Chairman,  
Suri Municipality  
Chairman  
Suri Municipality  
BIRBHUM

# SOUTH DUM DUM MUNICIPALITY

## NAGER BAZAR, KOLKATA – 700 074

STATUS ON FUND RECEIVED & SOE SUBMITTED :- ( Amount Rs)  
Dengue. June, July & August, 2015 FY(15- 16).

	A / C Head				Total
	Honorarium	Honorarium to Volunteer	Honorarium to Supervisor	Honorarium to ULB Level	
B / F Balance	Nil	Nil	Nil	Nil	Nil
Fund Received	8,64,000/-				8,64,000/-
Total Available Fund	8,64,000/-				8,64,000/-
SOE Submitted		7,80,750/-	78,750/-	4,500	8,64,000/-
Balance in hand	Nil	Nil	Nil	Nil	Nil

  
 Chairman. 08.08.2015  
 South Dum Dum Municipality

14-12/2015

37

# SILIGURI MUNICIPAL CORPORATION

PO SILIGURI, DIST-DARJEELING (WB). Phone 2432804, 2435444, 2433277, 2521147 (Health)

Memo No. 454/SMC/Health/15

Dated: 29/12/15

To,  
The Director, SUDA  
ILGUS Bhawan  
Bidhan Nagar, Kolkata

Sub :- SOE and UC of June, July, August 2015 round Vector Borne diseases Control Programme (Dengue) in the Siliguri Municipal Corporation area, Siliguri.

Sir,  
Sending herewith the SOE & UC of June, July, August 2015 round vector borne diseases control programme (Dengue) in the Siliguri Municipal Corporation area, Siliguri.  
Please acknowledge the said statement.

1. Volunteers/workers payment (Honorarium)  
For the month of June, July, August 2015.  
{ (75x634x5)x3} Rs. 7,13250 /-
  
  2. Supervisors payment (Honorarium)  
For the month of June, July, August 2015  
{ (75x63x5) x 3} Rs. 7,0875 /-
  
  3. Office staff payment, June, July, August 2015  
{ (75x4x5) x 3} Rs. 4500 /-
- Rs. 7,88625/-

Rupees: Seven Lakhs Eighty Eight Thousand Six Hundred Twenty Five only

As per ref No: **SUDA-Health/65(Pt.-IV)/13/121(45)** dated: **07/08/2015** and ref. No: **SUDA-Health/65(Pt.-IV)13/121(45)/1(46)** dated: **07/08/2015** amount received Rs:7,88625/- sanctioned for the payment of June, July, August 2015 round in favour of Commissioner, Siliguri Municipal Corporation.

After payment of House to House workers, Supervisors & Office staff Rs.7,88625/ is incurred, Balance Nil.

  
Commissioner  
Siliguri Municipal Corporation  


Baghatatin Road, Siliguri, Pin-734001, Website: [www.siligurisinc.com](http://www.siligurisinc.com) / E-mail: [smcwb@hotmail.com](mailto:smcwb@hotmail.com)

Hand-B 2015 (37)

**SILIGURI MUNICIPAL CORPORATION**  
 P.O. SILIGURI, DIST. DARJEELING (W.B.), 2432804, 2435444, 2433277, 2435282

Memo No. 457 /SMC/Health/16-17

Dated: 23/04/16

The Director, SUDA  
ILGUS Bhawan  
Bidhan Nagar, Kolkata

Sub: SOE and UC of September & October 2015 round Vector Borne diseases Control Programme (Dengue) in the Siliguri Municipal Corporation area, Siliguri.

Sir,

Sending herewith the SOE & UC of September, October 2015 round vector borne diseases control programme (Dengue) in the Siliguri Municipal Corporation area, Siliguri.

Please acknowledge the said statement.

1. Volunteers/workers payment (Honorarium)  
 For the month of September, October 2015.  
 { (75x636x5)x2} Rs. 4, 77000 /-

2. Supervisors payment (Honorarium)  
 For the month of September, October 2015  
 { (75x73x5) x 2} Rs. 54,750 /-

3. Office staff payment September, October 2015  
 { (75x4x5) x 2} Rs. 3000 /-

Rs. 5, 34,750/-

4. Volunteers/workers payment (Honorarium)  
 For the month of August, 2015  
 { (75x36x5)x1} Rs. 13,500/-

Rs. 5, 48, 250/-

(Rupees: Five Lakhs Forty Eight Thousand Two Hundred Fifty only.)

As per ref No: SUDA-Health/65(Pt.-IV)/13/280(43) dated: 14/01/2016 and ref. No: SUDA-Health/65(Pt.-IV)13/280(43)/1(44) dated: 14/01/2016 amount received Rs: 5, 48, 250/- sanctioned for the payment of September, October 2015 round in favour of Commissioner, Siliguri Municipal Corporation.

After payment of House to House workers, Supervisors & Office staff Rs. 5, 48, 250/- is incurred, Balance Nil.

↓  
 Commissioner  
 Siliguri Municipal Corporation  
 ↓



**FORM SR-330A**  
of the Treasury Rules, West Bengal and the Subsidiary Rules  
made thereunder, Volume-I

**FORM OF UTILISATION CERTIFICATE**

Sl. No.	Letter No. and date	Amount (Rs. in Lakh)
01.	Balance B/F =	NIL
02.	SUDA-Health/65/ Cpt.-W/13/121(45)	3.60,000/-
03.	dt: - 07.08.2015	∫
04.	<b>Total</b>	<u>Rs. 3,60,000/-</u>

Certified that out of Rs...3,60,000/-..... grants-in-aid sanctioned during the year 2015..... towards Serampore Municipality.....

under this letter no. given in the

margin and a sum of Rs 3,58,875/- only has been utilized for which it was sanctioned and the balance of Rs...1,125/-..... remains un-utilised in the hand at the end of June, July & August-2015 for Dengue

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

**Kinds of Checks exercised :**

- 1.
- 2.
- 3.
- 4.

Signature: Jolly Mukherjee

Designation: Clerk (UPHCS)

27.08.15

Chairman  
Serampore Municipality

**FORM SR-330A**  
of the Treasury Rules, West Bengal and the Subsidiary Rules  
made thereunder, Volume-I

**FORM OF UTILISATION CERTIFICATE**

Sl. No.	Letter No. and date	Amount (Rs. in Lakh)
01.	Balance B/F -	NIL
02.	SUDA-Health/65(Pt-IV) 13/280(43)	2,38,125/-
03.	dt:- 14.01.2016 -	
04.	<b>Total</b>	<u>Rs.2,38,125/-</u>

Certified that out of Rs. 2,38,125/- grants-in-aid sanctioned during the year 2015-2016 towards Se.nampare...Municipality.

under this letter no. given in the margin and a sum of Rs. 2,38,125/- only has been utilized for which it was sanctioned and the balance of Rs.....NIL..... remains un-utilised in the hand at the end of September '15 + October '15 for Dengu

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

**Kinds of Checks exercised :**

- 1.
- 2.
- 3.
- 4.

Signature: Jolly Mulherjee

Designation: Clerk (UPHCS)

08.03.2016

H.A.H  
26/15

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### FORM SR-330A

of the Treasury Rules, West Bengal and the Subsidiary Rules made thereunder, Volume-I

## FORM OF UTILISATION CERTIFICATE

Sl. No.	Letter No. and date	Amount (Rs. in Lakh)
01.	Balance B/F	11.25/-
02.	008-1448/26 (P+32) 15/02/16	2.38.125/-
03.	01-19-01-2016	
04.	<b>Total</b>	<b>Rs. 2,39,250/-</b>

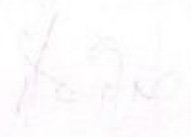
Certified that out of Rs. 2,39,250/- grants-in-aid sanctioned during the year 2015-2016 towards Senanigraha Municipality

under this letter no. given in the margin and a sum of Rs. 2,39,250/- only has been utilized for which it was sanctioned and the balance of Rs. 11.25/- remains un-utilised in the hand at the end of September '16 + October '15 for Deoghar.

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

#### Kinds of Checks exercised :

- 1.
- 2.
- 3.
- 4.

Signature :   
Designation :

Hd. H  
FY-15-16

35

# ASANSOL MUNICIPAL CORPORATION AT RANIGANJ

FORM OF UTILISATION CERTIFICATE IN SR 330A OF THIS TREASURY RULES W.B. AND THE SUBSIDIARY RULES MADE THERE UNDER VOLUME - I  
UTILISATION CERTIFICATE

Sl. No.	G.O. No. and Date	Amount
1	SUDA-Health/65(Pt.-IV)/13/121(45) Dated - 07.08.2015	2,68,875/-

Certified that out of Rs 2,68,875/- (Rupees Two Lakh Sixty-eight Thousand eight hundred seventy-five Only) of grants/grants-in-aid sanctioned during the year 2014-15 in favour of Raniganj Municipality under Government of West Bengal, Addl. Director & Financial Advisor, SUDA, G.O. No. given in the Margin and Rs. NIL on account unspent balance of the previous year. A sum of Rs 2,68,875/- (Rupees Two Lakh Sixty-eight Thousand eight hundred seventy-five Only) has been utilized for the purpose for which it was sanctioned and that the balance of Rs. NIL remaining unutilized at the end of the year has been utilized very soon.

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

Kinds of Check Exercised

- 1- Appropriate Register

Secretary 2/11/15

Asansol Municipal Corporation  
At Raniganj

Date: 03/11/15

Memo No. ~~AMC/Rmj/Acct./UC/521~~  
Forwarded to.

✓ SUDA, Ilgus Bhavan, kol-91.

Secretary 3/11/15

Asansol Municipal Corporation  
At Raniganj

108

BMS &  
H.A.

3A

*Partha Sarathi Chatterjee*  
B Com. LLB, ADVOCATE  
CHAIRMAN, RANAGHAT MUNICIPALITY



Office of the Councillors of Ranaghat  
Municipality (Estd. - 1864)  
P.O. Ranaghat, Dist. NADIA, Pin-741201 (WB)  
☎ : 03473-210030 (Off.) 210-047/221 (Resi)

Ref. 1311/RM

Date 02.09.15

*Dengue/chikungunya.*

To  
The Director  
State Urban Dev Agency  
"Health Wing" "ILGUS BHAVAN"  
H.C. Block, Sector-III  
~~Salt Lake~~ Salt lake City, , Kol, -700 106.



8-9-15

*Dengue/chikungunya.*  
Sub:- Utilisation of fund under ~~C.B.P.H.C.S.~~  
for the Period of September. 15

Dear Sir,

I reference to the subject quoted above,  
I am to submit here with statement of Expenditure for  
the Month of Aug-15 for your taking  
necessary action.

Encl:- SOE as per format  
and XEROX copy of  
the Voucher.

Yours' faithfully,

Chairman  
Ranaghat Municipality  
Chairman  
Ranaghat Municipality

**Community Based Primary Health Care Services  
in 63 Non-KMA ULBs**

**Statement of Expenditure (SOE)**

Name of the Municipality .....

For the month of Aug, 2000 15

Sl. No.	Item of Expenditure	Expenditure (Amount in Rs.)
	Non-Recurring	
1.	Equipment	
2.	Furniture	
3.	Construction : (Not applicable for the present)	
	a) Sub-Centre	
	b) OPD cum Maternity Home	
	c) OPD	
4.	I.E.C & Materials	
5.	Renovation Works	
6.	Base Line Survey	
7.	Family Schedule, Training manual, HMIS format & HHW Kit bag	
8.	Strengthening of existing Maternity Homes & Dispensaries (Not applicable for the present)	
	Recurring	
9.	Honorarium <u>June 15 to Aug-15 = 133 X 3 X 5 X 75 = 1,49,625</u>	<u>1,49,625</u>
10.	Salaries	
11.	Rent	
12.	Training	<u>4,150</u>
13.	Drug	
14.	I.E.C.	
15.	Operating Cost (Sundries, printing, postage & telephone, TA / DA etc.)	<u>25,200</u>
	<b>TOTAL</b>	<u>1,78,975</u>

Signature of Chairman [Signature]  
Chairman  
**Ranaghat Municipality**

# RANAGHAT MUNICIPALITY

Monthly/Quarterly/Yearly Status on Fund Received & SOE Submitted :  
for the period of..... Aug - 15 .....


(Amount in Rs.)

Fund Received from SUDA	SOE sent upto the period of..... <u>July - 15</u> .....	SOE during the period of..... <u>Aug - 15</u> .....	Total SOE	Balance
<u>Op. Bal. 30701</u> 3,44,000.	1,65,000	1,78,975	3,43,975	1,95,726.

  
 Chairman  
 Ranaghat Municipality

Meeting with councilor  
for Dengue H-to-H  
program on 08/6/15

Tea & Biscuit — Rs 100.00

 31/8/15

Health Officer  
Ranaghat Municipality  
P.O.—Ranaghat, D.—V.S.B.


  
Chairman  
Ranaghat Municipality

# স্বাস্থ্য কর্মসূচীর জেলায়োগ

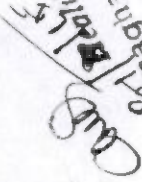
১৯/৮/১৫, সুভাষ এভিনিউ, রাণাঘাট, নদীয়া।  
M.: 9434343182, 9333370380 ৪.৬.১৫

৩৫৫২০ টাকা

— ৭০০.০০

  
Chairman  
Ranaghat Municipality

৭০০.০০

  
Health Officer  
Ranaghat Municipality  
P.O.—Ranaghat, D.—V.S.B.



*Copy*  
 Dengue Home to Home visit  
 on June 2015, July 2015, August 2015

RS.  
 Tiffen (fees amount) — 300=00  
 ward visit — 320=00  
620=00

*led*  
 3/8/15

Health Officer  
 Ranaghat Municipality  
 P.O.—Ranaghat, P.S.—Khatkhola

Chairman  
 Ranaghat Municipality

2/11/15  
 200 X 2000000 — 29000+

*Thyru*

29000+

*led*  
 3/8/15  
 Health Officer  
 Ranaghat Municipality  
 P.O.—Ranaghat, P.S.—Khatkhola

Chairman  
 Ranaghat Municipality

Ranaghat Municipality  
Health Officer  
21/8/15

Ranaghat Municipality  
Chairman



SL NO	NAME	DESIGNATION	RATE PER DAY	AMOUNT	SIGNATURE
1	Mamun Das		1125	1125	M Das
2	Kalyan Ray		1125	1125	K. Ray
3	Gita Sarkar		1125	1125	G. Sarkar
4	Kamakshikundu		1125	1125	M. Kundu
5	Rinku Sonam		1125	1125	R. Sonam
6	Santa Bhowik		1125	1125	S. Bhowik
7	Gour Sethi		1125	1125	Gour Sethi
8	Rupa Ray		1125	1125	R. Ray
9	Jyotirmoy		1125	1125	J. Nayak
10	Krishna Kundu		1125	1125	K. Kundu
11	Jyoti Ray		1125	1125	J. Ray
12	Gita Bhowik		1125	1125	G. Bhowik
13	Uma Bhowik (Bijou)		1125	1125	U. Bhowik
14	Soma Saha		1125	1125	S. Saha
15	<del>Soma Saha</del>		1125	1125	<del>S. Saha</del>
16	Sangita Paul		1125	1125	S. Paul
17	Trishna Das		1125	1125	T. Das
18	Sejal Bhowik		1125	1125	S. Bhowik
19	Tinku Sarkar	H.H.W	1125	1125	T. Sarkar
20	Uma Bhowik		1125	1125	U. Bhowik
21	Rajni Bhowik		1125	1125	R. Bhowik
22	Papaya Bhowik		1125	1125	P. Bhowik
23	Rinku Bose		1125	1125	R. Bose

w-6

w-5

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w-3

w-2

w-1

RANAGHAT MUNICIPALITY  
HONORARIUM TO THE VOLUNTEER & SUPERVISOR FOR DENGUE /CHIKUNGUNYA PREVENTION FOR THE YEAR 2015  
WORKING PERIOD 10.6.15 / 19.7.15 / 2.8.15

RANAGHAT MUNICIPALITY

HONORARIUM TO THE VOLUNTER & SUPERVISOR FOR DENGUE /CHIKUNGUNYA PREVENTION FOR THE YEAR \_\_\_\_\_ WORKING PERIOD

SL NO	NAME	DESIGNATION	RATE PER DAY	AMOUNT	SIGNATURE
1	Thuma Pal		1125	1125	J. Pal
2	J		1125	1125	
3			1125	1125	
4	Mithu Halder		1125	1125	Mithu Halder
5	Minu Hazra		1125	1125	Minu Hazra
6	Mallika Nath	H-H-W	1125	1125	M. Nath
7	Soumen Mukherjee		1125	1125	S. Mukherjee
8	Sirajul Karim		1125	1125	S. Karim
9	Kalpana Prasad		1125	1125	K. Prasad
10	Sandhya Chatterjee		1125	1125	S. Chatterjee
11	Ritika Das		1125	1125	R. Das
12	Mama Manna	H-H-W	1125	1125	M. Manna
13	Pampa Ghoshal		1125	1125	P. Ghoshal
14	Chyama Das		1125	1125	S. Das
15	Suta Barmanna		1125	1125	
16	Rita Das		1125	1125	Rita Das
17	Sing Das		1125	1125	S. Das
18	Tanupa Banerjee		1125	1125	Tanupa Banerjee
19	Debjit Das		1125	1125	Debjit Das
20	Lata Biswas		1125	1125	L. Biswas
21	Tanupa Das	H-H-W	1125	1125	Tanupa Das
22	Krishna Biswas		1125	1125	Krishna Biswas
23	Shukla Sarkar		1125	1125	Shukla Sarkar

w-10

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Ranaghat Municipality

Chairman

Ranaghat Municipality  
Health Officer  
Date: 21/8/15  
P.O. - Ranaghat, Dist. - Nadia

**RANAGHAT MUNICIPALITY**  
**HONORARIUM TO THE VOLUNTEER & SUPERVISOR FOR DENGUE /CHIKUNGUNIA PREVENTION FOR THE YEAR**  
**WORKING PERIODE**

SL NO	NAME	DESIGNATION	RATE PER DAY	AMOUNT	SIGNATURE
-------	------	-------------	--------------	--------	-----------

1	Chumpa Nandi		1125	1125	J. Nandi
2			1125	1125	
3	Sunita Budan		1125	1125	S. Budan
4	Rakhi Nandi		1125	1125	R. Nandi
5	Sumita Bose.		1125	1125	S. Bose.
6	Ram mukherjee		1125	1125	R. mukherjee
7	Rakesh Das		1125	1125	R. Das
8	Gayatri Das		1125	1125	G. Das
9	Uma Das		1125	1125	U. Das
10	Nabita Das		1125	1125	N. Das
11	Swarna Dey		1125	1125	S. Dey
12	Rinky Banerjee		1125	1125	R. Banerjee
13	Kaivaly Dey.	H. H. Das	1125	1125	K. Dey.
14	Babita Das		1125	1125	B. Das
15	Shikha Das		1125	1125	S. Das
16	Mithu Banerjee		1125	1125	M. B.
17	Pampa Banerjee		1125	1125	P. Banerjee
18	Sina Banerjee		1125	1125	S. Banerjee
19	Puspa Banerjee		1125	1125	P. Banerjee
20			1125	1125	
21	Rinky Banerjee		1125	1125	R. Banerjee
22	Rinky Banerjee		1125	1125	R. Banerjee
23	Puspa Banerjee		1125	1125	P. Banerjee

w-11

w-12

w-13

w-14

Chairman  
 Ranaghat Municipality

Ranaghat Municipality  
 Health Officer  
 15/11/2023

RANAGHAT MUNICIPALITY

HONORARIUM TO THE VOLUNTEER & SUPERVISOR FOR DENGUE /CHIKUNGUNYA PREVENTION FOR THE YEAR \_\_\_\_\_ WORKING PERIOD

SL NO	NAME	DESIGNATION	RATE PER DAY ₹ 150 x 75	AMOUNT	SIGNATURE
1	Pranav Singh		1125	1125	A. Singh
2	Gita Das		1125	1125	G. Das
3	Rita Ghosh		1125	1125	R. Ghosh
4	Manu Sharma		1125	1125	M. Sharma
5	Ramu Ghosh		1125	1125	F. Ghosh
6	Mouli Ghosh (Drs)	H.H.W	1125	1125	MG
7	Sabita Das		1125	1125	Sabita Das
8	Nandita Banik		1125	1125	Nandita Banik
9	Imray Das		1125	1125	Imray Das
10	Usha Das		1125	1125	Usha Das
11	Rinku Mittra		1125	1125	Rinku Mittra
12	Nigait Paul		1125	1125	Nigait Paul
13	Indira Ghosh		1125	1125	Indira Ghosh
14	Nikita Paul		1125	1125	Nikita Paul
15	Riya Roy		1125	1125	Riya Roy
16	Dipali Kundu		1125	1125	Dipali Kundu
17	Smita Ghosh		1125	1125	Smita Ghosh
18	Shanika Mukherjee		1125	1125	Shanika Mukherjee
19	Manika Ghosh		1125	1125	M. Ghosh
20	Renuka Bis	H.H.W	1125	1125	89.26.85.41 61
21	Souvik Kundu		1125	1125	
22	Chandana Ghosh		1125	1125	9679051716
23	Riyali Das		1125	1125	8653098561

w-17

w-16

w-15

w-14

Ranaghat Municipality

Chairman



Handwritten notes and dates: 21/8/15, 21/8/15, 21/8/15

RANAGHAT MUNICIPALITY

HONORARIUM TO THE VOLUNTEER & SUPERVISOR FOR DENGUE /CHIKUNGUNYA PREVENTION FOR THE YEAR \_\_\_\_\_ WORKING PERIOD

SL NO	NAME	DESIGNATION	RATE PER DAY	AMOUNT	SIGNATURE
1			1125		
2	Bandana Ghosh		1125	1125	C Ghosh
3			1125		
4	Sudhama Das		1125	1125	S. Das
5	Sanghamitra Das		1125	1125	S. Das
6			1125		
7	Manjari Paul		1125	1125	Sankar Paul
8	Mita Das		1125	1125	Mita Das
9	Debi Mukherjee		1125	1125	P. E. Moneri
10	Renu Paul		1125	1125	R. Paul
11	Aparajita Paul		1125	1125	Aparajita Paul
12	Dipali Pramanick		1125	1125	Dipali Pramanick
13	Jayanti Kundu		1125	1125	Jayanti Kundu
14	Bijaya Paul		1125	1125	Bijaya Paul
15	Laxmi Paul		1125	1125	Laxmi Paul
16	Chaitanya		1125	1125	Chaitanya
17	Chaitanya		1125	1125	Chaitanya
18	Ghosh		1125	1125	9333 739030
19	Banani Mukherjee		1125	1125	B. M. Kulkarni
20	Debi Das		1125	1125	Debi Das
21	Chaitanya		1125	1125	Chaitanya
22	Chaitanya		1125	1125	Chaitanya
23	Banani Mukherjee		1125	1125	Chaitanya

150  
w-20  
w-19  
w-18  
w-17

Chairman  
Ranaghat Municipality

12/18/14

Ranaghat Municipality  
Chahman

31/8/11

SL NO	NAME	DESIGNATION	RATE PER DAY	AMOUNT	SIGNATURE
1	Basu...		11	1125	Basu
2	...		4	1125	...
3	...		4	1125	...
4			11		
5					
6					
7					
8					
9					
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21					
22					
23					

W-1SD

RANAGHAT MUNICIPALITY

HONORARIUM TO THE VOLUNTEER & SUPERVISOR FOR DENGUE /CHIKUNGUNYA PREVENTION FOR THE YEAR

WORKING PERIOD

SL NO	NAME	DESIGNATION	RATE PER DAY	AMOUNT	SIGNATURE
1	Ranjana Debbarth	F.T.S	1125	1125	R. Debbarth
2	Arjuna Das	F.T.S	1125	1125	A. Das
3	Mousumi Baidy	F.T.S	1125	1125	M. Baidy
4	Sampriti Ghosh	H.H.W	1125	1125	S. Ghosh
5	Samudra Ghosh	H.H.W	1125	1125	S. Ghosh
6	Balbhadr Halder	H.H.W	1125	1125	B.B. Halder
7	Pinkishakti Halder	H.H.W	1125	1125	P. Halder
8	Jyoti Das	H.H.W	1125	1125	M. Das
9	Madhusmita	"	1125	1125	M. Das
10	Debdutta Ghosh	"	1125	1125	D. Ghosh
11	Indira Das	F.T.S	1125	1125	I. Das
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					

Ranaghat Municipality  
Chairman

20/03/18/15



11/8/19

SL NO	NAME	DESIGNATION	RATE PER DAY	AMOUNT	SIGNATURE
1	Dr. Chaitanya K. Mahapatra	H.O.	11	1125	
2	Angaraj Kumar		11	1125	
3	Subramanian	S.I	11	1125	N. Das
4	Tapas Roy		11	1125	T. Roy
5					
6					
7					
8					Chaitman Ranaghat Municipality
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					

RANAGHAT MUNICIPALITY  
 HONORARIUM TO THE VOLUNTEER & SUPERVISOR FOR DENGUE /CHIKUNGUNYA PREVENTION FOR THE YEAR 2015  
 WORKING PERIOD 16.6.15 / 13.7.15 / 3.8.15

No 87

CHALLAN

Date

20/06/15

# SADHUKHAN SUPPLIERS

Prop. - Rabindranath Sadhukhan

All Kinds of DTP, SCREEN, OFFSET, BANNER & General Order Suppliers.  
109, Sarakpara Street ❖ Ranaghat ❖ Nadia

Messrs Ranaghat Municipality

Address Ranaghat, Nadia.

Please Received the undermentioned articles in good order & condition.

Quantity	DESCRIPTION
1)	Reporting format to House to House Survey A-4 size, white paper 10,000 copy.
2)	Reporting format for Supervisor 100 pieces
3)	1/4 Hand Bill - Danger Purpose. 20,000 copy. white paper, offset. Printing, complete.

Received  
Nilima  
Dan  
15/6/15

*[Signature]*  
15/6/15

Chairman  
Ranaghat Municipality

*Rabindranath Sadhukhan*

For. SADHUKHAN SUPPLIERS

Please Sign. & Return.

*Dugun*

No. 92

**BILL**

**SADHUKHAN SUPPLIERS**

Prop. - Rabindranath Sathukhan

All kinds of DTP, SCREEN, OFFSET, BANNER & General Order Suppliers.  
109, Sarakpara Street ♦ Ranaghat ♦ Nadia

Ref. Order & Date

Name Ranaghat Municipality

Address Ranaghat, Nadia

Sl.	Description	Rate	Rs.	P
1)	1/4 Hand BSM Dangr purpose. white paper. offset. (min. complete (20,000 copy)	800/- x 20,000	16000/-	/
	Thank you	TOTAL-	16000/-	

Rupees Sixteen Thousand

only

Date 1/7/2015

Ratnababu Sathukhan  
Signature

Chairman  
Ranaghat Municipality

Recd in full  
Ratnababu Sathukhan  
1/9/15

Ranaghat Municipality  
Health Officer  
D-10-Ranaghat

15/6/15

No-91

BILL

SADHUKHAN SUPPLIERS

Prop. - Rabindranath Saha

All Kinds of DTP, SCREEN, OFFSET, BANNER & General Order Suppliers.

109, Sarakpara Street \* Ranaghat \* Nadia

Ref. Order & Date

Name: Ranaghat Municipality

Address: Ranaghat, Nadia

Sl.	Description	Rate	Rs.	P.
1)	Reporting format to Home to Home survey A-4 size white paper 10,000 copy.	(900/-) (x10,000)	90000/-	
2)	Reporting format for supervision 100 Green		200/-	1
TOTAL			92000/-	

Ruppes Nine Thousand

Tro Hundred only

Date 1/7/2015

Ratindranath Saha  
Signature

Chairman  
Ranaghat Municipality

Amount in full  
1/9/15  
Ratindranath Saha

15/6/15  
Health Officer  
Ranaghat Municipality  
P.O. - Ranaghat, Nadia

*Partha Sarathi Chatterjee*  
B Com LLB, ADVOCATE  
CHAIRMAN, RANAGHAT MUNICIPALITY



Office of the Councillors of Ranaghat  
Municipality (Estd. - 1864)  
P.O. Ranaghat, Dist. NADIA, Pin-741201 (WB)  
☎ : 03473-210030 (Off.) 210-047/221 (Resi)

3A

Ref. 2381/R.M.

Date 28.01.2016

*Deyan/Chitraguina*

To  
The Director  
State Urban Dev Agency  
"Health Wing" "ILGUS BHAVAN"  
H.C. Block, Sector-III  
~~Salt Lake~~ Salt lake City, , Kol.-700 106.

*Deyan/Chitraguina (BMS)*  
Sub:- Utilisation of fund under C.B.P.H.C.S.  
for the period of December-2015  
Hammis for Sept-15 & Oct-15.

Dear Sir,

I reference to the subject quoted above,  
I am to submit here with statement of Expenditure for  
the Month of December-15 for your taking  
necessary action.

Enclo:- SOE as per format  
and XEROX copy of  
the Voucher.

Yours' faithfully,

*[Signature]*  
Chairman  
Ranaghat Municipality

**Community Based Primary Health Care Services  
in 63 Non-KMA ULBs**

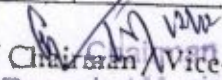
**Statement of Expenditure (SOE)**

Name of the Municipality .....

For the month of ....., 2006

Sl. No.	Item of Expenditure	Expenditure (Amount in Rs.)
	<b>Non-Recurring</b>	
1.	Equipment	
2.	Furniture	
3.	Construction : (Not applicable for the present)	
	a) Sub-Centre	
	b) OPD cum Maternity Home	
	c) OPD	
4.	I.E.C & Materials	
5.	Renovation Works	
6.	Base Line Survey	
7.	Family Schedule, Training manual, HMIS format & HHW Kit bag	
8.	Strengthening of existing Maternity Homes & Dispensaries (Not applicable for the present)	
	<b>Recurring</b>	
9.	Honorarium 1) Emulsion: - 118 x 75 x 2 x 5 = 88,500. 2) Superim: - 11 x 75 x 2 x 5 = 8,250	88,500. 8,250
10.	Salaries 3) Officers: - 4 x 75 x 2 x 5 = 3,000	3,000
11.	Rent	
12.	Training	
13.	Drug	
14.	I.E.C.	
15.	Operating Cost (Sundries, printing, postage & telephone, TA / DA etc.)	2890.
	<b>TOTAL</b>	<b>1,02,440.</b>

99750

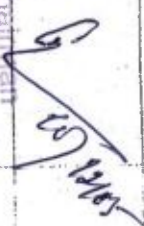
Signature of  Vice-Chairman  
Ranaghat Municipality

# RANAGHAT MUNICIPALITY

Monthly/Quarterly/Yearly Status on Fund Received & SOE Submitted :  
for the period of Dec-15 .....

(Amount in Rs.)

Fund Received from SUDA	SOE sent upto the period of <u>Nov-15</u> .....	SOE during the period of <u>Dec-15</u> .....	Total SOE	Balance
86, Nov-15 29,726 1,68,000 for awarded.	NIL 5,11,975	1,02,640	6,14,615	95,086
Hbn. Due for. Sep 15 & Oct 15				
Ap (Nov), 95,086 96,375	6,14,615	Jan-15 NIL	6,14,615	1,91,461
				1,68,000 for awarded.

  
 Chairman  
 Ranaghat Municipality

(3) 7.9.15

Dengue Control  
near Ranaghat

7.9.15 - 11.9.15

101219, 2750000

06/11/15  
Health Officer  
Ranaghat Municipality  
P.O.—Ranaghat, D.—Nadia

Chairman  
Ranaghat Municipality

(2) 5.10.15

Dengue Control  
near Ranaghat

9.10.15 / 13/10/15

101219, 2500000

06/11/15  
Health Officer  
Ranaghat Municipality  
P.O.—Ranaghat, D.—Nadia

Chairman  
Ranaghat Municipality

(4) 7.9.15

5410000

175

06/11/15  
Health Officer  
Ranaghat Municipality  
P.O.—Ranaghat, D.—Nadia

Chairman  
Ranaghat Municipality

5.10.15

100

100

06/11/15  
Health Officer  
Ranaghat Municipality  
P.O.—Ranaghat, D.—Nadia

Chairman  
Ranaghat Municipality



(5)

September 2015

Zerox - 3000 Pgs @ ~~60~~ 60 P./Pg. - 1800 = 00

Rs 1800 = 00

Rs One thousand eight hundred only.

Ans  
06/11/15

Health Officer  
Ranaghat Municipality  
P.O. - Ranaghat - Dist. - ...

Chairman  
Ranaghat Municipality

(5)

## RANAGHAT MUNICIPALITY

HONORARIUM TO THE VOLUNTEER & SUPERVISOR FOR DENGUE /CHIKUNGUNIYA PREVENTION FOR THE YEAR 2015  
WORKING PERIOD 7.0.15 to 9.15, 5.10.15 to 9.10.15

SL NO	NAME	DESIGNATION	RATE PER DAY	AMOUNT	SIGNATURE
1	-	-	75x285	750/-	-
2	Mamand Das		4	750/-	M. Das
3	Kakodi Roy		4	750/-	K. Roy
4	Bela Sarkar.		4	750/-	B. Sarkar.
5	Minakshi Kundu.		4	750/-	M. Kundu.
6	Rinku Sonar.		4	750/-	R. Sonar.
7	Shikha Ghosh.		4	750/-	S. Ghosh
8	Uday Sethi		4	750/-	U. Sethi
9	Rupa Ray		4	750/-	Rupa Ray
10	Sujatanath		4	750/-	S. Nath
11	<del>Tapas</del> Krishnakumar		4	750/-	Krishna Kumar
12	Tapas Bal		4	750/-	T. Bal
13	Umaprakash (Bigwar)		4	750/-	Umaprakash (Bigwar)
14	Uma Ghosh (Bigwar)		4	750/-	Uma Ghosh (Bigwar)
15	Soma Saha		4	750/-	Soma Saha.
16	Sangita Paul		4	750/-	S. Paul.
17	Trishna Das		4	750/-	Trishna Das
19	Saptanshi Singha Roy		4	750/-	Saptanshi Singha Roy
20	Tinku Sarkar		4	750/-	Tinku Sarkar
21	Tumpa Ghosh.		4	750/-	Tumpa Ghosh
22	Papinya Dey		4	750/-	Papinya Dey
23	Papinya Dey		4	750/-	Papinya Dey

Chairman  
Ranaghat Municipality

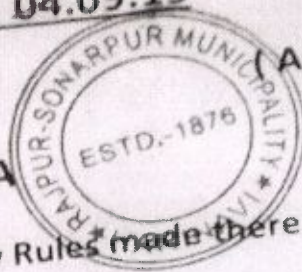
Health Officer  
Ranaghat Municipality  
P.O.—Ranaghat, D.—Nadia

To

The Director SUDA for information and necessary action

Ref. No :- HAU /112 /RSM Dated 04.09.15

33



FORM SR -330A

Annexure - III

of the Treasury Rules , West Bengal and the Subsidiary Rules made there under , Volume-1

# FORM OF UTILISATION CERTIFICATE

Sl.No.	Letter No & Date	Draft Details	Amount
	( a ) SUDA -Health /65( Pt.-IV) / 13/ 121 (45) Dated - 07.08.2015	Fund released electronically in the account no.2106010017611 ,UBI	Rs.8,79,750=00

certified that out of Rs. 8,79,750=00 grant -in-aid sanctioned during the year 2015-16 towards honorarium or House to House Survey by volunteers for prevention & control of Dengue/ Chikunguniya or the month of Jun-15 to Aug.15 an amount of Rs. 8,68,500=00 =00 has been utilized for which it was sanctioned and there is an un-utilised balance of Rs.11250 =00 is lying in hand .

certified that I have satisfied myself that the conditions on which the grant -in-aid was sanctioned have been duly / are being fulfilled and that I have exercised the following check to see that the money was actually utilized for which it was sanctioned .

1. UC submitted by ULB
2. Original Bill,Receipt & Vouchers.
3. Physical Progress.

 07/9/15

(Dr. Pallab Das )  
Chairman Rajpur-Sonarpur Municipality.

Ref. No :- HAU / 112 (a) /RSM Dated 04 / 09 /15 Copy forwarded to F.O , RSM for information :

ecessary action.

 07/9/15

(Dr. Pallab Das )  
Chairman Rajpur-Sonarpur Municipality.

Chairman  
Rajpur-Sonarpur  
Municipality

(6)

RANAGHAT MUNICIPALITY

HONORARIUM TO THE VOLUNTER & SUPERVISOR FOR DENGUE /CHIKUNGUNIYA PREVENTION FOR THE YEAR 2015.  
WORKING PERIOD 7.0.15 till 9.15, 5.10.15 to 9.10.15

SL NO	NAME	DESIGNATION	RATE PER DAY	AMOUNT	SIGNATURE
1	-	-	75x2x5	750/-	-
2	Mamunidas		4	750/-	M. Das
3	Kakoli Roy		4	750/-	K. Roy
4	Bela Sarkar.		4	750/-	B. Sarkar.
5	Minakshi Kundu.		4	750/-	M. Kundu.
6	Rinku Sonan.		4	750/-	R. Sonan.
7	Shikta Ghosh		4	750/-	S. Ghosh
8	Gour Seth		4	750/-	G. Seth
9	Rupa Ray		4	750/-	Rupa Ray
10	Sujatanath		4	750/-	S. Nath
11	<del>Prasanna</del> Krishnakumari		4	750/-	Krishna Kundu
12	Tapani Bal		4	750/-	Bal
13	Umaprakash (Biguan)		4	750/-	Umaprakash (Biguan)
14	Soma Saha		4	750/-	Soma Saha.
15	Sanku Sarkar		4	750/-	S. Sarkar
16	Sangita Paul		4	750/-	S. Paul.
17	Trishna Das		4	750/-	Trishna Das
18	Saptanshi Singha Ray		4	750/-	Saptanshi Singha Ray
19	Tinku Sarkar		4	750/-	Tinku Sarkar
20	Tumpa Ghosh.		4	750/-	Tumpa Ghosh
21	Papriya Dey		4	750/-	Papriya Dey
22	Papriya Dey		4	750/-	Papriya Dey
23	Papriya Dey		4	750/-	Papriya Dey

Chairman  
Ranaghat Municipality

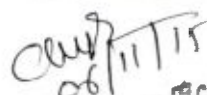
06/11/15  
Health Officer  
Ranaghat Municipality  
P.O.—Ranaghat, D.—Nadia

RANAGHAT MUNICIPALITY

LIST OF VOLUNTEER & SUPERVISOR FOR DENGUE /CHIKUNGUNIYA PREVENTION FOR THE YEAR \_\_\_\_\_  
 PERIOD \_\_\_\_\_

NO	NAME	DESIGNATION	RATE PER DAY	AMOUNT	SIGNATURE
1	Jhuma Paul		750/-	750/-	J. Paul
2	Rinku Bose		0	750/-	R. Bose
3	Rupali Chowdhury		0	750/-	R. Chowdhury
4	মিহালদার		0	750/-	মিহালদার
5	Mithalalder		0	750/-	M. Halder
6	Minu Hazra		0	750/-	Minu Hazra
7	Mallika Nath. (H.H. 11)		0	750/-	M. Nath.
8	Soumen Mukherjee		0	750/-	S. Mukherjee
9	S. Banerjee		0	750/-	S. Banerjee
10	K. Prasad		0	750/-	K. Prasad
11	S. Chatterjee		0	750/-	S. Chatterjee
12	Ritu Das		0	750/-	R. Das
13	Mama Manna		0	750/-	M. Manna
14	Pampa Debnath		0	750/-	P. Debnath
15	Shyamali Bogy		0	750/-	S. Bogy
16	Suta pa manna		0	750/-	Suta pa manna
17	Rita Das		0	750/-	R. Das
18	Sima Das.		0	750/-	S. Das.
19	Tumpa Pasowan		0	750/-	T. Pasowan
20	Lata Biswas		0	750/-	L. Biswas
21	Debojit Das		0	750/-	D. Das.
22	Jogmaya Das		0	750/-	Jogmaya Das.
23	Krishna Biswas		0	750/-	Krishna Biswas

  
 Chairman  
 Ranaghat Municipality

  
 Health Officer  
 Ranaghat Municipality  
 P.O.—Ranaghat, D.—Nadia

RANAGHAT MUNICIPALITY

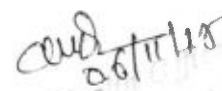
CONTRIBUTION TO THE VOLUNTEER & SUPERVISOR FOR DENGUE /CHIKUNGUNIYA PREVENTION FOR THE YEAR \_\_\_\_\_  
 WORKING PERIOD \_\_\_\_\_

NO	NAME	DESIGNATION	RATE PER DAY ₹ 750/-	AMOUNT ₹ 750	SIGNATURE
1	Sushanta Banerjee		₹	₹ 750/-	S. Banerjee
2	Jhumpa Nandi		₹	₹ 750/-	J. Nandi
3	Sumita Rudra		₹	₹ 750/-	S. Rudra
4	Rakhi Nandi		₹	₹ 750/-	R. Nandi
5	Susmita Bose		₹	₹ 750/-	S. Bose
6	Rinku Mukherjee		₹	₹ 750/-	R. Mukherjee
7	Mridhama Khaitan		₹	₹ 750/-	Mridhama Khaitan
8	Panki Dey		₹	₹ 750/-	P. Dey
9	Ganguli Dey		₹	₹ 750/-	G. Dey
10	Uma Dey		₹	₹ 750/-	U. Dey
11	Kabita Dey		₹	₹ 750/-	K. Dey
12	Swarna Dey		₹	₹ 750/-	S. Dey
13	Rinku Pandit		₹	₹ 750/-	R. Pandit
14	Kakali Dey	H. H. W	₹	₹ 750/-	K. Dey
15	Suzashi Das		₹	₹ 750/-	S. Das
16	Shikha Pal		₹	₹ 750/-	S. Pal
17	Mithu Banik		₹	₹ 750/-	M. B
18	Panata Banik		₹	₹ 750/-	P. Banik
19	Sima Banik		₹	₹ 750/-	S. Banik
20	Patul Banik		₹	₹ 750/-	P. Banik
21	Meenju Roy		₹	₹ 750/-	M. Roy
22	Pankaj Debnath		₹	₹ 750/-	P. Debnath
23	Indira Chatterjee		₹	₹ 750/-	I. Chatterjee

Chairman  
 Ranaghat Municipality  
 Date: 06/11/15  
 Health Officer  
 Ranaghat Municipality  
 P.O. - Ranaghat - Dist - Nadia

NO	NAME	DESIGNATION	RATE PER DAY	AMOUNT	SIGNATURE
1	Pooja Dowlar		750/-	750/-	P. Dowlar
2	Animesh Singh		"	750/-	A. Singh
3	Gita Das		"	750/-	G. Das
4	Reha Ghosh		"	750/-	R. Ghosh
5	Manika Sharma		"	750/-	M. Sharma
6	Parna Chakraborty		"	750/-	P. Chakraborty
7	Mali Ghosh (Day)	H.H.W	"	750/-	M.S.
8	Sabita Das		"	750/-	Sabita Das
9	Nandita Barik		"	750/-	Nandita Barik
10	Tanujit Das		"	750/-	Tanujit Das
11	Usha Das		"	750/-	Usha Das
12	Rinku Mishra		"	750/-	Rinku Mishra
13	Neelam Paul		"	750/-	Neelam Paul
14	Kalpana Ghosh		"	750/-	Kalpana Ghosh
15	Nilima Paul		"	750/-	Nilima Paul
16	Riya Roy		"	750/-	Riya Roy
17	Dipali Kundu		"	750/-	Dipali Kundu
18	Swati Chatterjee		"	750/-	Swati Chatterjee
19	Sharmila Mukherjee		"	750/-	Sharmila Mukherjee
20	Mani Kalyan			750/-	M. Kalyan
21	Roshni Bibi	H.H.W	R. Bibi	R. Bibi	89-20-85-41-81 R. Bibi
22	Sarita Pradhan		"	750/-	S. Pradhan
23	Chandana Ghosh		"	750/-	9679051716

  
 Chairman  
 Ranaghat Municipality

  
 Supervisor  
 Ranaghat Municipality  
 P.O. - Ranaghat, W. Medinipur

RANAGHAT MUNICIPALITY

MEMORANDUM TO THE VOLUNTEER & SUPERVISOR FOR DENGUE /CHIKUNGUNIYA PREVENTION FOR THE YEAR \_\_\_\_\_  
PERIOD \_\_\_\_\_

	NAME	DESIGNATION	RATE PER DAY ₹500	AMOUNT ₹500	SIGNATURE
1	Chandana Ghosh		₹	₹500	C. Ghosh
2	Anjali Das		₹	₹500	A. Das
3	Beecham Prasad		₹	₹500	S. Prasad
4	Sunshamitra Das		₹	₹500	S. Das
5	Sanku and Sanku		₹	₹500	S. Sanku
6	সাহাব দাফদার		₹	₹500	সাহাব দাফদার
7	Sahib Dafadar		₹	₹500	Sahib Dafadar
8	Sankari Paul		₹	₹500	Sankari Paul
9	Mita Das		₹	₹500	Mita Das
10	Devi Prasad		₹	₹500	D. E. M. Mundi
11	Ranu Paul		₹	₹500	R. Paul
12	Arati Pal		₹	₹500	Arati Pal
13	Dipali Pramanick		₹	₹500	Dipali Pramanick
14	Jafantika Kundu		₹	₹500	Jafantika Kundu
15	Bijayadev		₹	₹500	Bijayadev
16	Laxmi Dutta		₹	₹500	Laxmi Dutta
17	সোহাগী সান্ড		₹	₹500	সোহাগী সান্ড
18	সোহাগী সান্ড		₹	₹500	সোহাগী সান্ড
19	সোহাগী সান্ড		₹	₹500	9333 7340 30
20	Barnali manghi Karmakar		₹	₹500	B. M. Karmakar
21	সোহাগী সান্ড		₹	₹500	সোহাগী সান্ড
22	সোহাগী সান্ড		₹	₹500	সোহাগী সান্ড
23	সোহাগী সান্ড		₹	₹500	সোহাগী সান্ড

Chairman  
Ranaghat Municipality  
Ranaghat Municipality  
P.O. Ranaghat, District



RANAGHAT MUNICIPALITY

CONTRIBUTION TO THE VOLUNTER & SUPERVISOR FOR DENGUE /CHIKUNGUNIYA PREVENTION FOR THE YEAR \_\_\_\_\_  
 DURING PERIOD \_\_\_\_\_


NO	NAME	DESIGNATION	RATE PER DAY	AMOUNT	SIGNATURE
1			₹ 215	₹ 500	
2	उमेश उमेश		₹	₹ 500	उमेश उमेश
3	बिजय शर्मा		₹	₹ 500	बिजय शर्मा
4	Biswajit Shil		₹	₹ 500	Biswajit Shil
5	Uma Biswas		₹	₹ 500	U. Biswas
6	118				
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Chairman  
 Ranaghat Municipality

26/11/15  
 Health Officer  
 P.O. - Ranaghat, Dist. - Nadia

PERIODE

	NAME	DESIGNATION	RATE PER DAY (₹ 225)	AMOUNT (₹ 750)	SIGNATURE
1	Ranjana Debnath	F.T.S	"	750/-	R. Debnath
2	Animes Das	F.T.S	"	750/-	A. Das
3	Mousumi Bishi	F.T.S	"	750/-	M. Bishi
4	Ramaree Pramanik	H.H.W	"	750/-	R.
5	Sanchita Biswas	H.H.W	"	750/-	S. Biswas
6	Bibbul Halder	H.H.W	"	750/-	B.B. Halder
7	Pinki Chakraborty	H.H.W	"	750/-	P. Chakraborty
8	MOLLI DAS	H.H.W	"	750/-	M. Das
9	Jhuma Dey <small>Ward</small>	F.T.S	"	750/-	J. D. e.
10	Nilima Das		"	750/-	N. Das
11	Debaditya Bhattacharya		"	750/-	D. B.
12					
13					
14					
15				88,500	
16				8,250	
17				3,000	
18				99,750	
19				2890	
20				1,02,640	
21					
22					
23					

  
 Chairman  
 Ranaghat Municipality  
 Date: 06/11/18  
 Ranaghat Health & Family Welfare Centre

RANAGHAT MUNICIPALITY

MEMORANDUM TO THE VOLUNTER & SUPERVISOR FOR DENGUE /CHIKUNGUNIYA PREVENTION FOR THE YEAR \_\_\_\_\_  
 PERIODE \_\_\_\_\_

	NAME	DESIGNATION	RATE PER DAY	AMOUNT	SIGNATURE
1	Dr. Chanchal Kr. Majumdar	H.O	750/- 4	750/-	
2	Jyotirmoy Das		4	750/-	
3	Nelima Das	S.I	5	750/-	Nelima Das
4	Tapas Roy		6	750/-	T. Roy
5					
6					
7					
8					
9					
10					
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06/11/15  
 Chairman,  
 Ranaghat Municipality

To

33

The Director SUDA for information and necessary action

Ref. No :- HAU / 292 /RSM Dated 22.02.16

( Annexure – III )

**FORM SR -330A**

Of the Treasury Rules, West Bengal and the Subsidiary Rules made there under, Volume-1

**FORM OF UTILISATION CERTIFICATE**

<u>Sl.No.</u>	<u>Letter No &amp; Date</u>	<u>Draft Details</u>	<u>Amount</u>
1	As per FORM SR -330A ( Vide Letter Ref. No :- HAU /149 /RSM Dated 04.11.15)	Balance unutilized amount laying in hand in account	Rs. 10,125=00
2	SUDA –Health /65( Pt.-IV) / 13/ 280 (43) Dated – 14.01.2016	Fund released electronically in the account no.2106010017611 ,UBI	Rs. 5,61,375=00
<b>Total Available Fund:-</b>			Rs. 5,71,500=00

Certified that out of Rs. 5,71,500=00 grant –in-aid sanctioned/available during the year 2015-16 towards honorarium for House to House Survey by volunteers for prevention & control of Dengue/ Chikunguniya for the month of Sept-15 to Oct.15 an amount of Rs.5,78,625=00 =00 has been utilized for which it was sanctioned **and an excess amount of Rs. 7,125 has been spent from our end.**

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


1. UC submitted by ULB
2. Original Bill,Receipt & Vouchers.
3. Physical Progress.

  
22/02/16

(Dr. Pallab Das )  
Chairman

Rajpur-Sonarpur Municipality.

Ref. No :- HAU / 292 (a) /RSM Dated 22/02/2016 Copy forwarded to F.O , RSM for information and necessary action.

  
22/02/16

(Dr. Pallab Das )

Chairman

Rajpur-Sonarpur Municipality

Chairman

Rajpur-Sonarpur Municipality 24 PG(S)

19 T H.

M.A.H.  
FY-15-16

32

# Office Of The

Phone : 2500-6531  
Fax Phone : 2500-7560

## Bidhannagar Municipal Corporation

( Rajarhat Field Office )  
RAGHUNATHPUR, KOLKATA-700 059

Ref. No. 9926/BME/RFO-129/15-16

Date..15.10.2015.....

To  
The Director, SUDA  
Health Wing,  
ILGUS BHAWAN,  
Salt Lake, Sector-II



Sir,

*I am enclosed herewith the utilization Certificate (SOE) of Dengue Prevention & Control Activities for the Month of June, July & August, 2015 duly filed in as described by you.*

*This is for your information and taking necessary Co-operation as before.*

*Thanking you,*

*Yours faithfully,*

Finance Officer  
Bidhannagar Municipal Corporation

Date.....

Bidhannagar Municipal Corporation

**FORM SR-330A**

of the Treasury Rules, West Bengal and the Subsidiary Rules  
made thereunder, Volume-I

**FORM OF UTILISATION CERTIFICATE**

Sl. No.	Letter No. and date	Amount (Rs. in Lakh)
01.	SUDA-Health/65(Pt-IV)/13/121	(45)
02.	Date - 07.08.2015	932,625.00
03.		/
04.	<b>Total</b>	<u>Rs. 932625.00</u>

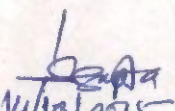
Certified that out of Rs. 9,32,625.00 grants-in-aid sanctioned during the year June, July & August - 2015 towards Dengue Prevention & control.. Activities - 2015

under this letter no. given in the margin and a sum of Rs. 9,32,625.00 only has been utilized for which it was sanctioned and the balance of Rs. Nil remains un-utilised in the hand at the end of June, July & August - 2015

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

Kinds of Checks exercised :

- 1.
- 2.
- 3.
- 4.

  
 Signature : 14/10/2015  
**Health Officer**  
 Deputy Municipal Corporation

# Bidhannagar Municipal Corporation

Rajarhat Field Office

RAGHUNATHPUR, KOLKATA-700 059

## HEALTH DEPARTMENT FOR HTH ACTIVITIES

Ref. No. : SUDA- Health / 65 (Pt. - IV) / 13 / 121 (45)

Date : 07. 08. 2015

Sl. No.	Name of Household (As per Microplan)	No. of Supervisor	No. of Teams Members	No. of Volunteers	Honourium to Supervisor @ Rs. 75/- per day for 5 days	Honourium to Volunteer @ Rs. 75/- per day for 5 days	Honourium to ULB Level @ Rs. 75/- per day for 5 days	TOTAL Honourium per Round Rs.
1	1,12,285	75	375	750	84,375 = 00	8,43,750=00	4500=00	9,32,625=00

  
14/10/2015  
Health Officer  
Bidhannagar Municipal Corporation

Handwritten: 1-4-16 / 2015

**Office of The**  
**Bidhannagar Municipal Corporation**



(Rajarhat Field Office)  
RAGHUNATHPUR, KOLKATA- 700 059

Ref. No. : 10.730/BME/RFO-42/15-16

Date. 31.03.2016.

To  
The Director , SUDA  
Health Wing,  
ILGUS BHAWAN,  
Salt Lake, Sector-II



Sir,

*I am enclosed herewith the Utilization Certificate (SOE) of Dengue Prevention & Control Activities for the Month of September & October, 2015 duly filed in as described by you.*

*This is for your kind information and taking necessary Co-operation as before.*

*Thanking you,*

*Yours faithfully,*

*[Signature]*  
Finance Officer

Bidhannagar Municipal Corporation

Date.....

**Finance Officer**  
**Bidhannagar Municipal Corporation**



**FORM SR-330A**  
of the Treasury Rules, West Bengal and the Subsidiary Rules  
made thereunder, Volume-I

**FORM OF UTILISATION CERTIFICATE**

Sl. No.	Letter No. and date	Amount (Rs. in Lakh)
01.	SUDA-Health/65(Pt.-IV)/13/280 Date 14.01.2016	(43)
02.		6,21,750/-
03.		/
04.	Total	Rs 6,21,750/-

Certified that out of Rs. 6,21,750/- grants-in-aid sanctioned during the year September and October 2015 towards Dengue prevention & Control Activities 2015

under this letter no. given in the margin and a sum of Rs. 6,21,750/- only has been utilized for which it was sanctioned and the balance of Rs. NIL remains un-utilised in the hand at the end of September & October 2015.

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

**Kinds of Checks exercised :**

- 1.
- 2.
- 3.
- 4.

Signature :



Designation :

Finance Officer  
Bidhanagar Municipal Corporation

# BIDHANNAGAR MUNICIPAL CORPORATION

RAJARHAT FIELD OFFICE

Raghunathpur, Kolkata - 700 059

## HEALTH DEPARTMENT FOR HTH ACTIVITIES

Ref No. SUDA - Health / 65(Pt - IV) / 13 / 280 (43)

Dated : 14 / 01 / 2016

Month	Volunteer	Supervisor	Office Staff	TOTAL	Fund Requirement (Total No. X Rs. 75/- X 5 Days) Amount in Rs.
September	750	75	4	829	3,10,875 = 00
October	750	75	4	829	3,10,875 = 00
<b>TOTAL</b>	<b>1500</b>	<b>150</b>	<b>8</b>	<b>1658</b>	<b>6,21,750 = 00</b>

*B. Gupta*  
31/01/2016

**Health Officer**

**Bidhannagar Municipal Corporation**

**SUDA**

**STATE URBAN DEVELOPMENT AGENCY**

HEALTH WING

“ILGUS BHAVAN”

H-C BLOCK, SECTOR - III, BIDHANNAGAR, CALCUTTA - 700 106  
West Bengal

Ref. No. : SUDA-Health/65(Pt.-IV)/13/280(43)

Date : 14.01.2016

**MEMORANDUM**

Funds are hereby released electronically in favour of your ULB towards house to house survey by your volunteers relating to prevention & control of Dengue / Chikunguniya for the month of September & October, 2015 as per details enclosed herewith. The rate of honorarium is Rs. 75/- per day for each of approved no. of Volunteers & Supervisors and 04 nos. of staff at ULB level for 05 days per month for 02 months i.e. September & October, 2015.

You are requested kindly to submit Statement of Expenditure (SOE) and Utilisation Certificate (UC) for the month of September & October, 2015 by 10.02.2016.

Yours faithfully,

Encls. : As stated.



**Addl. Director &  
Financial Advisor, SUDA**

# Pujali Municipality

Office of the Councillors

P.O. : P. Nischintapur, P.S. : Budge Budge, Kolkata- 700 138.  
Phone : 2482 2267, 2482 0252 (O) , 2482 3422 (R) , Fax : 033 2482 0252.

Resi : Betmoni Road,  
Pujali, South 24 Parganas.  
Kolkata - 700 138

*Fazlul Haque*  
Chairman



Memo No. : 1308 | P.M | Health-2/1/15  
To

Date : 2-11-15

The Director, SUDA  
"Ilgus Bhavan", H.C. Block, Sector III,  
Bidhannagar, Kolkata-700 106.

Sub: Fund Requirement for prevention & control of vector born diseases.

Ref: Your letter vide No: SUDA-Health/65(Pt.-IV)/13/211(45), Dated 29.10.2015

Sir,

I am hereby submitting the requisite manpower in your specific format for the month of September'2015 and October'2015.

Details are given below:

Month	No. of				Fund Requirement (Total no. x Rs. 75/-x5 days) (Amount in Rs.)
	Volunteer	Supervisor	Office Staff	Total	
September'2015	60	06	04	70	Rs. 26250.00
October'2015	60	06	04	70	Rs. 26250.00
<b>Total</b>	<b>120</b>	<b>12</b>	<b>08</b>	<b>140</b>	<b>Rs. 52500.00</b>

This is for your kind acknowledgement.

Yours faithfully,

*Fazlul Haque*  
CHAIRMAN

PUJALI MUNICIPALITY

H T H 2015 / 37

# Pujali Municipality

Office of the Councillors

P.O. : P. Nischintapur, P.S. : Budge Budge, Kolkata- 700 138.

Phone : 2482 2267, 2482 0252 (O) , 2482 3422 (R) , Fax : 033 2482 0252.

*Fazlul Haque*  
Chairman

Resi : Betmoni Road,  
Pujali, South 24 Parganas.  
Kolkata - 700 138

Memo No. : 474/P.M/Health - 18/16

Date : 17.3.16



To  
The Director  
State Urban Development Agency (SUDA)  
'Ilgus Bhavan', H.C. Block, Sector - III,  
Bidhannagar, Kolkata - 700 106.

Sub:- SOE for the month of September'2015 & October'2015 for Prevention of Vector Born Diseases for Pujali Municipality.

Sir,

With reference to the above noted subject, I am sending herewith the Utilisation Certificate (UC) in terms of S.R. 330A of the Treasury Rules, West Bengal, Volume - 1, as per instruction of SUDA.

Encl:- As stated above.

Yours faithfully,

*Fazlul Haque*

Chairman  
Pujali Municipality

*M.*

# Pujali Municipality

Office of the Councillors

P.O. : P. Nischintapur, P.S. : Budge Budge, Kolkata- 700 138.

Phone : 2482 2267, 2482 0252 (O) , 2482 3422 (R) , Fax : 033 2482 0252.

*Fazlul Haque*  
Chairman

Resi : Betmoni Road,  
Pujali, South 24 Parganas.  
Kolkata - 700 138

Memo No. :

Date :

FORM SR 330A

OF THE TREASURY RULES, WEST BENGAL AND THE SUBSIDIARY RULES  
MADE THEREUNDER, VOLUME - 1

Certified that out of the sum of Rs.52,500.00 (Rupees fifty two thousand & five hundred) only as grants-in-aid sanctioned during the Year 2015 - 2016 (for the month of September'15 & October'15) towards Prevention of Vector Born Diseases for Pujali Municipality under this letter no. given in the margin and a sum of Rs. 52,500.00 (Rupees fifty two thousand & five hundred) only has been utilized for which it was sanctioned.

Sl. No	G.O. No & Date	Amount in Lakh
1	State Urban Development Agency SUDA - Health/65 (pt.-VI)/13/280(43) Dated - 14.01.2016	Rs.52,500
	Total -	Rs.52,500

Certified that I have satisfied myself that the condition on which the grants-in - aid was sanctioned have been duly fulfilled and that I have exercised the

following check to see that the money was actually utilized for the purpose for which it was sanctioned.

Kinds of checks exercised:-

1. Terms and conditions of GO
2. Cash Books
3. Ledger Book
4. Acquaintance Rolls
5. Checking of Bills

Name of the Scheme/Project: Prevention of Vector Born Diseases.

*Fazlul Haque*  
Chairman,  
Pujali Municipality  
*NY*

# Pujali Municipality

Office of the Councillors

P.O. : P. Nischintapur, P.S. : Budge Budge, Kolkata- 700 138.  
Phone : 2482 2267, 2482 0252 (O) , 2482 3422 (R) , Fax : 033 2482 0252.

Resi : Betmoni Road,  
Pujali, South 24 Parganas.  
Kolkata - 700 138

*Fazlul Haque*  
Chairman

Memo No. : 1307/P.N/Health-18/15

Date : 2-11-15

To  
The Director  
State Urban Development Agency (SUDA)  
'Ilgus Bhavan', H.C. Block, Sector - III,  
Bidhannagar, Kolkata - 700 106.

Sub:- SOE for the month of June'15, July'15 & August'15 for Prevention of Vector Born Diseases for Pujali Municipality.

Sir,

With reference to the above noted subject, I am sending herewith the Utilisation Certificate (UC) in terms of S.R. 330A of the Treasury Rules, West Bengal, Volume - 1, as per instruction of SUDA.

Encl:- As stated above.

Yours faithfully,

*Fazlul Haque*

Chairman  
Pujali Municipality

*Fazlul Haque*

*Handwritten signature*

30

Ph. : 2553-2909/2563-4457  
Fax : 2553-1487

From : Sri Swapan Ghosh  
Chairman,  
Panihati Municipality

Office of  
*The Municipal Councillors*  
of Panihati  
PANIHATI, KOLKATA - 700 114

Date:- March 21, 2015

MemoNo : PM/H/VBD/2015/155

Dated : 8.9.2015

*Chhotu*  
*[Signature]*  
9.9.15

To  
The Director, SUDA,  
"ILGUS" Bhawan  
Salt Lake  
Kolkata.

Sub : Submission of UC & SOE in respect of Dengue Prevention and Control Activity held on **June, July & August, 2015** Round in Panihati Municipal area as per guidelines.

Memo No: SUDA-Health/65(Pt.IV)/13/121(45) date : 07.08.2015 of the SUDA.

Sir,

Enclosed please find here with the UC & SOE in respect of **Dengue Prevention and Control Activity** held on **June, July & August, 2015** Round in Panihati Municipal area.

This is for favour of kind perusal & necessary action.

Encl : as above

Yours faithfully,

*[Signature]*

Chairman  
Panihati Municipality.

**Chairman**  
**Panihati Municipality**





**Statement Of Expenditure For the Financial Year 2015-2016**

Fund received for the purpose of/ Activity ..... **Dengue Prevention and Control Activity**  
**held on June, July & August, 2015 ROUND IN PANIHATI MUNICIPALITY**

Sl No.	Particulars	Opening Balance as on 1.4.2012 (Equals to the Cl.Bal.of previous year's submitted UC, photocopy of which is enclosed)	Fund Received during the year 2011-2012 (Photocopy of relevant allotment letter enclosed)	Expenditure incurred during the financial year (Brood Head wise, such as- HR, Mobility, IEC, Contingency etc.)	Closing Balance as on
(a)	(b)	(c)	(d)	(e)	(f)
01.	Bank Interest & Income from other source	Rs.	Rs.	Rs.	Rs.
02.	Fund Received for the respective Programme  Sanction letter no.  SUDA-Health/65(Pt.IV)/13/121(45) date : 07.08.2015 of the SUDA. For the purpose of  Dengue Prevention and Control Activity held on June, July & August, 2015 Round in Panihati Municipal area	Rs. NIL	Rs.8,43,750=00  <b>Total :-</b> Rs. 8,43,750=00	Name of the Rs. Broad Hand a) Volunteer Honorarium : Rs. 7,47,750=00 b) Supervisors: Rs. 90000=00 c) ULB Staff Rs. 6000=00  <b>Total : Rs.8,43,750=00</b>	Rs.NIL
	<b>Total</b>				

Certified that the above statement shows true & fair view of the state of affairs

Signature of the Finance Officer  
With date & official seal

**Finance Officer**  
**Panihati Municipality**

Enclosure :-

- 1) Original copy of current year's audited U.C. in GFR 19-A from.
- 2) Photocopy of last year's submitted U.C.
- 3) Photocopy of allotment letter.
- 4)

Signature of the Executive Programme Officer :

**HEALTH OFFICER**  
**Panihati Municipality**

Performance achieved in the unit of .....  
By spending the sanctioned fund for the purpose of approval of the Programme

Signature of the Chairperson/Secretary  
With date & official seal

**Chairman**  
**Panihati Municipality**



## UTILIZATION CERTIFICATE

For the Financial Year 2014-2015

Sl. No.	Sanction Letter No. Dated.	Purpose	Amount
	SUDA-Health/65(Pt.IV)/13/121(45) date : 07.08.2015 of the SUDA.	Dengue Prevention and Control Activity held on June, July & August, 2015 Round in Panihati Municipal area	Rs. 8,43,750=00  <b>Total :- Rs. 8,43,750=00</b>
	<b>Total:</b>		<b>Rs. 8,43,750=00</b>

1. Certified that out of **Rs: 8,43,750=00** (Rupees Eight Lakh Forty Three thousand Seven hundred Fifty only) of grants-in-aid received during the year 2015 In favour of ( Name of Organization) **PANIHATI MUNICIPALITY** under this Department Letter no. given in the margin and Rs. NIL( Rupees NIL )on account of unspent balance of previous year, a sum of **Rs: 8,43,750=00** (Rupees Eight Lakh Forty Three thousand Seven hundred Fifty only) has been utilized for the purpose of **Dengue Prevention and Control Activity held on June, July & August, 2015** Round in Panihati Municipal area for which it was sanctioned and that the balance of Rs. Nil( Rupees NIL only)remaining unutilized at the end of the year will be adjusted towards the grant-in-aid payable during the next year.....
2. Certified that I have satisfied myself that the conditions on which the grants-in-aid was sanctioned have been duly fulfilled and that I have exercised the following checks to that the money was actually utilized for the purpose for which it was sanctioned.

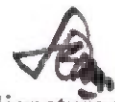
Kinds of checks exercised :

1. Vouchers
2. Cash Book
3. Ledger
4. Monthly Statement of Expenditure.
5. Fund position report.
6. Annual audited accounts.



Signature of the Finance Officer  
With date & official seal

**Finance Officer**  
**Panihati Municipality**



Signature with  
Designation

**Chairman**  
**Panihati Municipality**

Enclosure :-

- 5) Original copy of S.O.E. ( In prescribed new format)
- 6) Photocopy of last year's submitted U.C.
- 7) Photocopy of allotment letter.





Handwritten: 4-1-18 / 20/15

Handwritten: 30

Ph. : 2553-2909/2563-4457  
Fax : 2553-1487

From : Sri Swapan Ghosh  
Chairman,  
Panihati Municipality

Office of  
*The Municipal Councillors*  
of Panihati  
PANIHATI, KOLKATA - 700 114

Date:- March 19, 2016

MemoNo : PM/H/VBD/ 2016/306

Dated : 19 - 03 - 2016

To  
The Director, SUDA,  
"ILGUS" Bhawan  
Salt Lake  
Kolkata.

Sub : Submission of UC & SOE in respect of Dengue Prevention and Control Activity held on **September, October, 2015** Round in Panihati Municipal area as per guidelines.

Memo No: SUDA-Health/65(Pt.IV)/13/280(43) date : 14.01.2016

Sir,

Enclosed please find here with the UC & SOE in respect of **Dengue Prevention and Control Activity** held on **September, October 2015** Round in Panihati Municipal area.

This is for favour of kind perusal & necessary action.

Encl : as above



Yours faithfully,

Chairman  
Panihati Municipality.

*Chairman*  
Panihati Municipality

**Statement Of Expenditure For the Financial Year 2015-2016**

Fund received for the purpose of/ Activity ..... **Dengue Prevention and Control Activity**  
held on September, October, 2015 ROUND IN PANIHATI MUNICIPALITY

Sl No.	Particulars	Opening Balance as on 1.4.2012 (Equals to the Cl.Bal.of previous year's submitted UC, photocopy of which is enclosed)	Fund Received during the year 2011-2012 (Photocopy of relevant allotment letter enclosed)	Expenditure incurred during the financial year (Brood Head wise, such as- HR, Mobility, IEC, Contingency etc.)	Closing Balance as on
(a)	(b)	(c)	(d)	(e)	(f)
01.	Bank Interest & Income from other source	Rs.	Rs.	Rs.	Rs.
02.	Fund Received for the respective Programme Sanction letter no. SUDA-Health/65(Pt.IV)/13/280(43) date : 14.01.2016 Dengue Prevention and Control Activity held on <b>September, October,2015</b> Round in Panihati Municipal area	Rs. NIL	Rs. <b>562500=00</b>  <b>Total :-</b> Rs. <b>562500=00</b>	Name of the Rs. Broad Hand a) Volunteer Honorarium : Rs. 477300=00 b) Supervisors: Rs. 84000=00 c) ULB Staff Rs. 1200=00  <b>Total : Rs.562500=00</b>	Rs.NIL
	Total				

*Handwritten signature*  
19103116

Performance should be authenticated by the respective Programme Officer :

**HEALTH OFFICER**  
**Panihati Municipality**

Enclosure :-

- 1) Original copy of current year's audited U.C. in GFR 19-A from.
- 2) Photocopy of last year's submitted U.C.
- 3) Photocopy of allotment letter.
- 4)

Performance achieved in the unit of .....  
By spending the sanctioned fund for the purpose of approval of the Programme

*Handwritten signature*

Signature of the Chairperson/Secretary  
With date & official seal

**Chairman**  
**Panihati Municipality**



**UTILIZATION CERTIFICATE**  
For the Financial Year 2014-2015

Sl. No.	Sanction Letter No. Dated.	Purpose	Amount
	SUDA-Health/65(Pt.IV)/13/280(43) date : 14.01.2016	Dengue Prevention and Control Activity held on <b>September, October, 2015</b> Round in Panihati Municipal area	Rs. 562500=00  Total :- Rs. 562500=00
	<b>Total:</b>		Rs. 562500=00

1. Certified that out of **Rs. 562500=00** (Rupees Five Lakh Sixty Two thousand Five hundred only) of grants-in-aid received during the year 2015 In favour of ( Name of Organization) **PANIHATI MUNICIPALITY** under this Department Letter no. given in the margin and Rs. NIL( Rupees NIL )on account of unspent balance of previous year, a sum of **Rs. 562500=00** (Rupees Five Lakh Sixty Two thousand Five hundred only) has been utilized for the purpose of **Dengue Prevention and Control Activity** held on **June, July & August, 2015** Round in Panihati Municipal area for which it was sanctioned and that the balance of Rs. Nil( Rupees NIL only)remaining unutilized at the end of the year will be adjusted towards the grant-in-aid payable during the next year.....
2. Certified that I have satisfied myself that the conditions on which the grants-in-aid was sanctioned have been duly fulfilled and that I have exercised the following checks to that the money was actually utilized for the purpose for which it was sanctioned.

Kinds of checks exercised :

1. Vouchers
2. Cash Book
3. Ledger
4. Monthly Statement of Expenditure.
5. Fund position report.
6. Annual audited accounts.

Enclosure :-

- 5) Original copy of S.O.E. ( in prescribed new format)
- 6) Photocopy of last year's submitted U.C.
- 7) Photocopy of allotment letter.

  
Signature with  
Designation  
**Chairman**  
Panihati Municipality



H TH  
2015

2A



## NORTH DUM DUM MUNICIPALITY

163, M.B. ROAD, BIRATI, KOLKATA-700051.

PHONE: (033)2514-2101/2514-2494, FAX-(033)2514-2990

WEBSITE: <http://www.northdumdummunicipality.org>

E-mail ID: [nddmboc@bsnl.in](mailto:nddmboc@bsnl.in)

Memo No. NDDM / UPHCSI / 1147

Dated: 05.04.2016

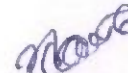
To  
The Director, SUDA,  
H-C Block, Sector-III, ILGUS Bhavan,  
Bidhan Nagar,  
Kolkata- 700091.



Sir,

Submitting herewith the statement of expenditure ( SOE ) & Utilisation certificate of fund of House to House Dengue Survey for the months of November'15 under North Dum Dum Municipality.

Thanking you.

  
Chairman,  
North Dum Dum Municipality.

Dengue Survey Programme ( For the month of November'15 )  
North Dum Dum Municipality  
Statement of fund received and SOE submitted.

( Amount in Rs.)

B/F Balance	0.00	0.00	0.00	0.00	0.00
Fund received	187125.00	0.00	0.00	0.00	187125.00
Total available Fund	187125.00	0.00	0.00	0.00	187125.00
SOE Submitted	187125.00	0.00	0.00	0.00	187125.00
Balance in hand	0.00	0.00	0.00	0.00	0.00

  
Signature of the Chairperson/Vice-Chairperson

North Dum Dum Municipality

Voucher details., House to house Visit for Prevention &amp; Control of Vector Borne Diseases November'15 of 2015-2016.

Voucher no. and date	Item of expenditure	Nature of expenditure	Amount (In Rs.)
004263 dt. 16.03.2016	Honorarium	Honorarium to Clerical Staffs	1500.00
004263 dt. 16.03.2016		Honorarium to Supervisors	16875.00
004263 dt. 16.03.2016		Honorarium to HHW's / Volunteers	168750.00
		Total :-	187125.00

NB: Enclosed xerox copies of payment sheets and vouchers.

Signature of Chairperson / Vice - Chairperson





H-1-A  
2015

39

Annexure - 1.

Dengue Survey Programme

North Dum Dum Municipality

For the months of June'15 - August'15

Statement of fund received and SOE submitted.

(Amount in Rs.)

B/F					
Balance	0.00	0.00	0.00	0.00	0.00
Fund received	561375.00	0.00	0.00	0.00	561375.00
Total available fund.	561375.00	0.00	0.00	0.00	561375.00
SOE submitted	561375.00	0.00	0.00	0.00	561375.00
Balance in hand	0.00	0.00	0.00	0.00	0.00

*Mans*

Signature of the Chairperson/vice-chairperson

**North Dum Dum Municipality**

Voucher details, House to house visit for Prevention & Control of Vector Borne Diseases ( June'15 - August'15 ) of 2015-2016.

Voucher no. and date	Item of expenditure	Nature of expenditure	Amount (In Rs.)
001921 dt. 17.09.2015	Honorarium	Honorarium to Clerical Staffs	50625.00
001920 dt. 17.09.2015		Honorarium to Supervisors	4500.00
001923 dt. 17.09.2015		Honorarium to HHWs / Volunteers	506250.00
		Total	561375.00

NB Enclosed xerox copies of payment sheets and vouchers.



Signature of Chairperson / View Chairperson



## NORTH DUM DUM MUNICIPALITY

163, M.B. ROAD, BIRATI, KOLKATA-700051.

PHONE: (033)2514-2101/2514-2494, FAX-(033)2514-2990

WEBSITE: <http://www.northdumdummunicipality.org>

E-mail ID: [nddmboc@bsnl.in](mailto:nddmboc@bsnl.in)

Memo No. NDDM / UPHCS/

Dated: 03.03.2016

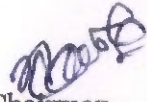
To  
The Director, SUDA,  
H-C Block, Sector-III, ILGUS Bhavan,  
Bidhan Nagar,  
Kolkata- 700091.



Sir,

Submitting herewith the statement of expenditure ( SOE ) & Utilisation certificate of fund of House to House Dengue Survey for the months of September'15 & October'15 under North Dum Dum Municipality.

Thanking you.

  
Chairman,  
North Dum Dum Municipality.

**Dengue Survey Programme ( For the months of September'15 - October'15 )****North Dum Dum Municipality**

Statement of fund received and SOE submitted.

(Amount in Rs.)

B/F Balance	0.00	0.00	0.00	0.00	0.00
Fund received	374250.00	0.00	0.00	0.00	374250.00
Total available Fund	374250.00	0.00	0.00	0.00	374250.00
SOE Submitted	374250.00	0.00	0.00	0.00	374250.00
Balance in hand	0.00	0.00	0.00	0.00	0.00


Signature of the Chairperson/Vice-Chairperson  
North Dum Dum Municipality

North Dum Dum Municipality.

Voucher details., House to house Visit for Prevention & Control of Vector Borne Diseases ( September'15 - October'15 )  
of 2015-2016.

Voucher no. and date	Item of expenditure	Nature of expenditure	Amount (In Rs.)
003668 date 02.02.2016	Honorarium	Honorarium to Clerical Staffs	3000.00
003668 date 02.02.2016		Honorarium to Supervisors	33750.00
003668 date 02.02.2016		Honorarium to HHW's / Volunteers	337500.00
Total :			374250.00

NB: Enclosed xerox copies of payment sheets and vouchers.

  
Signature of Chairperson / Vice-Chairperson,  
North Dum Dum Municipality.

# MAHESHTALA MUNICIPALITY



ESTD. 1993

OFFICE OF THE BOARD OF COUNCILLORS

P.O. - MAHESHTALA, DIST. : SOUTH 24 - PARGANAS, PIN - 700 141

Phone : 2490-1651, 2490-3389, Fax : 2490 9296

Ref. No. 1378 / IV.B/MM/23

Date 06.10.15

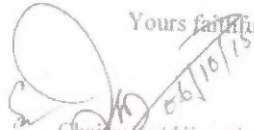
To,  
Dr. Shibani Goswami,  
Project Officer, Health, SUDA

Sub :- SOE & UC of Dengue Fund.

Madam,

The details break-up of SOE & UC for the Month of May 2013 (arrear) & June, July & August 2015 & fund position till date relating to Dengue House to House visit for prevention & control of Vector Borne Diseases in Urban Area is enclosed herewith.

Yours faithfully

  
Chairman / Vice-chairman  
Maheshtala Municipality

RLAC  
06/10/15

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

Certified that out of Rs 947750/- of Grants-in-aid sanctioned during June, July & August 2015 round (along with arrear May 2013 round), in favour of Maheshtala Municipality under this Ministry / Department letter no given in the margin and a sum of Rs.907700/- has been utilized for the purpose it was sanctioned and the balance of Rs 40050/ remaining unutilized at the end of August 2015 round

SL. No.	Letter No.	Date	Amount (in Rs.)
1	SUDA-Health/65(Pt IV)/13/121(45)	07/08/2015	947750
<b>Total</b>			<b>947750</b>

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

*See A.C.*  
*09/08/15*

*[Handwritten Signature]*  
*07/08/15*

Chairman / Vice-chairman  
Maheshtala Municipality

# MAHESHTALA MUNICIPALITY



ESTD. - 1993

OFFICE OF THE BOARD OF COUNCILLORS

P.O. - MAHESHTALA, DIST. : SOUTH 24 - PARGANAS, PIN - 700 141

Phone : 2490-1651, 2490-3389, Fax : 2490 9296

Ref. No. ....

Date .....

**Voucher Details Statement for the Month of May 2013 (arrear), & June, July & August' 2015 relating to House to House Visit for prevention & Control of Vector Borne Diseases in Urban Areas :**

Voucher No & Date	Item of Expenditure	Nature of Expenditure	Amount in Rs.
CV 591, 29/09/2015	House to House Visit	a) Hon. To H to H team members b) Hon. To Supervisor c) Hon. For Reporting	816200/- 86500/- 5000/-
Total Amount			Rs.907700/-

*M.A.E.*  
Health Officer  
Maheshtala Municipality

*06/10/15*  
Chairman / Vice-chairman  
Maheshtala Municipality



# MAHESHTALA MUNICIPALITY



ESTD. : 1993

OFFICE OF THE BOARD OF COUNCILLORS

P.O. - MAHESHTALA, DIST. : SOUTH 24 - PARGANAS, PIN - 700 141

Phone : 2490-1651, 2490-3389, Fax : 2490 9296

Ref. No. ....

Date .....

To  
Dr. Shibani Goswami,  
Project Officer,  
Health, SUDA.

**Sub :- Requisition of Fund for Dengue H to H Activity for  
September & October 2015 Round.**

- (1) H to H team Members & Supervisors –  
Rs. 268950 /- + Rs. 269700/- = Rs. 538650/-
  - (2) Office Staffs for Reporting –  
Rs. 1500/- + Rs. 1500/- = Rs. 3000/-
- Total Amount = Rs. 541650/-

*S. C. G.*  
Health Officer  
Maheshtala Municipality

# MAHESHTALA MUNICIPALITY



ESTD. : 1993

OFFICE OF THE BOARD OF COUNCILLORS

P.O. - MAHESHTALA, DIST. : SOUTH 24 - PARGANAS, PIN - 700 141

Phone : 2490-1651, 2490-3389, Fax : 2490 9296

Ref. No. 1381 / IV B/MM/23

Date 06.10.15

To,  
Dr. Shibani Goswami,  
Project Officer, Health, SUDA



**Sub :- SOE & UC of Dengue Fund.**

Madam,

The details break-up of SOE & UC for the Month of May 2013 (arrear) & June, July & August 2015 & fund position till date relating to Dengue House to House visit for prevention & control of Vector Borne Diseases in Urban Area is enclosed herewith.

Yours faithfully

Chairman / Vice-chairman  
Maheshtala Municipality

SUA.  
06/10/15.

# MAHESHTALA MUNICIPALITY



ESTD. : 1993

OFFICE OF THE BOARD OF COUNCILLORS

P.O. - MAHESHTALA, DIST. : SOUTH 24 - PARGANAS, PIN - 700 141

Phone : 2490-1651, 2490-3389, Fax : 2490 9296

Ref. No. ....

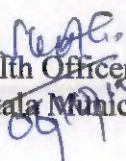
Date .....

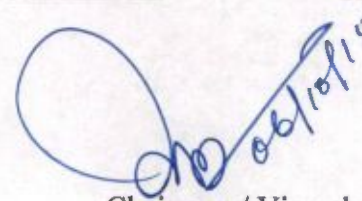
**Voucher Details Statement for the Month of May 2013 (arrear), & June, July & August' 2015 relating to House to House Visit for prevention & Control of Vector Borne Diseases in Urban Arias :**

Voucher No & Date	Item of Expenditure	Nature of Expenditure	Amount in Rs.
CV 591, 29/09/2015	House to House Visit	a) Hon. To H to H team members	816200/-
		b) Hon. To Supervisor	86500/-
		c) Hon. For Reporting	5000/-

Total Amount

Rs.907700/-

  
Health Officer  
Maheshtala Municipality

  
Chairman / Vice-chairman  
Maheshtala Municipality

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

Certified that out of Rs 947750/- of Grants-in-aid sanctioned during June, July & August 2015 round (along with arrear May 2013 round), in favour of Maheshtala Municipality under this Ministry / Department letter no. given in the margin and a sum of Rs.907700/- has been utilized for the purpose it was sanctioned and the balance of Rs 40050/ remaining unutilized at the end of August 2015 round.

SL. No.	Letter No.	Date	Amount (in Rs.)
1	SUDA-Health/65(Pt IV)/13/121(45)	07/08/2015	947750
<b>Total</b>			<b>947750</b>

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

*Recd.*  
*06/10/15.*

*[Signature]*  
*06/10/15*

**Chairman / Vice-chairman**  
**Maheshtala Municipality**

**FORM SR - 330 A**

Of the Treasury Rules, West Bengal and the subsidiary Rules made there under, Volume -I

**FORM OF UTILISATION CERTIFICATE**

Sl. No	Letter No. and date	Amount (Rs. in Lakh)
1.	SUDA-Health/65(Pt-VI)/13/121(45) dt: 07/08/2015	✓ 2,02,500.00
2.	SUDA-Health/65(Pt-VII)/14/122(126) dt: 07/08/2015	₹. 2,14,000.00
TOTAL		₹. 4,16,500.00

Certified that out of ₹. 4,16,500.00 grants-in-aid sanctioned during the year 2014-2015 towards *Vector Borne Diseases* under this Letter No. given in the margin, a sum of ₹.4,16,500.00 only has been utilized for which it was sanctioned and that the balance of ₹.NIL remaining unutilized in the hand at the end of .....

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

Kinds of Checks exercised.

- 01.
- 02.
- 03.
- 04.
- 05.

Signature : *Parash Paul*  
Chairman  
Designation : Khardah Municipality

Date :

Hrd.H  
2015  
28

Kdh(m)/907/16,

FORM GFR 19-A

date - 30/03/16

(See Government of India's Decision (1) below Rule 150)

Name of the Organisation: District Health & Family Welfare Samiti, North 24 Parganas  
Address: Dist. Hospital Campus P.O. & P.S. - Barasat, Kolkata - 700124



1-4-16

Utilisation Certificate

Sept. 2015 and Oct. 2015

For the financial year 2015-2016

Sl. No	Sanction Letter No. and Date	Purpose	Amount (Rs.)
1	SUDA-Health/65(Pt-IV)/ 13/280 (13), Date:- 14.01.2016	Dengue/ Chikungunya	Rs. 1,35,000/-
Total			Rs. 1,35,000/-

Certified that out of the Rs. 1,35,000/- (One lakh thirty five thousand) of grant-in-aids received during the year 2015-2016 in favour of District Health & Family Welfare Samiti....., North 24 Parganas under this Department letter no. given in the margin and Rs. Nil /- ( Nil ) on account of unspent balance of the previous year, a sum of Rs.            /- (            ) has been utilised for the purpose for which it was sanctioned and that the balance Rs. Nil /- (            ) remaining unutilised at the end of March, 2016, will be adjusted towards the grant-in-aids payable during the next financial year 20\_\_-20\_\_.

2. Certified that I have satisfied myself that the conditions on which the grant-in-aids was sanctioned have been duly fulfilled and that I have exercised the following checks to see that the money was actually utilised for the purpose for which it was sanctioned.

Kinds of checks exercised:

1. Vouchers, 2. Cash Book, 3. Ledger.
4. Monthly Statement of Expenditure.
5. Fund position reports.
6. Annual audited accounts.

Signature with date Naresh Paul  
Chairman

Designation Chairman Municipality

Stamp of the authorized signatory

Signature of the auditor  
With date & official seal

Naresh Paul  
Health Officer  
Khardah Municipality

- Enclosure:
1. Original Copy of S.O.E. (in prescribed new format)
  2. Photocopy of last year's submitted U.C.
  3. Photocopy of allotment letter

**Statement of Expenditure For The Financial Year 2010 – 2011**

Fund received for the purpose of /Activity Dengue/Chikungunya

Name of the Organisation: District Health & Family Welfare Samiti, North 24 Parganas  
Address: Dist. Hospital Campus P.O.& P.S.– Barasat, Kolkata – 700124

Sl. No.	Particulars	Opening Balance as on 01/04/2010 <i>(Equals to the Cl. Bal. of previous year's submitted UC" photocopy of which is enclosed)</i>	Fund Received during the year <u>2010-11</u> <u>2011-2012</u> <i>(Photocopy of relevant allotment letter enclosed)</i>	Expenditure incurred during the financial year <i>(Broad Head wise, such as - HR, Mobility, IEC, Contingency etc.)</i>	Closing Balance as on 31/03/2011
A)	(B)	(C)	(D)	(E)	(F)
01	Bank Interest & Income from other sources	Rs.	Rs.	Rs.	Rs.
02	Fund received for the respective programme <u>Dengue/Chikungunya</u>  Sanction letter no, & date <u>SUDA-Healthy 65(PH-N)/13/280/13</u> <u>dt. 14.01.2016</u>  For the purpose of <u>Dengue Survey,</u>	Rs. Nil	Rs. 1,35,000/-	Name of the Broad Head <u>Abstract that a) of Expenditure is enclosed b) with U.R. Formals c) GFR-19A</u>  d) <u>Rs. 1,35,000/-</u> e) f) g) h) Total	Rs. Nil.
Total			<u>Rs. 1,35,000/-</u>	<u>Rs. 1,35,000/-</u>	<u>Nil</u>

Certified that the above statement shows true & fair view of the state of affairs

Signature of the auditor with date & official seal

Performance achieved in the unit of \_\_\_\_\_ by spending the sanctioned fund for the purpose of \_\_\_\_\_ approval of the programme  
*Chairman*  
**Khordah Municipality**

Signature of the Chairperson / Secretary with date & official seal

Performance should be authenticated by the respective Programme Officer:

Signature of the Programme Officer with date & official seal

**Enclosure:-**

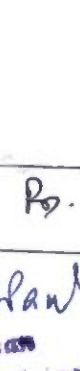
1. Original copy of current year's audited U.C. in GFR 19-A form.
2. Photocopy of last year's submitted U.C.
3. Photocopy of allotment letter.

*Health Officer*  
**Khordah Municipality**

Abstract List For the Expenditure of Dengue/  
Chikungunya activities under Khardah Municipality  
Side Memo No. - "SUDA-Health/65 (Pt-IV)/13/280 (43)  
Date 14.01.2016.

Date	Particulars of Expenditure	Amount,
Sept. 2015	Expenses for the U.L.B @ 75/- X 4 X 5 days —	Rs. 1500 = 00
" "	" " " " Supervisor Salary @ 75/- X 16 Nos X 5 days,	Rs. 6000 = 00
" "	" " " " H.H.W's @ 75/- X 160 Nos X 5 days,	Rs. 60,000 = 00
Oct. 2015	Expenses for the U.L.B @ 75/- X 4 Nos X 5 days	Total: - Rs. 67500 = 00
" "	" " " " Supervisor Salary @ 75/- X 16 Nos X 5 days,	Rs. 1500 = 00
" "	" " " " H.H.W's @ 75/- X 160 Nos X 5 days,	Rs. 60,000 = 00
Total: -		Rs. 67500 = 00
(Represents one lakh thirty five thousand)		
Grand Total: -		Rs. 1,35,000 = 00

  
Health Officer  
Khardah Municipality

  
Chairman  
Khardah Municipality





OFFICE OF THE MUNICIPAL COUNCILLORS OF KHARDAH  
KHARDAH MUNICIPAL OFFICE  
B.T.ROAD, KHARDAH, NORTH 24-PARGANAS, KOLKATA – 700 117

Handwritten: Handwritten June to Aug. 15

Handwritten: 26

No: Kdh.M/473/15

Date: 15/10/15

From: Sri Taposh Paul  
Chairman, Khardah Municipality



Handwritten: POCH) with an arrow pointing to the right and a signature below it.

To,  
The Director  
SUDA, ILGUS Bhavan  
Sector -III, Bidhannagar,  
Salt Lake, Kolkata -700106

Sub: Submission of SOE of House to House Survey work to prevent Dengue & Chikunguniya for the month of June, July, August 2015.

Sir / Madam,

I am herewith sending the SOE for Expenditure towards House to House Survey work to prevent Dengue and Chikunguniya for the month of June, July & August 2015 as per fund received by sanctioned letter no – SUDA Health/65/(Pt-IV)/10/121(45) dt: 07/08/2015 of Rs. 2,02,500/-.

Thanking you,

Yours sincerely,

Handwritten signature of Sri Taposh Paul

Taposh Paul  
Chairman  
Khardah Municipality  
Chairman  
Khardah Municipality

## FORM GFR 19-A

(See Government of India's Decision (1) below Rule 150)

Name of the Organisation: District Health & Family Welfare Samiti, North 24 Parganas  
Address: Dist. Hospital Campus P.O. & P.S. - Barasat, Kolkata - 700124

### Utilisation Certificate FOR JUNE, JULY, AUGUST 2015.

For the financial year 20\_\_ - 20\_\_

Sl. No.	Sanction Letter No. and Date	Purpose	Amount (Rs.)
1	Ref. No. :- SUDA-Health/65/ (Pt.-N)/13/121 (45). Date :- 07.08.2015.	Prevention and control of Dengue work	Rs. 2,02,500.00
Total			Rs. 2,02,500.00

Certified that out of the Rs. 2,02,500/- (Two Lakh two thousand five hundred) of grant-in-aids received during the year 2015-2016 in favour of District Health & Family Welfare Samiti....., North 24 Parganas under this Department letter no. given in the margin and Rs. Nil /- ( Nil ) on account of unspent balance of the previous year, a sum of Rs. 2,02,500/- (Two Lakh two thousand five hundred) has been utilised for the purpose for which it was sanctioned and that the balance Rs. Nil /- ( Nil ) remaining unutilised at the end of March, 20\_\_ will be adjusted towards the grant-in-aids payable during the next financial year 20\_\_ - 20\_\_.

2. Certified that I have satisfied myself that the conditions on which the grant-in-aids was sanctioned have been duly fulfilled and that I have exercised the following checks to see that the money was actually utilised for the purpose for which it was sanctioned.

Kinds of checks exercised:

1. Vouchers, 2. Cash Book, 3. Ledger.
4. Monthly Statement of Expenditure.
5. Fund position reports.
6. Annual audited accounts.

Signature with date ..... 21/10/15

Designation ..... Chairman Municipality

Stamp of the authorized signatory

  
**Health Officer**  
**Khurda Municipality**

Signature of the auditor  
With date & official seal

- Enclosure:
1. Original Copy of S.O.E. (in prescribed new format)
  2. Photocopy of last year's submitted U.C.
  3. Photocopy of allotment letter

2015-2016.

**Statement of Expenditure For The Financial Year 2010-2011**


Fund received for the purpose of /Activity Dengue/Chikungunya work.

Name of the Organisation: District Health & Family Welfare Samiti, North 24 Parganas  
Address: Dist. Hospital Campus P.O.& P.S.- Barasat, Kolkata - 700124

Sl. No.	Particulars	Opening Balance as on 01/04/2010 (Equals to the Cl. Bal. of previous year's submitted UC" photocopy of which is enclosed)	Fund Received during the year 2010-11 2015-16 (Photocopy of relevant allotment letter enclosed)	Expenditure incurred during the financial year (Broad Head wise, such as - HR, Mobility, IEC, Contingency etc.)	Closing Balance as on 31/03/2011
A)	(B)	(C)	(D)	(E)	(F)
01	Bank Interest & Income from other sources	Rs.	Rs.	Rs.	Rs.
02	Fund received for the respective programme <u>Dengue/Chikungunya work.</u>  Sanction letter no, & date <u>SUDA-Healthy 65(Pt-V)/13/121(45). Date 07.08.2015</u> For the purpose of <u>Dengue/Chikungunya Programme.</u>	Rs. Nil	Rs. 2,02,500/-	Name of the Broad Head Rs. a) Honorarium For H.H.W.S. b) " for Supervisors c) " For U.L.B. d) e) f) g) h) Total	Rs. Nil
Total			Rs. 2,02,500/-	Rs. 2,02,500/-	Nil

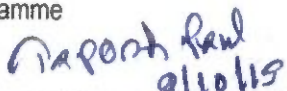
Certified that the above statement shows true & fair view of the state of affairs

Signature of the auditor with date & official seal

  
**Health Officer**  
**Khardah Municipality**

Performance achieved in the unit of \_\_\_\_\_ by spending the sanctioned fund for the purpose of approval of the programme

Signature of the Chairperson / Secretary with date & official seal

  
Chairperson

Performance should be authenticated by the respective Programme Officer:

Signature of the Programme Officer with date & official seal

  
**Health Officer**  
**Khardah Municipality**

**Enclosure:-**


1. Original copy of current year's audited U.C. in GFR 19-A form.
2. Photocopy of last year's submitted U.C.
3. Photocopy of allotment letter.

Abstract Report For the Expenditure of Dengue/Chikungunya Programme for the Period from June, July and August 2015 under Khardah Municipality vide Memo No. - SUDA-Health/65 (Pt.-N)/13/121 (45) Date 07.08.2015.

Date	Particulars of Expenditure	Amount
10.6.2015 TO 14.6.2015	Expenses for the H.H.Ns for Visiting House to House for Ducking Dengue Case @ 75/- X 5 days X 160 Nos! -	Rs. 60,000=00
-do-	Expenses for the Supervisors for Checking House to House @ 75/- X 5 days X 16 Nos! -	Rs. 6,000=00
-do-	Expenses for the ULB for visiting area - @ 75/- X 5 days X 4 Nos! -	Rs. 1500=00
21.7.2015 TO 25.7.2015	Expenses for the H.H.Ns for Visiting House to House for Searching Dengue Case @ 75/- X 5 days X 160 Nos! -	Rs. 60,000=00
-do-	Expenses for the Supervisors for Checking House to House @ 75/- X 5 days X 16 Nos	Rs. 6,000=00
-do-	Expenses for ULB for visiting area - @ 75/- X 5 days X 4 Nos!	Rs. 1500=00
10.8.2015 TO 14.8.2015	Expenses for the H.H.Ns for Visiting House to House for Searching Dengue Case. @ 75/- X 5 days X 160 Nos. - -	Rs. 60,000=00
-do-	Expenses for the Supervisors for Checking House to House @ 75/- X 5 days X 16 Nos.	Rs. 6,000=00
-do-	Expenses for the ULB for Visiting Area. @ 75/- X 5 days X 4 Nos!	Rs. 1500=00

Total :- Rs. 2,02,500=00

(Rupees Two Lakh two thousand five hundred) only,

  
Health Officer  
Khardah Municipality

H T H .

# KHARAGPUR MUNICIPALITY

## UPHCS

25

Memo No. : 07 UPHCS -1/47/16

Date 9.2.16

To,

The Addl. Director &  
Financial Advisor, SUDA,  
SUDA Bhavan, H-C Block,  
Sector-III, Salt Lake,  
Kolkata-700106.



Sub:- Submission of Utilisation Certificate, SOE etc in House to House Survey relation to Dengue/Chikengunia Prevention and Control for September and October, 2015.

Ref:- Order No.-SUDA-Health/65(Pt-IV)/13/280(43) dt.14.1.16.

Sir,

With reference to above, I submit the Utilisation Certificate SOE in the House to House survey relation to Dengue/Chikengunia Prevention and Control for the months of September and October, 2015 under Kharagpur Municipality for favour of information and necessary acti

Thanking you,

yours faithfully,

Chairman  
Kharagpur Municipality

Encl: As stated.



U. P. H. C. S.

KHARAGPUR MUNICIPALITY

VOUCHER DETAILS STATEMENT FOR SEPTEMBER AND OCTOBER, 2015)

VOUCHER NO & DATE	ITEM OF EXPENDITURE	NATURE OF EXPENDITURE	AMOUNT
311/A dt.17.1.16	House to House Servey	Honorarium of <del>Supervisor</del> VolunTERS	Rs. 324000/-
311/B --do--	--do--	Honorarium of Supervisor	Rs. 32250/-
311/C --do--	--do--	Honorarium of ULB Staff	Rs. 3000/-

Total Rs. 359250/-



Chairman  
Kharagpur Municipality



U. P. H. C. S.

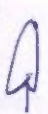
KHARAGPUR MUNICIPALITY

Name of the Scheme :- Survey of Dengue etc.

Fund received and statement of expenditure for September and October, 2015

	HONORARIUM OF SUPERVISOR	HONORARIUM OF VOLUNTEERS	HONORARIUM OF U. L. B. STAFF	TOTAL
B. F. Balance	--	--	--	Rs. (-) 4500/-
FUND RECEIVED	--	--	--	Rs. 363750/-
TOTAL AVAILABLE FUND	--	--	--	Rs. 359250/-
EXPENDITURE	32250/-	3240000/-	3000/-	Rs. 359250/-
Balance In HAND	nil	nil	nil	Nil



  
Chairman  
Kharaipur Municipality

U. P. H. C. S.  
K H A R A G P U R M U N I C I P A L I T Y

UTILISATION CERTIFICATE

(From No.-S.R. 330 A)

ANNEXURE-IV.  
.....

SL.NO.	LETTER NO & DATE	AMOUNT(INRS.)
1.	SUDA-Health/65(Pt-IV)/13/280(43) dt.14.01.16	Rs.363750/-
	TOTAL:-	Rs. 363750/-

Certified that  
out of Rs.-----  
363750/-  
of Grants-in-aid  
sanctioned  
during the  
year 2013-14  
in favour of  
Kharagpur  
Municipality  
under this  
ministry/ Depar  
ment letter no.  
given in the  
margin and


Rs.----- (-) 4500/-  
Rs.----- on account of unspent balance of the  
previous year, a sum of Rs.-----  
Rs. 359250/- has been utilised for  
the purpose it was sanctioned and the balance of Rs.----- Nil  
remaining utilised at the end of the ----- Quarter has been carried  
forwards to the A/C of next Quarter of FY.----- 2015-16

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 actual  
utilised 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  
Kharagpur Municipality



# KHARAGPUR MUNICIPALITY

## UPHCS

25

H/Tit

Memo No. : 64 UPHCS -I-47/15

Date 19.08.2015

To,

The Addl. Director &  
Financial Advisor, SUDA,  
SUDA Bhavan, H-C Block,  
Sector-III, Salt Lake,  
Kolkata-700106.



Sub: Submission of Utilisation Certificate, SOE etc in House  
to House survey relating to Dengue/Chikengunia Prevention  
and Control for June to August, 2015.

Ref:- Order No.- SUDA-Health/65(Pt-IV)/13/121(45) dt.7.8.15.

Sir,

With reference to above, I submit the Utilisation certificate,  
SOE ~~and~~ in the House to house survey relating to Dengue/Chikengunia  
Prevention and Control for the months from June to August, 2015 under  
Kharagpur Municipality for favour of information and necessary action.

Thanking you,

yours faithfully,

Chairman  
Kharagpur Municipality

Encl: SOE & U.C.  
(June to August, 2015)



## Annexure-II

I. P. P. -VIII (Extn)  
 KHARAGPUR MUNICIPALITY

VOUCHER DETAILS STATEMENT FOR THE June to August QUARTER OF FY-~~2008-09~~ 20

VOUCHER NO & DATE	ITEM OF EXPENDITURE	NATURE OF EXPENDITURE	AMOUNT (RS)
343 dt.10.8.15	House to House Survey DENGUE etc	Honorarium of Supervisor (43 x 1125/-)	Rs. 48375.00
344 ----do----	---do---	Honorarium of VolunTERS (436 x 1125/-)	Rs. 490500.00
345 ---- do----	---do---	Honorarium of ULB Staff ( 4 x 1125/-)	Rs. 4500/-
Total			Rs.- 5,43,375/-
(Rupees Five lakhs fourty three thousand three hundred seventy five)only.			



**Chairman**  
 Kharagpur Municipality

U. P. H. C. S.  
KHARAGPUR MUNICIPALITY  
 Name of Scheme:- SURVEY OF DENGUE ETC.

FUND RECEIVED AND STATEMENT OF EXPENDITURE FOR JUNE TO AUGUST, 2015.

	HONORARIUM OF SUPERVISOR	HONORARIUM OF VOLUNTEERS	HONORARIUM OF U.L.B. STAFF	TOTAL
B.F. BALANCE	---	---	---	---
FUND RECEIVED	---	---	---	Rs. 5,38,875/-
TOTAL AVAILABLE FUND	---	---	---	Rs. 5,38,875/-
EXPENDITURE	Rs. 48375/-	Rs. 490500/-	Rs. 4500/-	Rs. 5,43,375/-
BALANCE IN HAND	---	---	---	(-) 4500/-



  
**Chairman**  
 Kharagpur Municipality



I. P. P.-VIII(Extn)  
 KHARAGPUR MUNICIPALITY  
 .....

Annexure-IV.

UTILISATION CERTIFICATE  
 (From No.-S.R.330 A)  
 -----

SL.No.	LETTER NO & DATE	AMOUNT (in Rs.)
1.	SUDA-Health/65(Pt-IV) 13/12(45) dt.7.8. 2015	Rs. 5,38,875/-
	TOTAL	5,38,875/-

Certified that  
 out of Rs.....  
 5,38,875/-  
 of Grants-in-aid  
 sanctioned during  
 the year 2009-10  
 in favour of  
 Kharagpur Municipality under

this Ministry/Department letter no. given in the margin and-  
 Nil  
 Rs..... on account of unspent balance of the previous  
 year, a sum of Rs 5,43,375/- has been utilized for the  
 purpose it was sanctioned and the balance of Rs.....(-)4500/-  
 remaining unutilized at the end of the deficit Quarter has been  
 carried forwards to the A/C of next Quarter of FY.....2015-16;

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]*  
 Chairman  
 Kharagpur Municipality

To  
Suda

W.A.H  
FY-15-16  
24

<b>Kamarhati Municipality</b>			
<b>I-P-P-8 (U.P.H.C.H.)</b>			
Statement showing expenditure of "Dengue Survey" for the month of JUNE 2015 TO AUGUST 2015			
F.Y = 2015-16 B/F-			
<b>MONTH</b>	<b>PAYMENT FOR THE MONTH OF</b>	<b>AMOUNT</b>	<b>TOTAL AMOUNT</b>
	JUN'2015	214875.00	644625.00
	JUL'2015	214875.00	
	AUG'2015	214875.00	

*Chatterjee*

CHAIRMAN / VICE-CHAIRMAN  
KAMARHATI MUNICIPALITY

~~Kamarhati Municipality~~ Vice Chairman  
~~KAMARHATI MUNICIPALITY~~ Kamarhati Municipality

কল্যাণী পৌরসভা : কল্যাণী : নদীয়া

23

পত্রাঙ্ক : ০২২৬/১০.১৫

তারিখ : ০৫.০৯.২০১৫

প্রেরক : নির্বাহী আধিকারিক  
কল্যাণী পৌরসভা



প্রতি : মাননীয় প্রকল্প আধিকারিক  
সুডা (স্বাস্থ্য বিভাগ)  
ইলগাস ভবন  
এইচ.সি.-রক, সেক্টর-৩  
বিধাননগর, কলকাতা-৭০০ ১০৬।

বিষয় : ডেঙ্গু রোগ প্রতিরোধ ও নিয়ন্ত্রন কর্মসূচী।

মহাশয়া,

আপনি অবহিত আছেন যে ২০১৫-১৬ আর্থিক বৎসরে ডেঙ্গু রোগ প্রতিরোধ ও নিয়ন্ত্রন কর্মসূচীতে কল্যাণী পৌরসভার পক্ষে ১৭২ জন স্বাস্থ্যকর্মী সহ স্বেচ্ছাসেবী কর্মী, ১৭ জন সুপারভাইজার ও ৪ জন ইউ.এল.বি স্টাফ (এই হিসাবে সুডায় মাইক্রোপ্লান পাঠানো হয় পরবর্তীতে সুডা তা অনুমোদন করেন) জুন, ১৫ মাস থেকে কল্যাণী পৌর এলাকায় কাজ করছেন।

সুডা থেকে ইতিমধ্যে এই বাবদ ২,১৭,১২৫.০০ টাকা (দুই লক্ষ সতেরো হাজার একশত পঁচিশ টাকা মাত্র) পাওয়া গেছে (Ref. no. SUDA-Health/65(Pt.-IV)/13/121(45) dated 7.8.2015)।

জুন, ২০১৫ থেকে আগষ্ট, ১৫ মাস পর্যন্ত এই কাজে কর্মরত কর্মীদের সাম্মানিক প্রদান নিম্নরূপঃ

Month	Category	Total Worker	Rate per worker	Amount Rs.	Total Amount Rs.
June, 2015	Volunteers	172	375.00	64,500.00	72,375.00
	Supervisors	17	375.00	6,375.00	
	ULB Staff	4	375.00	1,500.00	
July, 2015	Volunteers	172	375.00	64,500.00	72,375.00
	Supervisors	17	375.00	6,375.00	
	ULB Staff	4	375.00	1,500.00	
August, 2015	Volunteers	172	375.00	64,500.00	72,375.00
	Supervisors	17	375.00	6,375.00	
	ULB Staff	4	375.00	1,500.00	
				Total Rs.	2,17,125.00

ভবদীয়  
১৫/৯/১৫  
নির্বাহী আধিকারিক  
কল্যাণী পৌরসভা



OFFICE OF THE  
**KALYANI  
MUNICIPALITY**

CITY CENTRE COMPLEX  
KALYANI, NADIA, West Bengal  
INDIA  
Visit Us: [www.kalmun.com](http://www.kalmun.com)

Ph: 033-25821976  
033-25828455  
Fax: 033-25828630

No. 1015/K.M

Date 22/02/2016

From: Executive Officer  
Kalyani Municipality

To : The Project Officer  
SUDA (Health Wing)  
Ilus Bhavan  
HC-Block, Sector-III  
Bidhannagar  
Kolkata- 700 106.

Sub : Adjustment for prevention and control of vector borne diseases  
for the month of September, 2015 & October, 2015.

Madam,

The statement of expenditure along with necessary aquittance roll for prevention and control of vector borne diseases for the month of September, 15 & October, 15 is sent herewith for information and necessary action from your end.

Yours faithfully,

*Bhaswati*  
22.2.16  
Executive Officer  
Kalyani Municipality  
*Himangshu*



Detailed expenditure of prevention of vector borne diseases during FY 2015-16  
(September,15 & October,15)(Honorarium of volunteers & supervisors and 4 nos.  
of staff of ULB Level )

Month	Category	Total Worker	Rate/Worker	Amount Rs.	Total Amount Rs.	Voucher no. and date
September,15	Volunteers	172	375.00	64,500.00	72,375.00	3846 Dt. 16.2.16
	Supervisor	17	375.00	6,375.00		
	ULB Staff	4	375.00	1,500.00		
October,15	Volunteers	172	375.00	64,500.00	72,375.00	
	Supervisor	17	375.00	6,375.00		
	ULB Staff	4	375.00	1,500.00		

Total Rs. 1,44,750.00

( Total Rupees One lakh forty four thousand seven hundred fifty only)

*Bhesu*  
22.2.16  
Executive Officer  
Kalyani Municipality  
*Hem/04*

Kalyani Municipality

Account Head : Prevention of vector borne Diseases

For the period from 1.4.2015 to 30.9.2015

Opening Balance As on 1.4.2015	Fund Received	Fund Utilised	Closing Balance as on 30.9.2015
Nil	2,17,125.00	2,17,125.00	Nil

For the period from 30.9.2015 to 21.2.2016

Opening Balance As on 1.10.2015	Fund Received	Fund Utilised	Closing Balance as on 21.2.2016
Nil	1,44,750.00	1,44,750.00	Nil

*Bhaskar*  
Executive Officer  
Kalyani Municipality  
22.2.16  
14/02/16

Annexur - IV

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

Sl. No.	Letter No. & Date	Amount (in Rs.)
1	SUDA-Health/65(Pt-IV)/13/121(45) dt.7.8.2015	2,17,125.00
2	SUDA-Health/65(Pt-IV)/13/280(43) dt.14.1.2016	1,44,750.00
	Total Rs.	3,61,875.00

Certified that out of Rs.3,61,875.00 of Grants – in –aid sanctioned during the year 2015-16 in favour of Kalyani

Municipality under this Minister / Department letter no. given in the margin and Rs. Nil on account of unspent balance of the previous year a sum of Rs. 3,61,875.00 has been utilized for the purpose it was sanctioned and the balance of Rs. Nil remaining utilized as on 21.2.2016 and has been carried forward to the A/C of next Date of Fy 2015-16.

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

Bhanu K. S.  
22.2.16  
Executive Officer  
Kalyani Municipality  
H. S. S.

FORM SR-330A

Of the Treasury Rules West Bengal and the Subsidiary Rules made thereunder, Volume-I

FORM OF UTILISATION CERTIFICATE

Sl. No.	Letter No. and date	Amount (Rs. In Lakh)
01.	SUDA-Health/65 (Pt.-IV)/13/121 (45) dated-07.08.2015	2,27,250.00

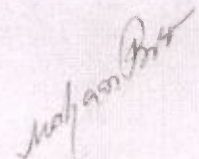
Certified that out of Rs. 2,27,250=00 grants-in-aid sanctioned during the year 2015-2016 towards H to H Dengue survey under this letter No. given in the margin and a sum of Rs. 2,19,375=00 Only has been utilized for which it was sanctioned and the balance of Rs. 7,875=00 Remains un-utilized in the hand at the end of September, 2015.

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

Kinds of Checks exercised:

1. Acquittance sheet, (June, July, Aug, 15)
2. cheque Register (ch. no.-953688, dt. 02/9/15)
3. Note sheet
4. SUDA's order copy.

Signature:



Designation:

Chairman  
Jalpaiguri Municipality.

Health Officer  
Jalpaiguri Municipality

19.7.16  
2015

22

FORM SR-330A

Of the Treasury Rules West Bengal and the Subsidiary Rules made thereunder, Volume-I

FORM OF UTILISATION CERTIFICATE

Sl. No.	Letter No. and date	Amount (Rs. In Lakh)
01.	SCDA Health/65 (Pt IV)/15/200 (43) dt. 14.1.16	1.38,375.00
02.	Balance in hand at the end of September, 2015.	7,875.00
Total Rs.		1,46,250.00

Certified that out of Rs. 1,46,250.00 grants-in-aid sanctioned during the year 2015-2016 towards H.T. & Dengue Survey. Under this letter No. given in the margin and a sum of Rs. 1,46,250.00 Only has been utilized for which it was sanctioned and the balance of Rs. Nil Remains un-utilized in the hand at the end of February, 2016.

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

Kinds of Checks exercised:

1. Acquittance sheet (Sept. 15 & Oct. 15)
2. Charge Register (Charge no. 953694 dt. 20/1/16)  
on 2.12.15 APG, SB/AC 2016
3. Paid sheet
4. SCDA's order copy

Signature:

Designation:

Chairman  
Malpahari Municipality

Health Officer  
Malpahari Municipality



# HOWRAH MUNICIPAL CORPORATION

4, Mahatma Gandhi Road, Howrah - 711 101

Tel. No. 2641-3636, Fax - 2641-5846

Bally Office: 384, G. T. Road, Bally, Howrah

No. 00 356 (SPD) / B.O. / HMC / F.O. / 15-16

Dated: 14.12.2015

From : Sri Bikas Kanti Mandal,  
Finance Officer,  
Bally Office,  
Howrah Municipal Corporation,  
Bally, Howrah.



To : The Add. Director &  
Financial Advisor, SUDA,  
Health Ling, ILGUS Bhavan,  
H-C Block, Sector - III,  
Bidhannagar, Kolkata - 700106.

Sub: Utilization of fund which released vide your Vide Memo No. SUDA - Health/65(pt-IV)/13/121(45) dated - 07.08.2015.

Sir,

With reference to above, I am sending you the Utilization Certificate in prescribed

Format.

Thanking you,

Yours faithfully,

*Bananda 15/12/15*  
Finance Officer,  
Bally Office,  
Howrah Municipal Corporation,  
Bally, Howrah.

Tb:Tc:



# Howrah Municipal Corporation

4, Mahatma Gandhi Road, Howrah-711101  
Tel.No.:2641-3636, Fax:2641-5846

Bally Office : 384, G.T. Road, Bally, Howrah.

FORM SR - 330A  
of the Treasury Rules, West Bengal and the Subsidiary Rules  
made thereunder, Volume - I

## FORM OF UTILISATION CERTIFICATE

Sl. No.	Letter No. & Date	Amount (Rs. In Lakh)
1	SUDA-HEALTH/65 (Pt-IV)/13/121(115)	Rs.5,77,125.00
2		
3		
4		
<b>TOTAL :</b>		Rs.5,77,125.00

Certified that out of Rs.5,77,125.00 (Rupees Five lakh seventy seven thousand one hundred twenty five) only grants-in-aid sanctioned during the year 2015 (June, July, August, 2015) towards House to House serving by the Volunteers to prevention and

control of Dengue / Chikengunia under this Letter No. given in the margin and a sum of Rs.5,77,125.00 (Rupees Five lakhs seventy seven thousand one hundred twenty five) only has been utilised for which it was sanctioned and the balance of Rs. Nil remains un-utilised in the hand at the end of ---Aug, 2015

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 check to see that the money was actually utilized for the purpose for which it was sanctioned.

### KINDS OF CHECK EXERCISED

1. Attendance Register.
2. Working Register.
3. Cash Book.
- 4.

*Bikas Kanti Mandal*  
(Bikas Kanti Mandal)  
WBA & AS,  
Finance Officer,  
Bally Office,  
Howrah Municipal Corporation.

**STATE URBAN DEVELOPMENT AGENCY**

**HEALTH WING**

**"ILGUS BHAVAN"**

**H-C BLOCK, SECTOR - III, BIDHANNAGAR, CALCUTTA - 700 106**  
**West Bengal**

Ref. No. : SUDA-Health/65(Pt.-IV)/13/121(45)

Date : 07.08.2015

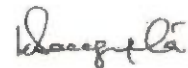
**MEMORANDUM**

Funds are hereby released electronically in favour of your ULB towards house to house survey by your volunteers relating to prevention & control of Dengue / Chikunguniya for the month of June, July & August, 2015 as per details enclosed herewith. The rate of honorarium is Rs. 75/- per day for each of approved no. of Volunteers & Supervisors and 04 nos. of staff at ULB level for 05 days per month for 03 months i.e. June, July & August, 2015.

You are requested kindly to submit Statement of Expenditure (SOE) and Utilisation Certificate (UC) for the month of June & July, 2015 by 18<sup>th</sup> August, 2015 and for the month of August, 2015 by 10.09.2015.

Yours faithfully,

Enclo. : As stated.



**Addl. Director &  
Financial Advisor, SUDA**



Encl. :  
(Amount in Rs.)


Sl. No.	ULB	Name of Bank	A/C No.	Amount
1	Alipurduar	Central Bank of India	03052142353	135,000.00
2	Asansol MC	United Bank of India	0202010317689	1,167,750.00
3	Howrah (Bally)	Bank of India	400920110000181	577,125.00
4	Balurghat	State Bank of India	11273429390	319,500.00
5	Bankura	ICICI Bank Ltd.	192501000171	289,125.00
6	Barasat	Axis Bank Ltd.	912010060101302	598,500.00
7	Baruipur	State Bank of India	10400308073	115,875.00
8	Berhampur	Bank of Baroda	00450100006875	361,125.00
9	Urban Primary Health Care Services, Bhadreswar	HDFC Bank Ltd., Chandernagore Branch	09811450000040	198,000.00
10	Bidhannagar	United Bank of India	1096050001581	1,605,000.00
11	Burdwan	IDBI Bank	0259104000106405	489,375.00
12	Chandernagore MC	State Bank of India	30918576739	344,250.00
13	Contai	Punjab National Bank	1411000100121190	147,375.00
14	Diamond Harbour	United Bank of India	0132010190926	105,750.00
15	Dum Dum	UCO Bank	07330100013075	299,250.00
16	Durgapur MC	United Bank of India	0450050008631	1,378,125.00
17	English Bazar	Indian Bank	513379030	358,875.00
18	Gayeshpur	State Bank of India	32636138076	126,000.00
19	Haldia	Indian Overseas Bank	148301000002899	477,000.00
20	Hooghly Chinsurah	Punjab National Bank	1421000109133148	302,625.00
21	Howrah MC	Bank of India	400920110000181	2,427,750.00
22	Jalpaiguri	Indian Overseas Bank	051101000008650	227,250.00
23	Kalyani	Allahabad Bank	21749684573	217,125.00
24	Kamarhati	Bank of India	401110100018044	644,625.00
25	Kharagpur	Vijaya Bank	720901010011218	538,875.00
26	Khardah	United Bank of India	0119050016658	202,500.00
27	Asansol (Kulti)	United Bank of India	0202010317689	515,250.00
28	Mahehtala (fund includes due payment of Rs. 93,875/-)	State Bank of India	32772036407	947,750.00
29	North Dum Dum	Punjab National Bank	0535002100000448	561,375.00
30	Panihati	Axis Bank Ltd.	437010100113625	843,750.00
31	Pujali	Allahabad Bank	21216670204	78,750.00
32	Bidhannagar (Rajarhat Gopalpur)	United Bank of India	1096050001581	932,625.00
33	Rajpur Sonarpur	United Bank of India	2106010017611	879,750.00
34	Ranaghat	Allahabad Bank	21369237515	153,000.00
35	Asansol (Raniganj)	United Bank of India	0202010317689	268,875.00
36	Serampore	United Bank of India	0155050029922	360,000.00
37	Siliguri MC	United Bank of India	0237014497648	788,625.00
38	South Dum Dum	UCO Bank	01630200205666	864,000.00
39	Suri	Bank of India	427310100003085	147,375.00
40	Titagarh	UCO Bank	2210210000922	138,375.00
41	Uttarpara Kotrung	UCO Bank	10570200000030	319,500.00
42	Baranagar	Axis Bank Ltd.	913010008623548	720,000.00
43	Basirhat	State Bank of India	11000515021	257,625.00
44	Nabadwip	State Bank of India	11303568366	258,750.00
45	Nalhati	State Bank of India	11611619540	83,250.00

SUDA-Health/65(Pt.-IV)/13/121(45)/1(46)

Dt. .. 07.08.2015

CC

1. Mayor / Chairman / Administrator ..... MC / Municipality  
2. Finance Officer, SUDA

  
Addl. Director &  
Financial Advisor, SUDA

Tel : 033 2359 3184, E-mail : dfidhhw@gmail.com



HOWRAH MUNICIPAL CORPORATION  
HEALTH DEPARTMENT

4, Mahatma Gandhi Road, Howrah – 711 101.

Phone: 2638 3211-13, Fax: 2641 2214/5846/5218.

E-Mail : [health.hmc@gmail.com](mailto:health.hmc@gmail.com)

H-2-H  
2015  
21

Memo No: HMC/02/UPHCS/HEALTH/2016-17

Date: 26.04.2016

To  
The Director  
State Urban Development Agency  
Health Wing, "ILGUS BHAVAN"  
1st Block Sector-III, Bidhannagar,  
Kolkata-700091

Sub: Submission of Utilization Certificate relating to the memorandum  
of Addl. Director & Financial Advisor bearing reference no-  
SUDA- Health /65(Pt.-IV)/13/323(08) dt.02.03.2016.

My Madam,

With reference to the subject cited above, I hereby submit  
Utilization certificate against the above mentioned memorandum dated  
02.03.2016 for the month of November-2015.

This is for your information please.

Yours faithfully

*[Signature]*  
26/4/2016

Officer On Special Duty (Health)

Howrah Municipal Corporation

Officer on Special Duty (Health)  
Howrah Municipal Corporation

Encl: As stated above.

# FORM SR-330A

Of the Treasury Rules, West Bengal and the Subsidiary Rules made there under, Volume-I

## FORM OF UTILISATION CERTIFICATE

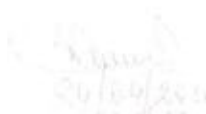
Sl No.	Letter No and date	Amount (Rs.in Lakh)
1.	SUDA-Health/65 (Pt.-IV) /13/323 (08) dt.02.03.2016 Month of November-2015	8,09,250.00
<b>Total =</b>		<b>8,09,250.00</b>


Certified that out of Rs.8,09,250.00 grants-in-aid sanctioned during the year-2015-16 towards house to house survey relating to prevention & control of Dengue/Chikunguniya for the month of November-2015, in favour of Howrah Municipal Corporation under this letter no. given in the margin and a Sum of Rs. 8,09,250 .00 only has been utilized for which it was sanctioned and the balance of Rs. Nil remains un-utilised in the at the end of Nil.

Certified that I have satisfied myself that the conditions on which the grants-in-aid was sanctioned have been duly / are being fulfilled and that I have exercised the following check to that the money was actually utilised for the purpose for which it was sanctioned.

Kinds of Checks exercised:

1. Receipt of Amount through RTGS on bank of India Howrah Branch having benefited.
2. Payment use Register

  
Signature of O.S.D-(Health)  
Howrah Municipal Corporation  
*Officer on Special Duty (Health)*  
Howrah Municipal Corporation

  
Signature of MMIC  
Health & Family Welfare  
Howrah Municipal Corporation  
BHASKAR BHATTACHARJEE  
MMIC (HEALTH & FAMILY WELFARE)  
HOWRAH MUNICIPAL CORPORATION

H.H.H  
2015

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# FORM SR-330A

Of the Treasury Rules, West Bengal and the Subsidiary Rules made there under, Volume-I

## FORM OF UTILISATION CERTIFICATE


Sl No.	Letter No and date	Amount (Rs.in Lakh)
1.	SUDA- Health/65(Pt.IV)/13/121/(4 5) dt.07.08.2015 Month of June July & August-2015	24,27,750.00
<b>Total =</b>		<b>24,27,750.00</b>


Certified that out of Rs. 24,27,750.00 grants-in-aid sanctioned during the year-2015-16 towards house to house survey relating to prevention & control of Dengue/Chikunguniya for the month of June, July & August 2015, in favour of Howrah Municipal Corporation under this letter no. given in the margin and a Sum of Rs.24,27,750 only has been utilized for which it was Sanctioned and the balance of Rs. Nil remains un-utilised in the at the end of Nil.

Certified that I have satisfied myself that the conditions on which the grants-in-aid was sanctioned have been duly / are being fulfilled and that I have exercised the following check to that the money was actually utilised for the purpose for which it was sanctioned.

Kinds of Checks exercised:

1. Received Amount through RTGS on bank of India Howrah Branch having benefited.
2. Payment use Register

  
Signature of O.S.D.-(Health)  
Howrah Municipal Corporation  
Officer on Special Duty (Health)  
Howrah Municipal Corporation

  
Signature of Hon'ble Mayor  
Howrah Municipal Corporation



**HOWRAH MUNICIPAL CORPORATION**  
**HEALTH DEPARTMENT**

4, Mahatma Gandhi Road, Howrah – 711 101.

Phone: 2638 3211-13, Fax: 2641 2214/5846/5218.

E-Mail : [health.hmc@gmail.com](mailto:health.hmc@gmail.com)

H.A. 21  
2015  
3  
28

Memo No: HMC/07/UPHCS/HEALTH/2015-16

Date: 16.03.2016

To

The Director

State Urban Development Agency

Health Wing, 'ILGUS BHAVAN'

HC Block, Sector-III, Bidhannagar,

Kolkata-700091

Sub: Submission of Utilization Certificate relating to the memorandum

Of Addl. Director & Financial Advisor bearing reference no-

SUDA- Health /65(Pt.-IV)/13/280(43) dt.14.01.2016.

Sir, Madam,

With reference to the subject cited above, I hereby submit utilization certificate against the above mentioned memorandum dated 14.01.16 for the month of September & October 2015.

This is for your information please.

Yours faithfully

16/03/2016

Officer On Special Duty (Health)

Howrah Municipal Corporation

Officer On Special Duty (Health)  
Howrah Municipal Corporation

Encls:- As stated above.

## FORM SR-330A

of the Treasury Rules, West Bengal and the Subsidiary Rules  
made thereunder, Volume-I

### FORM OF UTILISATION CERTIFICATE

Sl. No.	Letter No. and date	Amount (Rs. in Lakh)
01.	SUDN/12/115/15(N.W)/ 15/22-1/15	384.750
02.	12-14/21/16	
03.		
04.	<b>Total</b>	<u>Rs. 384.750</u>

Certified that out of  
Rs. 384.750/- grants-in-aid  
sanctioned during the year  
2015-16 (SUDN 12/115/15)  
towards  
Contribution to West Bengal  
deans fund

under this letter no. given in the  
margin and a sum of Rs. 384.750/- only has been utilized for which it was  
sanctioned and the balance of Rs. Nil remains un-utilised in the hand at  
the end of 2015-16

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

**Kinds of Checks exercised :**

1. Check with supporting documents
2. Receipts
3. Expenditure
4. -

Signature : [Signature]

Designation : [Designation]  
Head of the Department  
Date: 1-1-2016

# FORM SR-330A

Of the Treasury Rules, West Bengal and the Subsidiary  
Rules made there under, Volume-I

## FORM OF UTILISATION CERTIFICATE

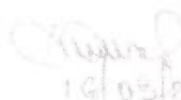
Sl No.	Letter No and date	Amount (Rs.in Lakh)
1.	SUDA- Health/65(Pt.IV)/13/280/ (43) dt.14.01.2016 Month of September & October-2015	1618500.00
<b>Total =</b>		<b>16,18,500.00</b>

Certified that out of Rs. 16,18,500.00 grants-in-aid sanctioned during the year-2015-16 towards house to house survey relating to prevention & control of Dengue/Chikunguniya for the month of September and October 2015, in favour of Howrah Municipal Corporation under this letter no. given in the margin and a Sum of Rs.16,18,500 only has been utilized for which it was Sanctioned and the balance of Rs. Nil remains unutilised in the at the end of Nil.

Certified that I have satisfied myself that the conditions on which the grants-in-aid was sanctioned have been duly / are being fulfilled and that I have exercised the following check to that the money was actually utilised for the purpose for which it was sanctioned.

Kinds of Checks exercised:

1. Received Amount through RTGS on bank of India Howrah Branch having benefited.
2. Payment use Register

  
16/03/2016

Signature of O.S.D-(Health)  
Howrah Municipal Corporation  
*Officer on Special Duty (Health)*  
Howrah Municipal Corporation

  
Signature of MMIC

Health & Family Welfare  
Howrah Municipal Corporation  
BHASKAR BHATTACHARJEE  
MMIC (HEALTH & FAMILY WELFARE)  
HOWRAH MUNICIPAL CORPORATION



# HOOGHLY – CHINSURAH MUNICIPALITY

Pipulpati

P.O. & Dist. : Hooghly

Phone : 2680-2319/3166 , Fax No. 2680 - 6091

From : Sri Gouri Kanta Mukherjee  
The Chairman  
Hooghly-Chinsurah Municipality

Memo No. 1458/HD-HC/HCM

Date. 17/03/2016

To  
The Project Officer  
SUDA  
ILGUS Bhawan, Health Wings  
HC Block Sector III  
Salt Lake City, Kolkata – 106

**Sub : Submission of statement of expenditure utilization Certificate for Prevention & Control of Vector Borne Disease for the Month of September & October 2015**

**Ref. : SUDA-Health/65(Pt.-IV)/13/323(08) dated 02/03/2016**

Sir/ Madam,

I am submitting here with a statement of expenditure, Utilization Certificate for the period September & October 2015 in Annexure I, II & III duly signed by the undersigned.

You are requested to look matter and pass necessary order and obliged.

Thanking you,

Sincerely yours,

Copy Encl: As Stated.

(Sri Gouri Kanta Mukherjee)

Chairman

Hooghly-Chinsurah Municipality

Hooghly-Chinsurah Municipality

Memo Nos. 1458/2 HD-HC/HCM

Dated 17/03/2016

Copy forwarded to the :

- 1) Dr. Sibani Goswami, Health Expert, SUDA, Health, ILGUS Bhawan, Salt Lake City HC Block, Sector III, Kolkata 106
- 2) Accountant, HCM  
for information and taking necessary action please.

(Sri Gouri Kanta Mukherjee)

Chairman

Hooghly-Chinsurah Municipality

Hooghly-Chinsurah Municipality



HOOGHLY CHINSURAH MUNICIPALITY					
URBAN PRIMARY HEALTH CARE SERVICE					
Voucher details statement for prevention & control of Vector Borne Disease					
Status on Fund received & SOE submitted			(Amount in Rs)		
1st Quarter FY- September & October 2015					
	Remuneration	Drug	Rent	Contingency	Total
B/F Balance	Nil				Nil
Fund Received	2,00,625.00				2,00,625.00
Total Available Fund					
SOE Submitted	2,01,750.00				2,01,750.00
Balance in hand					

Signature of Chairperson/Vice-Chairperson

Hooghly Chinsurah Municipality  
Chairman

Hooghly-Chinsurah Municipality

HOOGHLY CHINSURAH MUNICIPALITY

URBAN PRIMARY HEALTH CARE SERVICE

Voucher details statement for prevention & control of Vector Borne Disease

Status on Fund received & SOE submitted

(Amount in Rs)

1st Quarter FY- June, July, August 2015

	Remuneration	Drug	Rent	Contingency	Total
B/F Balance	NIL				NIL
Fund Received	3,02,625.00				3,02,625.00
Total Available Fund					
SOE Submitted	3,01,500.00				3,01,500.00
Balance in hand	1,125.00				1,125.00

Signature of Chairperson/Vice-Chairperson

Hooghly Chinsurah Municipality

Chairman,  
Hooghly Chinsurah Municipality



# HOOGHLY – CHINSURAH MUNICIPALITY

Pipulpati

P.O. & Dist. : Hooghly

Phone : 2680-2319/3166 , Fax No. 2680 - 6091

From : Sri Gouri Kanta Mukherjee  
The Chairman  
Hooghly-Chinsurah Municipality

Memo No. 88 HD-HC/HCM  
Date. 07/01/2015

To  
The Project Officer  
SUDA  
ILGIS Bhawan, Health Wings  
HC Block Sector III  
Salt Lake City, Kolkata – 106

Sub : Submission of statement of expenditure utilization Certificate for Prevention & Control of Vector Borne Disease for the Month of June, July, August 2015


Sr Madam,

I am submitting here with a statement of expenditure, Utilization Certificate for the period June, July, August 2015 in Annexure I, II & III duly signed by the undersigned.  
You are requested to look matter and pass necessary order and obliged.

Thanking you,

Sincerely yours,

3 copy Enclo: As Stated


  
( Sri Gouri Kanta Mukherjee )  
Chairman  
Hooghly-Chinsurah Municipality

Memo Nos. 88/2 HD-HC/HCM

Dated 07/01/2015

Copy forwarded to the :

- 1) Dr. Sibani Goswami, Health Expert, SUDA, Health, ILGIS Bhawan, Salt Lake City HC Block, Sector III, Kolkata 106
- 2) Accountant, HCM  
for information and taking necessary action please.

  
( Sri Gouri Kanta Mukherjee )  
Chairman  
Hooghly-Chinsurah Municipality



H.A.A  
2015

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OFFICE OF THE HALDIA MUNICIPALITY

UTILISATION CERTIFICATE  
FORM SR-330A

Name of scheme/Grant: Dengue / chikungunya

Sl No	G.O No & date	Amount
1	SUDA - Health / 65 (Pt. - 1v) / 13 / 280 (43)	318000
2	dt. 14.01.2016	
3		
4		
5		
6		
7		
8		

Certified that out of Rs. 318,000.00 of grant in aid sanctioned during the year 2015-16 in favour of Haldia Municipality under Municipal Affairs Department G.O No. given in the margin and amount of Rs. 318,000.00 only on account of unspent balance of the previous year, a sum of Rs. 318,000.00 only has been utilized for the purpose for which it was sanctioned and that the balance of Rs. 0.00 Remaining unutilized at the end of the year. 0.00

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

Kinds of checks exercised

1. Allotment Appropriation Regd.
2. Cash Book
3. Vouchers

  
Chairman  
HALDIA MUNICIPALITY

H.A. 2015

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OFFICE OF THE HALDIA MUNICIPALITY

UTILISATION CERTIFICATE  
FORM SR-330A

Name of scheme/Grant:.....Dengue.....

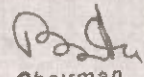
Sl No	G.O No & date	Amount
1	SUDA - Health / 65 (pt. - 12) / 13 / 21 (45)	477000.00
2	dt. 07.08.15	
3		
4		
5		
6		
7		
8		

Certified that out of Rs. 477000.00 of grant in aid sanctioned during the year 2015-16 in favour of Haldia Municipality under Municipal Affairs Department G.O No. given in the margin and amount of Rs. only on account of unspent balance of the previous year, a sum of Rs. 477000.00 only has been utilized for the purpose for which it was sanctioned and that the balance of Rs. Remaining unutilized at the end of the year.

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

Kinds of checks exercised

1. Allotment Appropriation Regd.
2. Cash Book
3. Vouchers

  
Chairman  
HALDIA MUNICIPALITY



Office of the  
**Haldia Municipality**

Dr. B. R. Ambedkar Bhawan, Administrative Building, City Centre  
P.O. - Debhog, Haldia, Purba Medinipur, West Bengal

☎ : 03224-252996/252997  
255051 / 253410  
Fax : 252154

Memo No.:

5593/H.M/2015

Date: 21.12.15

To  
The Director,  
State Urban Development Agency,  
Health Wing,  
**ILGUS BHAVAN**, H-C Block, Sector-III,  
Bidhannagar, Kolkata-700091.

PO (H)  
21/12/15

Sub : - Submission of SOE for the month of June, July & August ' 2015 under Dengue Fund ref. No: SUDA-Health /65(Pt-IV)/13/121(45) Dt. 07.08.2015

Madam,

With reference to above, the authority is submitting herewith the SOE for the month of June, July & August ' 2015 under Dengue Fund ref. No: SUDA-Health /65(Pt-IV)/13/121(45) Dt. 07.08.2015 for your kind information. The relevant vouchers & documents are attached here with.

Thanking you,



Yours faithfully,

*[Signature]*  
Chairman

Haldia Municipality

21.12.15.

Enclose : -

1. Status of fund received & SOE submitted.

SOE for fund of H to H survey by the volunteers belating to Dengue/chi

Urban Primary Health Care Services

18

Name of Municipality : Gayeshpur

Answer  
20/8/15

1	A/C Head				
	Hon. / to Voluntee	Drug	Rent	Contigency	Total
B/F Balance	-501	-	-	-	-501
Fund Released	1,26,000	-	-	-	126000
Total Available	125950				125950
SOE Submitted	125475	-	-	-	-
Balance-in-Hand	475	-	-	-	475

27/8/2015  
Chairman  
Gayeshpur Municipality  
P.O: Kataganj, Nadia

2	A/C Head				
	Hon. / Salary	Drug	Rent	Contigency	Total
B/F Balance					
Fund Released					
Total Available					
SOE Submitted					
Balance-in-Hand					

3	A/C Head				
	Hon. / Salary	Drug	Rent	Contigency	Total
B/F Balance					
Fund Released					
Total Available					
SOE Submitted					
Balance-in-Hand					

Kental  
25/08/2015

4	A/C Head				
	Hon. / Salary	Drug	Rent	Contigency	Total
B/F Balance					
Fund Released					
Total Available					
SOE Submitted					
Balance-in-Hand					

21/8/15  
Health Officer  
Gayeshpur Municipality  
P.O.-Kataganj, Dist.-Nadia



IT TIT

2015

18

OFFICE OF THE  
GAYESHPUR MUNICIPALITY  
P.O.KATAGANJ, NADIA

Ref.No.:-GM/GL/1838/2016

Dated. 10/2/2016

To  
The Project Officer (Health)  
State Urban Development Agency  
ILGUS Bhavan, H-C Block Sector-III  
Kolkata-700106



Sub:-Submission of Utilization Certificate towards the fund for programme for House to House Survey to prevention and control Dengue/Chikunguniya for the month of september & October'15 under UPHCS at Gayeshpur Municipality.

Sir,  
Submission of Utilization Certificate towards the fund for House to House Survey by the volunteers relating to prevention and control of Dengue/Chikunguniya for the month of september & October'15 under UPHCS at Gayeshpur Municipality

Yours faithfully

A handwritten signature in blue ink, appearing to read "A. K. Ghosh", written over a horizontal line.

Chairman

Gayeshpur Municipality  
Chairman  
Gayeshpur Municipality  
P.O.- Kataganj, Dist.- Nadia.

SOE for fund of H to H Survey by the Volunteers relation  
to Dengue/Chikungunya for the month of September 2015 &  
October 2015

Urban Primary Health Care Services

Name of Municipality: Gayeshpur

Responsible  
by Disbursement

1	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
B/F Balance	475	-	-	-	475
Fund Released	83525	-	-	-	83525
Total Available	84000	-	-	-	84000
SOE Submitted	84000	-	-	-	84000
Balance-in-Hand	-	-	-	-	-

2	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
B/F Balance					
Fund Released					
Total Available					
SOE Submitted					
Balance-in-Hand					

3	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
B/F Balance					
Fund Released					
Total Available					
SOE Submitted					
Balance-in-Hand					

4	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
B/F Balance					
Fund Released					
Total Available					
SOE Submitted					
Balance-in-Hand					

K. M. K. 04/02/2016

04/02/2016

Chairman  
Gayeshpur Municipality  
P.O.-Kataganj, Dist.-N.  
Health Officer  
Gayeshpur Municipality  
P.O.-Kataganj, Dist.-N.



17

# OFFICE OF THE MUNICIPAL COUNCILLORS

ENGLISHBAZAR MUNICIPALITY, MALDA.

Netaji Subhas Road, Malda. Pin-732101

E-mail : englishbazarmunicipality@gmail.com ■ website : www.englishbazarmunicipality.com ■ Office : (EPABX) : 03512-252029 ■ Fax : 03512-253329

Memo No. 1354 / III-17 / 15-16

Date. 31.08.2015

From: Chairman,  
UPHCS  
Englishbazar Municipality, Malda.

To: The Financial Advisor, SUDA  
& e.o. Addl. Director, Finance,  
Ilgus Bhawan, H.C. Block, Sector-III  
Salt Lake, Kolkata - 91.



Sub: **Submission of UC for prevention programme of Vector Borne Diseases**

Sir,

The breakup of U.C in respect of Allotment Memo No. SUDA-Health/65(Pt-IV)/13/121 dt. 07.08.15 is being submit hereunder along with photo copy of vouchers for favour of your kind information and taken necessary action.

Sl. No.	On account of sanction	Sanctioned Memo No. with Date	Fund Received (Rs.)	Fund Utilized (Rs.)	Balance	Remarks
1.	House to House survey for volunteer, Supervisor and Data Entry operator for the month of June'15 to Aug'15	SUDA-Health/65(Pt-IV)/13/121 dt. 07.08.15.	3,58,875/-	3,58,875/-	NIL	Vr. No. 23,24,25 dt. 27.08.15

Encl: 1). Xerox copy of voucher.

Yours faithfully,

Chairman,  
UPHCS

Englishbazar Municipality, Malda.

Memo No. 1354 / III-17 / 15-16 / (6) Date, 31.08.2015

Copy forwarded for information and necessary action to:

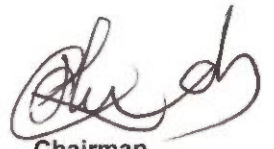
1. The Project Officer, Health, SUDA, Ilgus Bhawan, H.C. Block, Sector-III, Salt Lake, Kolkata - 91.
2. The Addl. District Magistrate (G) & Project Director, UPHCS Malda.
3. The Councillor-in-charge, UPHCS, E.B.M.
4. Executive Officer, E.B.M.
5. Finance Office, E.B.M.
6. Accounts Asstt. UPHCS, E.B.M

Chairman,  
UPHCS

Englishbazar Municipality, Malda.

**STATEMENT OF EXPENDITURE OF DENGUE SURVEY JUNE, JULY & AUGUST 2015.**

SI No	Date	Vr. No.	Nature of Expenditure/Head	Classification Head	Amount (Rs.)
[1]	[2]	[3]	[4]	[5]	[6]
1	27-08-2015	23-25	Paid to Self towards payment of Volunteers, Supervisors and Data Entry Operators for Dengue Survey.	do	358875.00
			<b>Total :</b>		<b>3,58,875.00</b>



**Chairman  
UPHCS**

Englishbazar Municipality,  
Malda.

### Synopsis Sheet for Dengue Survey.

Head of Payment	Months			Total Amount (Rs.)
	Jun-15	Jul-15	Aug-15	
Dengue Survey	120375.00	120375.00	118125.00	358875.00
<b>Total Amount (Rs.)</b>	<b>120375.00</b>	<b>120375.00</b>	<b>118125.00</b>	<b>358875.00</b>



Chairman  
UPHCS

Englishbazar Municipality,  
Malda.



**OFFICE OF THE MUNICIPAL COUNCILLORS**  
**ENGLISHBAZAR MUNICIPALITY, MALDA**

Netaji Subhas Road, Malda. Pin-732101

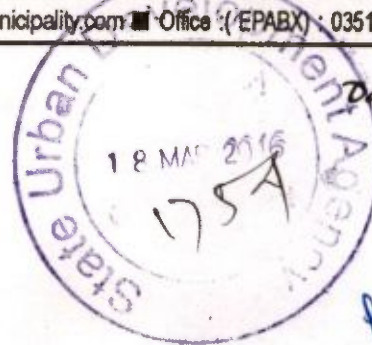
E-mail : englishbazarmunicipality@gmail.com ■ website : www.englishbazarmunicipality.com ■ Office : (EPABX) : 03512-252029 ■ Fax : 03512-253329

Memo No. 3450 / III-17 / 15-16

Date 03.03.2016

From: Chairman,  
UPHCS  
Englishbazar Municipality, Malda.

To: The Financial Advisor, SUDA  
& e.o. Addl. Director, Finance,  
Ilgus Bhawan, H.C. Block, Sector-III  
Salt Lake, Kolkata - 91.



*POC(H)*  
*[Signature]*  
*18/3/16*

**Sub: Submission of UC for prevention programme of Vector Borne Diseases**

Sir,

The breakup of U.C in respect of Allotment Memo No. SUDA-Health/65(Pt-IV)/13/280 Dt. 14.01.2016 is being submitted hereunder for favour of your kind information and taken necessary action.

Sl. No.	On account of sanction	Sanctioned Memo No. with Date	Fund Received (Rs.)	Fund Utilized (Rs.)	Balance	Remarks
1.	House to House survey for volunteer, Supervisor and Data Entry operator for the months of Sep'15 & Oct'15	SUDA-Health/65(Pt-IV)/13/280 Dt.14.01.2016	2,39,250/-	2,39,250/-	NIL	Vr. No. 48,49,50 dt. 27.01.16

Yours faithfully,

*[Signature]*  
Chairman,  
UPHCS

Englishbazar Municipality, Malda.

Encl: 1). Xerox copy of voucher.

Memo No. 3450 / III-17 / 15-16 *(6)* Date, 03.03.2016

Copy forwarded for information and necessary action to:

1. The Project Officer, Health, SUDA, Ilgus Bhawan, H.C. Block, Sector-III, Salt Lake, Kolkata - 91.
2. The Addl. District Magistrate (G) & Project Director, UPHCS Malda.
3. The Councillor-in-charge, UPHCS, E.B.M.
4. Executive Officer, E.B.M.
5. Finance Office, E.B.M.
6. Accounts Asstt. UPHCS, E.B.M

*[Signature]*  
Chairman,  
UPHCS

Englishbazar Municipality, Malda.

*[Signature]*

## Synopsis Sheet for Dengue Survey.

Head of Payment	Months		Total Amount (Rs.)
	Sep-15	Oct-15	
Dengue Survey	119625.00	119625.00	239250.00
<b>Total Amount (Rs.)</b>	119625.00	119625.00	<b>239250.00</b>

  
Chairman

UPHCS

Englishbazar Municipality,  
Malda.



**STATEMENT OF EXPENDITURE OF DENGUE SURVEY SEPTEMBER & OCTOBER 2015.**

Sl No	Date	Vr. No.	Nature of Expenditure/Head	Classification Head	Amount (Rs.)
[1]	[2]	[3]	[4]	[5]	[6]
1	27-01-2016	48-50	Paid to Self towards payment of Volunteers, Supervisors and Data Entry Operators for Dengue Survey.	do	239250.00
			<b>Total :</b>		<b>2,39,250.00</b>

  
Chairman  
UPHCS

Englishbazar Municipality,  
Malda.





H-F-A  
D/C

18



# DURGAPUR MUNICIPAL CORPORATION

CITY CENTRE, DURGAPUR - 713216, DIST. - BURDWAN

EPABX → (0343) 2545842, 2546994, 2546107 • Mayor : 2545828 • Fax No : 254-6472  
Website : durgapurmunicipalcorporation.org • E-mail : durgapurcorporation@gmail.com

Ref No. DMC 1110/512

Date 08-03-2016

To  
The Project Director (Health)  
SUDA  
Elgus Bhaban,  
HC- Block, Sector- III  
Bidhannagar, Kolkata – 91

## Sub : Submitting of Utilization.

Madam,

I am sending herewith the Utilization of Rs.9,18,750/- for prevention & Control of Vector Borne Disease for the Month of September & October 2015 (House to House Visit).

This is for your kind information and necessary action.

Thanking you.

Yours faithfully,

*[Signature]*  
08.03.16  
Finance Officer

Durgapur Municipal Corporation

*[Signature]*  
08/3

**FORM SR-330A**  
of the Treasury Rules, West Bengal and the Subsidiary Rules  
made thereunder, Volume-I


**FORM OF UTILISATION CERTIFICATE**

Sl. No.	Letter No. and date	Amount (In Rs.)
1.	SUDA-Health/65(Pt.-IV)/13/280(43)/1(44) dt. 14.01.20156	9,18,750/-
Total =>		9,18,750/-

Certified that out of Rs. 9,18,750/- sanctioned during the FY 2015-16 towards meeting the expenditure for house to house visit relating to prevention & control of Dengue / Chikunguniya under this letter no.

given in the margin and Rs. 0.00/- remaining un-utilized at the end of October, 2015; thus total available amount of Rs. 9,18,750/-, and a sum of Rs. 9,18,750/- has been utilized by during the period September, 2015 to October, 2015 for which it was sanctioned and the balance amount of Rs. 0.00/- remains un-utilized at the end of October, 2015.

Certified that I have satisfied myself that the conditions on which the grants-in-aid was sanctioned have been duly / are being fulfilled. I have exercised the check on the basis of Statement of Expenditure along with acquaintance submitted by ULBs.

Prepared by:   
8/2/16

Signature :

Designation :



# DURGAPUR MUNICIPAL CORPORATION

CITY CENTRE, DURGAPUR - 713216, DIST. - BURDWAN

EPABX → (0343) 2545842 2546994 2546107 • Mayor : 2545828 • Fax No : 254-6472  
Website : durgapurmunicipalcorporation.org • E-mail : durgapurcorporation@gmail.com

Ref No DMC / HD / 358

Date 22/12/2015

To  
The Project Director (Health)  
SUDA  
Elgus Bhaban,  
HC- Block, Sector – III  
Bidhannagar, Kolkata - 91

## Sub : Submitting of Utilization.

Madam,

I am sending herewith the Utilization of Rs.13,78,125/- for Prevention & Control of Vector Borne Diseases Programme for the Month June, 2015 to August, 2015 (House to House Visit).

This is for your kind information and necessary action.  
Thanking you.

Yours faithfully

Finance Officer  
Durgapur Municipal Corporation

## FORM SR-330A

of the Treasury Rules, West Bengal and the Subsidiary Rules  
made thereunder, Volume-I

### FORM OF UTILISATION CERTIFICATE

Sl. No.	Letter No. and date	Amount (In Rs.)
1.	SUDA-Health/65(Pt.-IV)/13/121(45) dt. 07.08.2015	13,78,125/-
Total =>		13,78,125/-

Certified that out of Rs. 13,78,125/- sanctioned during the FY 2015-16 towards meeting the expenditure for house to house visit relating to prevention & control of Dengue / Chikunguniya under this letter no.

given in the margin and Rs. 0.00/- remaining un-utilized at the end of August, 2015; thus total available amount of Rs. 13,78,125/-, and a sum of Rs. 13,78,125/- has been utilized by during the period June, 2015 to August, 2015 for which it was sanctioned and the balance amount of Rs. 0.00/- remains un-utilized at the end of August, 2015.

Certified that I have satisfied myself that the conditions on which the grants-in-aid was sanctioned have been duly / are being fulfilled. I have exercised the check on the basis of Statement of Expenditure along with acquaintance submitted by ULBs.

Prepared by:   
20/12/2015

Signature :

  
20/12/2015

Designation :

A T H / 2015

15

**OFFICE OF THE COUNCILLORS**  
**DUM DUM MUNICIPALITY**  
44, Dr. Sailen Das Sarani, Dum Dum, Kolkata-700 028.

Ref. No. : 177/UPHCS/HAU-I/DDM

Dated : 06/04/16

To,  
The Project Officer (Health),  
State Urban Development Authority,  
H-C Block, Sector - III, ILGUS BHAWAN,  
Bidhan Nagar,  
Kol-700091



Sub: - Submission of Statement of Expenditure and Utilization Certificate of prevention & control of Vector Borne Disease (Dengue) for the month of NOVEMBER, 2015


Sir/Madam,

In reference to your Letter No. SUDA-Health/65(Pt.-IV)/13/323/(08) dated 02/03/2016 for honorarium of Volunteers (Workers), Supervisors and other Office staffs for having sanctioned amount of Rs. 99,750/- (Ninty Nine Thousand Seven Hundred and Fifty only), now I am to enclose herewith the SOE and UC of prevention and control of Vector Borne Disease (Dengue & Chikunguniya) for the month of NOVEMBER, 2015

This is for your kind information and necessary action please.

Thanking you.

Yours faithfully

✓   
Chairman

Dum Dum Municipality

Chairman  
Dum Dum Municipality  
44, Dr. Sailen Das Sarani  
Dum Dum, Kolkata-700028



## FORM SR-330A

Of the Treasury Rules, West Bengal and the Subsidiary Rules  
made thereunder, Volume-I

### FORM OF UTILISATION CERTIFICATE

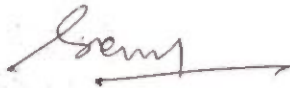
Sl No.	Letter No. and Date	Amount (Rs.)
1	Prevention and control of dengue and chikungunia (House to House Survey for the month of NOVEMBER 2015 Memo No. : SUDA-Health/65(Pt.-IV)/13/323(08) Dated : 02.03.2016	Rs. 99,750/-
	TOTAL =	Rs. 99,750/-

Certified that out of Rs.99,750/- grants-in-aid sanctioned for the one round House to House Survey towards prevention and control of dengue and chikungunia i.e. NOVEMBER 2015 of Dum Dum Municipality under this letter no. SUDA-Health/65(Pt.-IV)/13/323(08) dated: 02.03.2016 given in the margin and the total amount has been utilized for which it was sanctioned and the balance is NIL at the end of 31.03.2016

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

Kinds of checks exercised:

1. UCO Bank A/C No. 07330100013075 -- Rs. 99,750/-



Health Officer

Dum Dum Municipality  
Health Officer  
Dum Dum Municipality  
44, Dr. Sailen Das Sarani  
Dum Dum, Kolkata-700028



Accountant  
DUM DUM MUNICIPALITY



Dum Dum Municipality  
Chairman  
Dum Dum Municipality  
44, Dr. Sailen Das Sarani  
Dum Dum, Kolkata-700028



H T H

(5) *[Signature]*

Phone: 2551-3017/2549-5214 (O)  
Fax: (033) 2549-5214

**OFFICE OF THE COUNCILLORS**  
**DUM DUM MUNICIPALITY**  
44, Dr. Sailen Das Sarani, Dum Dum, Kolkata-700 028.

Ref. No. : 164/UPHCS/HAU-I/DDM

Dated : 25/02/2016.

To,  
The Project Officer (Health),  
State Urban Development Authority,  
H-C Block, Sector - III, ILGUS BHAWAN,  
Bidhan Nagar,  
Kol-700091

**Sub: - Submission of Statement of Expenditure and Utilization Certificate of prevention**  
**& control of Vector Borne Disease (Dengue) for 02 months (September & October) in 2015**

Sir/Madam,

In reference to your letter no.SUDA-Health/65(Pt.-VI)/13/280(43) dated 14/01/2016 for honorarium of Volunteers (Workers) ,Supervisors and other Office staffs for having sanctioned amount of Rs. 1,99,500/- ( One Lakh Ninty Nine Thousand Five Hundred only), now I am to enclose herewith the SOE and UC of prevention and control of Vector Borne Disease (Dengue & Chikunguniya) for two months (September & October ) in 2015.

I hope that, you will release the fund for the month of November, 2015 as early as possible to meet the expenditure and also submission of SOE and UC regarding the month of November in due time.

This is for your kind information and necessary action please.

Thanking you.

Yours faithfully

*[Signature]*

Health Officer

Dum Dum Municipality

Health Officer  
Dum Dum Municipality  
44, Dr. Sailen Das Sarani  
Dum Dum, Kolkata-700028



*[Signature]*  
Chairman

Dum Dum Municipality

Chairman  
Dum Dum Municipality  
44, Dr. Sailen Das Sarani  
Dum Dum, Kolkata-700028

# FORM SR-330A

Of the Treasury Rules, West Bengal and the Subsidiary Rules  
made thereunder, Volume-I

## FORM OF UTILISATION CERTIFICATE

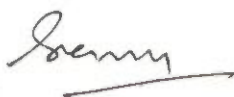
Sl No.	Letter No. and Date	Amount (Rs.)
1	Prevention and control of dengue and chikungunia (House to House Survey for three round i.e. September, & October 2015) G.O. No. : SUDA-Health/65(Pt.-IV)/13/280(43) Dated : 14.01.2016	Rs. 1,99,500/-
	TOTAL =	Rs. 1,99,500/-

Certified that out of Rs.1,99,500/- grants-in-aid sanctioned for the two round House to House Survey towards prevention and control of dengue and chikungunia i.e. September & October 2015 of Dum Dum municipality under this letter no. SUDA-Health/65(Pt.-IV)/13/280(43) dated: 14.01.2016 given in the margin and the total amount has been utilized for which it was sanctioned and the balance is NIL at the end of 31.01.2016.

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

Kinds of checks exercised:

1. UCO Bank A/C No. 07330100013075 -- Rs. 1,99,500/-



Health Officer

Dum Dum Municipality

Health Officer  
Dum Dum Municipality  
44, Dr. Saiten Das Sarani  
Dum Dum, Kolkata-700028



Chairman

Dum Dum Municipality

Chairman  
Dum Dum Municipality  
44, Dr. Saiten Das Sarani  
Dum Dum, Kolkata-700028



**Statement of Expenditure of prevention and control of Vector Borne Disease (Dengue & Chikunguniya) for 02 months (September, October ) in 2015**

[Ref No.:- SUDA-Health/65(Pt.-VI)/13/280(43) dated 14/01/2016]

	September, 2015	October, 2015	TOTAL ( 02 months )
SUPERVISOR (22 No.s)	(Rs. 75 x 5 days) x 22	(Rs. 75 x 5 days) x 22	Rs. 16500/-
	Rs.8250/-	Rs.8250/-	
Workers/ Volunteers (240 No.s)	(Rs. 75 x 5 days) x 240	(Rs. 75 x 5 days) x 240	Rs. 1,80,000/-
	Rs.90,000/-	Rs.90,000/-	
Office Staffs (04 No.s)	(Rs. 75 x 5 days) x 04	(Rs. 75 x 5 days) x 04	Rs. 3,000/-
	Rs.1500/-	Rs.1500/-	
Total			Rs. 1,99,500/-

*[Signature]*

Health Officer

Dum Dum Municipality



Health Officer  
Dum Dum Municipality  
44, Dr. Sallen Das, Dum Dum  
Dum Dum, Kolkata-700029

H TIT  
OFFICE OF THE COUNCILLORS  
**DUM DUM MUNICIPALITY**  
44, Dr. Sailen Das Sarani, Dum Dum, Kolkata-700 028.

Ref. No. : 11A / UPHCS / HAU-I / DDM

Dated : 24/09/2015

To,  
The Project Officer (Health),  
State Urban Development Authority,  
H-C Block, Sector - III, ILGUS BHAWAN,  
Bidhan Nagar,  
Kol-700091

Sub: - Submission of Statement of Expenditure and Utilization Certificate of prevention  
& control of Vector Borne Disease (Dengue) for 03 months (June, July, August) in 2015

Sir/Madam,

In reference to your letter no. SUDA-Health/65(Pt-IV)/13/121(45) dated 07/08/2015 for honorarium of Volunteers, Workers, Supervisors and other ULB staffs for having sanctioned amount of Rs. 2,99,250/-, now I am to enclose herewith the SOE and UC of prevention and control of Vector Borne Disease (Dengue & Chikunguniya) for three months (June, July, August) in 2015.

I hope that you will release the fund for the next three months (September, October, November 2015) to meet the expenditure and also submission of SOE and UC regarding the following three months in due time.

This is for your kind information and necessary action please.

Thanking you.

Yours faithfully



Health Officer

Dum Dum Municipality  
Health Officer  
Dum Dum Municipality  
44, Dr. Sailen Das Sarani  
Dum Dum, Kolkata-700028



✓ JJ Am LB  
Chairman

Dum Dum Municipality  
Chairman  
Dum Dum Municipality  
44, Dr. Sailen Das Sarani  
Dum Dum, Kolkata-700028

**Statement of Expenditure of prevention and control of Vector Borne Disease (Dengue & Chikunguniya) for 03 months(June, July, August ) in 2015**

[Ref No.:- SUDA-Health/65(Pt.-VI)/13/121(45) dated 07/08/2015]

	JUNE	JULY	AUGUST	TOTAL ( 03 months )
SUPERVISOR (22 No.s)	(Rs. 75 x 5 days) x 22	(Rs. 75 x 5 days) x 22	(Rs. 75 x 5 days) x 22	Rs. 24,750/-
	Rs.8250/-	Rs.8250/-	Rs.8250/-	
Workers (240 No.s)	(Rs. 75 x 5 days) x 240	(Rs. 75 x 5 days) x 240	(Rs. 75 x 5 days) x 240	Rs. 2,70,000/-
	Rs.90,000/-	Rs.90,000/-	Rs.90,000/-	
ULB Staffs (04 No.s)	(Rs. 75 x 5 days) x 04	(Rs. 75 x 5 days) x 04	(Rs. 75 x 5 days) x 04	Rs. 4,500/-
	Rs.1500/-	Rs.1500/-	Rs.1500/-	
<b>Total Expenditure for 03 months (June, July, August )</b>				<b>Rs. 2,99,250/-</b>

*(Signature)*

Health Officer

Dum Dum Municipality



Health Officer  
Dum Dum Municipality  
44, Dr. Saifuddin Sarani  
Dum Dum, Kolkata - 700028

14

Office of the  
**DIAMOND HARBOUR MUNICIPALITY**

Diamond Harbour, South 24 Parganas.

Ref. No. Memo No. 652 / Healthcare D.H.M.H. Dated Date 01-10-15

To  
The Project Officer,  
State Urban Development Agency,  
ILGUS Bhavan, H.C Block, Sector - III,  
Bidhan Nagar, Salt Lake, Kol-700106.

Sub:- Submission for expenses & UC of Prevention & control of  
vector borne disease, 2015 .

Ref:- Your Memo No. Suda-Health/65(PT.-iv)/13/121(45) - 07-08-2015

Madam/ Sir,

With due honour this is to inform you that I am, herewith, submitting herewith Xerox copies of vouchers against all the expenses of Prevention & control of vector borne disease June, July & August 2015 round in favour this Municipality.

This is for your kind information and taking necessary action.  
Thanking You

Yours faithfully,

*Halder.*  
01.10.2015

Chairperson  
Diamond Harbour Municipality

*Debaki Halder*  
01.10.15

Chairperson  
Diamond Harbour Municipality

Prepared by me  
14.9.15



STD.-953174  
 Phone: D.H. 255346  
 Fax: 255257

Office of the  
**DIAMOND HARBOUR MUNICIPALITY**  
 Diamond Harbour, South 24 Parganas.

Ref. No.

Date

Prevention of Vector Borne Disease  
 :- 2015 - June July August Round :-

Expenditure Statement given Below

Sl No	Particulars	V.No	Amount
①	Master Roll of all staff	①	Rs. 4500/-
②	Master Roll of Supervisor	②	Rs. 9000/-
③	Master Roll of Survey team	③	Rs. 92,250/-
<b>Total Rs.</b>			<b>1,05,750/-</b>

Jaydeep Mandal  
 S.O. Health  
 14/9/15

Sabaki Halder  
 01/10/15  
 Municipal Harbour Municipality

Haldir.  
 01.10.2015

Prav Prasad Das  
 14.9.15

SENIOR ASSISTANT  
 HEALTH



Name of the Block: Diamond Harbour Municipality Name of the Programme: Prevention & Control of Dengue  
 Date of Submission: \_\_\_\_\_ (June, July, August Round 15)

**UTILISATION CERTIFICATE**

CERTIFIED that the amount of Rs. 1,05,750/- (Rupees One lakh five thousand Seven hundred fifty) only was received by the undersigned as advance by Cheque No. \_\_\_\_\_, dated \_\_\_\_\_, drawn on \_\_\_\_\_ vide your Memo No. Sudh-Hearw/BS/Pl-10/13/121(45) dated 07.08.15, for implementation of the Nice for Dengue Programme in the Block. W.S.S D/H branch No - 190926.

Out of an amount of Rs. 1,05,750/- we have made expenditure of Rs. 1,05,750/- (Rupees one lakh five thousand Seven hundred fifty) only as per financial guidelines for the Programme stated as above.

The unspent balance (amount) of Rs. Nil (Rupees \_\_\_\_\_) is being refunded by CASH/CHEQUE (Chq. No. \_\_\_\_\_ dated \_\_\_\_\_) which may please be acknowledged.

This is also to certify that all the payment vouchers (in original) in this regard are kept in my Office for audit purpose or to produce as and when required.

Name of the B.M.O.H/Secretary : \_\_\_\_\_  
 Name of the Block : Diamond Harbour Municipality  
 Date of Submission of S.O.E-cum-U/C : \_\_\_\_\_

Debi Halder  
 08/10/15  
 Diamond Harbour Municipality

Signature of Secretary/BMOH with Office Seal

16/10/2015  
 Diamond Harbour Municipality  
 South 24 Parganas

Prepared by  
[Signature]  
 11/9/15

H-1-14  
2/10/16

14

STO - 953174  
Phone: 255346  
FAX: 255257

Office of the  
**DIAMOND HARBOUR MUNICIPALITY**  
Diamond Harbour, South 24 Parganas

Ref No

Date

To  
The project officer  
STATE URBAN DEVELOPMENT AGENCY (Health)  
ILRUS BHAWAN, Block - H.C, Sector - III  
KOLKATA - 700106,

This is to inform you that we received the fund of an amount 70,500 only for the programme vector Borne Disease ZEP, oct round 2015. The said amount has been spent in full for the said programme as per financial guide line. Enclosed here with expenditure statements 40 original vouchers are kept in our office for audit purpose.

Thanking you.

Yours faithfully

*[Handwritten signature]*

Debi Prasad  
12-2-16  
Councillor  
Diamond Harbour Municipality

*[Faint handwritten signature]*  
Diamond Harbour Municipality  
South 24 Parganas

*[Handwritten signature]*  
04.02.16.



Name of the Block Diamond Harbour Municipality Name of the Programme Prevention & Control Programme 2015 (Sep - Oct Round)  
 Date of Submission \_\_\_\_\_

**UTILISATION CERTIFICATE**

CERTIFIED that the amount of Rs. 70,500/- (Seventy thousand five hundred) only is being utilized by the undersigned  
 on account of the cheque no. \_\_\_\_\_ dated \_\_\_\_\_

for implementation of the SUDA-Health/55 (Pt. - iv) / 13/80 (13)  
Vector Borne prevention & control programme 2015 oct-sep  
 Programme in the Block.

Out of an amount of Rs. 70,500/- total expenditure of Rs. 70,500/-  
Seventy thousand five hundred is per financial guidance  
 for the Programme stated as above.

The unspent balance amount of Rs. Nil is being refunded  
 dated \_\_\_\_\_ which may please be noted.

This is to certify that all the payments vouchers and receipts are kept ready for  
 Office for audit purpose or to produce as and when required.

Name of the B.M.O. / Secretary \_\_\_\_\_  
 Name of the Block Diamond Harbour Municipality  
 Date of Submission of S.G.E-cum-U.C. \_\_\_\_\_

*[Handwritten signature]*

*[Handwritten signature]*  
24.02.16

**Debojyoti Halder**  
 Councillor 12-2-16  
 Diamond Harbour Municipality

*[Handwritten signature]*  
12.02.2016  
 District \_\_\_\_\_



Office of the  
**DIAMOND HARBOUR MUNICIPALITY**  
Diamond Harbour, South 24 Parganas

Ref No

Date

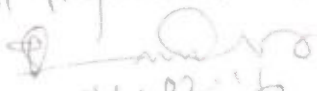
Prevention & Control programme of Vector Borne  
Diseases - 2015 for the period of Sep - Oct '15

Expenditure Statement given below

Sl No.	Particulars	S/No.	Amount
①	Master roll of CLB staff	①	Rs. 3000/-
②	" " Supervisor	②	Rs. 6000/-
③	" " Survey team	③	Rs. 61,500/-

Total Rs. 70,500/-

Rupees (Seventy thousand five hundred) only.

Bill prepared by  
  
04.02.16

Debaki Halder  
Councilor 12-2-16  
Diamond Harbour Municipality  
South 24 Parganas

Data given by  
Jaydeep Mandal  
4/2/16

H T H



Office of the Councillors  
**Contai Municipality**

S.T.D.-03220  
255017/255027/  
257377/255312/  
257078  
Fax : 255599

3

P.O.- Contai :: Dist.-Purba Medinipur

No. 231/2015-274

Date 31/8/15

From : Chairman / Vice-Chairman / Executive Officer/ Councillors, Contai Municipality

To,  
The Project Officer,  
SUDA, Health Wings,  
ILGUS BHAVAN  
Bidhan Nagar,  
HC Block, Sector-III  
Kolkata-106



PO(A)  
29/8/15

Sub: Submission of SOE for the month of Aug, 2015 amount of Rs. 1,47,375/- under Vector Control Programme.

Madam,

I am submitting herewith the SOE Report under Public Health ( Vector Control Programme )for the month of Aug,'15 amount of Rs.1,47,375/- (Rupees one lac forty seven thousand three hundred seventy five) only for your kind information.

Hence, I would request you to release further grant for the expedite for execute the said programme.

Thanking you,

Yours faithfully,

*[Handwritten Signature]*  
31/8/15

Chairman,  
Contai Municipality.  
**Chairman,**  
**Contai Municipality**

Encl: As stated,

OFFICE OF THE COUNCILLORS', CONTAI MUNICIPALITY

CONTAI::PURBA MEDINIPUR

"Health Wings" under Urban Public Health(Vector Control Programme)  
Voucher Details as indicated below for the month of Aug, 2015

Sl. No.	Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount (In Rs.)
01.	V.No.181 Dt. 27.08.15	Honorarium	Paid Honorarium to the Volunteers, Supervisors and ULB Staffs in Vector Control Programme for the month of June, '15	49,125.00
02.	V.No.182 Dt. 27.08.15	Honorarium	Paid Honorarium to the Volunteers, Supervisors and ULB Staffs in Vector Control Programme for the month of July, '15	49,125.00
03.	V.No.183 Dt. 27.08.15	Honorarium	Paid Honorarium to the Volunteers, Supervisors and ULB Staffs in Vector Control Programme for the month of Aug, '15	49,125.00
			<b>Total:</b>	<b>1,47,375.00</b>



*[Signature]*  
Chairman,  
Contai Municipality  
Chairman,  
Contai Municipality

# OFFICE OF THE COUNCILLORS:: CONTAI MUNICIPALITY

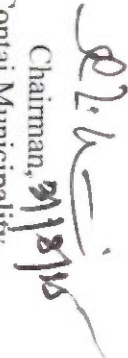
CONTAI::PURBAMEDINIPUR

## “HEALTH WINGS” under CBPHCH

- Status on Fund Received & SOE Submitted under Public Health(Vector Control Programme)

Financial Year	Opening Balance	Fund Received from SUDA	Total Fund Available	SOE Sent upto. July,2015	SOE for the month of Aug,2015	Total SOE	Balance (Amount in Rs.)
2015-2016	Nil	1.Rs. 1,47,375/- (Ref. No. SUDA-Health/65(Pt.-IV)/ 13/121(45) Dt. 07.08.15	1,47,375/-		1,47,375/-	1,47,375/-	NIL



  
Chairman, 21/8/15  
Contai Municipality.  
Contai Municipality

# CONTINGENT BILL

Form No. 48 (Vide Rule 138)

Municipality of Contai	Detailed bill of contingent charges of the	Month of 20
Head of Charge	To The Chairman Contai Municipality	No. of voucher
Serial No. of Sub-vouchers	Description of charge and number date of authority for all charges requiring special sanction	Amount
	Contingent Bill for Honorarium of Volunteers, Supervisors and ULB Staffs for their performance in Vector Control Programme for the months of <del>May</del> June '15 <u>Bill as per vouchers:</u>  Voucher no-① → 43,500-00 Voucher no-② → 4,125-00 Voucher no-③ → 1,500-00  (Rupees forty nine thousand one hundred twenty five only.)  <b>Total -</b> 49,125-00  (Word) Shanti Rani Panda	

Certified for the month of ~~May~~ June '15  
Payment.

24/8/15  
Accounts Assistant,  
S. B. P. N. C. S.  
Contai Municipality

I certify that expenditure charged in this bill could not with due regard to the interest of the Municipality be avoided. I have satisfied myself that the charges entered in this bill have been really paid with the exceptions noted below, which exceed the balance of the permanent Advance and will be paid on receipt of the money drawn on this bill.

Shanti Rani Panda  
Received payment

Date - 20  
I'll pay Rupees

Name  
Office

V. NO - 181

Examined  
Accountant

ATTESTED

Executive Officer,  
Contai Municipality

Passed for Payment of Rs. 49,125/- Chairman

Dated 22/8/15 only.  
The Rs. 49,125/- only.

Chairman,  
Contai Municipality

**OFFICE OF THE COUNCILLORS':: CONTAI MUNICIPALITY**

Contai:: purba Medinipur

**HONORARIUM OF VOLUNTEERS UNDER VRCORCONTROL PROGRAMME, JUNE '15**

Team No	Sl. No.	Name of Volunteers	Daily Honorarium	Working days	Total Amount	Signature
1A	1	Hasina Bibi	75/-	5	375/-	হাসিনা বিবি
	2	Waheda Khatun	75/-	5	375/-	Waheda Khatun
1B	3	Salima Bibi	75/-	5	375/-	সালিমাবিবি
	4	Najeda Khatun	75/-	5	375/-	Najeda Khatun
1C	5	Putul Khatun	75/-	5	375/-	Putul Khatun (Bibi)
	6	Ruksana Bibi	75/-	5	375/-	রুক্সানা বিবি
1D	7	Sahina Bibi	75/-	5	375/-	Sahina Bibi
	8	Jhama Maity	75/-	5	375/-	Jhama Maity
1E	9	Khuku Khatun	75/-	5	375/-	Khuku Khatun
	10	Hasina Bewa	75/-	5	375/-	Hasina Bewa
2A	11	Mahua Das	75/-	5	375/-	Mahua Das.
	12	Ashima Acharjee	75/-	5	375/-	A. Acharya.
2B	13	Uma Pramanik	75/-	5	375/-	Uma Pramanik
	14	Debjani Giri	75/-	5	375/-	Debjani Giri
2C	15	Pratima Das	75/-	5	375/-	Pratima Das
	16	Siuli Dutta	75/-	5	375/-	Seuli Datta.
2D	17	Farjana Bibi	75/-	5	375/-	Farjana Bibi.
	18	Rabeya Bibi	75/-	5	375/-	Rabeya Bibi
2E	19	Pranati Bhunia	75/-	5	375/-	Pranati Bhunia
	20	Chandana Giri	75/-	5	375/-	Chandana Giri
2F	21	Moni Giri	75/-	5	375/-	Moni Giri
	22	Tapasi Das	75/-	5	375/-	Tapasi Das,
		Total:		c/o	8,250/-	

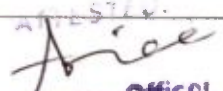
TESTED.

Executive Officer,  
Contai Municipality

Team No	Sl. No.	Name of Volunteers	Daily Honorarium	Working days	Total Amount b/- 8,250/-	Signature
3A	23	Bahar Sultana	75/-	5	375/-	Bahar Sultana
	24	Mamani Das	75/-	5	375/-	Mamani Das
3B	25	Asrekun Khatun	75/-	5	375/-	Asrekun Khatun
	26	Rijya Bibi	75/-	5	375/-	Rijya Bibi
3C	27	Jahanara Bibi	75/-	5	375/-	Jahanara Bibi
	28	Rakhi Bibi	75/-	5	375/-	Rakhi Bibi
3D	29	Saima Bibi	75/-	5	375/-	Saima Bibi
	30	Munsefa Bibi	75/-	5	375/-	Munsefa Bibi
3E	31	Piyali Mallik	75/-	5	375/-	Piyali Mallik
	32	Kajal Maity	75/-	5	375/-	Kajal Maity
4A	33	Debjani Acharjee	75/-	5	375/-	Debjani Acharya
	34	Anushree Sahoo	75/-	5	375/-	Anushree Sahoo
4B	35	Madhumita Kala	75/-	5	375/-	Madhumita Kala
	36	Sushama Das	75/-	5	375/-	Sushama Das
4C	37	Mousumi Pal	75/-	5	375/-	Mousumi Pal.
	38	Rina Sahoo	75/-	5	375/-	Rina Sahoo
4D	39	Tanushree Jana	75/-	5	375/-	Tanushree Jana.
	40	Namita Bhowmik	75/-	5	375/-	Namita Bhowmik.
4E	41	Nilu Kamila	75/-	5	375/-	Nilu Kamila
	42	Ujjwala Mondal	75/-	5	375/-	Ujjwala Mondal
5A	43	Sovana Das	75/-	5	375/-	Sovana Das
	44	Sarbani Khatun	75/-	5	375/-	Sarbani Khatun
5B	45	Shyamali Dutta	75/-	5	375/-	Shyamali Dutta.
	46	Debjani Das	75/-	5	375/-	Debjani Das.
Total:				60	17,250/-	

EXECUTIVE OFFICER,  
 Contai Municipality

Team No	Sl. No.	Name of Volunteers	Daily Honorarium	Working days	Total Amount b/f - 17,250/-	Signature
5C	47	Urmila Kander	75/-	5	375/-	Urmila Kander
	48	Tutumoni Maity	75/-	5	375/-	Tutumoni Maity
5D	49	Pratima Majhi	75/-	5	375/-	Pratima Majhi
	50	Shyama Acharjee	75/-	5	375/-	Shyama Acharya
5E	51	Parul Dutta	75/-	5	375/-	Parul Datta
	52	Rekha Majhi	75/-	5	375/-	Rekha Majhi
6A	53	Anjushree Das	75/-	5	375/-	Anjushree Das
	54	Sanchayita Das	75/-	5	375/-	Sanchayita Das
6B	55	Radha Rani Das	75/-	5	375/-	Radha Rani Das
	56	Jayanti Das	75/-	5	375/-	Jayanti Das
6C	57	Koyel Barik	75/-	5	375/-	✓ Koyel Barik
	58	Tanushree Sinha	75/-	5	375/-	Tanushree Sinha
6D	59	Smritikana Patra	75/-	5	375/-	Smritikana Patra
	60	Sushama Das	75/-	5	375/-	✓ Sushama Das
6E	61	Chandana Ojha	75/-	5	375/-	Chandana Ojha
	62	Anju Das	75/-	5	375/-	Anju Das
7A	63	Nandita Maity	75/-	5	375/-	Nandita Maity
	64	Mousumi Guchhait	75/-	5	375/-	Mousumi Guchhait
7B	65	Rama Maity	75/-	5	375/-	Rama Maity
	66	Madhumita Pal	75/-	5	375/-	Madhumita Pal
7C	67	Monalisha Maity	75/-	5	375/-	Monalisha Maity
	68	Ashima Maity	75/-	5	375/-	Ashima Maity
7D	69	Minu Maity	75/-	5	375/-	Minu Maity
	70	Usha Maity	75/-	5	375/-	Usha Maity
Total:				c/o-	26,250/-	

  
 Executive Officer,  
 Contai Municipality



Team No	Sl. No.	Name of Volunteers	Daily Honorarium	Working days	Total Amount b/f- 26,250/-	Signature
7E	71	Anushree Patra	75/-	5	375/-	Anushree Patra
	72	Mitali Das	75/-	5	375/-	Mitali Das 27 <sup>8</sup> / <sub>15</sub>
8A	73	Amita Maity	75/-	5	375/-	Amita Maity
	74	Kaberi Das	75/-	5	375/-	Kaberi Das
8B	75	Sandhya Giri	75/-	5	375/-	Sandhya Giri
	76	Tuhina Khatun	75/-	5	375/-	Tuhina Khatun
8C	77	Hena Dutta	75/-	5	375/-	Hena Dutta
	78	Arpita Bera	75/-	5	375/-	Arpita Bera
8D	79	Saraswati Hatua	75/-	5	375/-	Saraswati Hatua
	80	Gouri Chakravarty	75/-	5	375/-	Gouri Chakravarty
9A	81	Chaina Sen	75/-	5	375/-	Chaina Sen
	82	Ambika Roy	75/-	5	375/-	Ambika Roy
9B	83	Dalia Boxi	75/-	5	375/-	Dalia Bokxi
	84	Rubi Ghosh	75/-	5	375/-	Rubi Ghosh
9C	85	Pinki Payra	75/-	5	375/-	Pinki Payra
	86	Kabita Das	75/-	5	375/-	Kabita Das
9D	87	Kaberi Bera	75/-	5	375/-	Kaberi Bera
	88	Bina Bera	75/-	5	375/-	Bina Bera
9E	89	Rekha Pradhan	75/-	5	375/-	Rekha Pradhan
	90	Chameli Maity	75/-	5	375/-	Chameli Maity
10A	91	Mousumi Dingal	75/-	5	375/-	Mousumi Dingal
	92	Rama Ghorai	75/-	5	375/-	Kaberi Bera
10B	93	Archana Das	75/-	5	375/-	Archana Das
	94	Mayurakshi Giri	75/-	5	375/-	Mayurakshi Giri
Total:				c/o	35,250/-	

ATTESTED

*Alice*  
Executive Officer,  
Contai Municipality

Team No.	Sl. No.	Name of Volunteers	Daily Honorarium	Working days	Total Amount b/f-35,250/-	Signature
10C	95	Rita Ghosh	75/-	5	375/-	Rita Ghosh
	96	Bina Das	75/-	5	375/-	Bina Das
10D	97	Sankari Das	75/-	5	375/-	Sankari Das
	98	Falguni Das	75/-	5	375/-	Falguni Das
10E	99	Mou Samanta	75/-	5	375/-	Mou Samanta
	100	Minati Giri	75/-	5	375/-	Minati Giri
11A	101	Sima Patra	75/-	5	375/-	Sima Patra Mondal
	102	Rakhi Bisui	75/-	5	375/-	Rakhi Bisui
11B	103	Mamoni Jana	75/-	5	375/-	Mamoni Jana
	104	Moni Bera	75/-	5	375/-	Mani Bera
11C	105	Kakali Das	75/-	5	375/-	Kakali Das
	106	Rekha Das	75/-	5	375/-	Rekha Das
11D	107	Tuktuki Deb	75/-	5	375/-	Tuktuki Deb
	108	Baisakhi Samanta	75/-	5	375/-	Baisakhi Samanta
11E	109	Kabita Pal	75/-	5	375/-	Kabita pal.
	110	Mousumi Maity	75/-	5	375/-	Mousumi Maity
11F	111	Reba Ghosh	75/-	5	375/-	Reba Ghosh.
	112	Sima Chandra	75/-	5	375/-	Sima Chandra
8E	113	Manjula Maity	75/-	5	375/-	Manjula Maity
	114	Sabita Dinda	75/-	5	375/-	Sabita Dinda
10F	115	Namita Maity	75/-	5	375/-	Namita Maity
	116	Sarbani Ghorai	75/-	5	375/-	Sarbani Ghorai
					43,500/-	

Cash paid for  
payment.

Date 24/8/15  
Account Assistant,  
O. B. P. H. C. S  
Contai Municipality.

(Rupees forty three thousand and five hundred) only

ATTESTED  
Office  
Executive Officer,  
Contai Municipality

**OFFICE OF THE COUNCILLORS':: CONTAI MUNICIPALITY**  
**Contai:: purba Medinipur**

**HONORARIUM OF SUPERVISORS UNDER VRC TOR CONTROL PROGRAMME, JUNE '15**

Sl. No.	Name of Volunteers	Daily Honorarium	Working days	Total Amount	Signature
1	Tutun Dey	75/-	5	375/-	Tutun Dey 28/8/15
2	Rahima Bera	75/-	5	375/-	Rahima Bera 27.08.15
3	Ajanta Kar	75/-	5	375/-	Ajanta Kar.
4	Subal Barik	75/-	5	375/-	Subal Barik
5	Ranjan Das	75/-	5	375/-	Ranjan Das
6	Tapasi Bera	75/-	5	375/-	Tapasi Bera 27-08-15
7	Alpana Hazra	75/-	5	375/-	Alpana Hazra. 31.08.15
8	Sutapa Acharjee	75/-	5	375/-	Sutapa Acharya. 27.8.15
9	Sutapa Bera	75/-	5	375/-	Sutapa Bera 28.8.15
10	Binoy Pal	75/-	5	375/-	Binoy Pal.
11	Rita Das	75/-	5	375/-	Rita Das (am) 27.08.15
	Total:			4,125/-	

(Rupees four thousand one hundred twenty-five)only.

*Certified for  
Payment.*

**ATTESTED.**  
*Free*  
**Executive Officer,**  
**Contai Municipality**

*Das*  
**ACCOUNT ASSTANT,**  
**C. B. P. H. C. S.**  
**Contai Municipality**

OFFICE OF THE COUNCILLORS':: CONTAI MUNICIPALITY

Contai:: purba Medinipur

HONORARIUM OF ULB STAFFS UNDER VRCORCONTROL PROGRAMME, JUNE '15

Sl. No.	Name of ULB Staff	Daily Honorarium	Working days	Total Amount	Signature
1	Dipak Kr. Maity	75/-	5	375/-	Dipak Maity
2	Himangshu Manna	75/-	5	375/-	Himangshu Manna
3	Chanchal Nandi	75/-	5	375/-	Chanchal Nandi
4	Shila Rani Jana	75/-	5	375/-	Shila Rani Jana
Total:				1,500/-	

(Rupees one thousand five hundred) only

ATTESTED.  
Aree for payment.  
Executive Officer,  
Contai Municipality

18/6/15  
C. B. P. H. C. S.  
Contai Municipality

# CONTINGENT BILL

Form No. 48 (Vide Rule 138)

Municipality of Contai	Detailed bill of contingent charges of the	Month of 20
Head of Charge	To The Chairman, Contai Municipality	No. of voucher
Serial No. of Sub-vouchers	Description of charge and number date of authority for all charges requiring special sanction	Amount
	Contingent Bill for Honorarium of volunteers, Supervisors and UCB Staffs for the month of July '15 for their performance in vector Control Programme.	
	<p style="text-align: center;"><u>Bill as per vouchers:</u></p> <p style="text-align: center;">voucher no. ① → 43,500-00</p> <p style="text-align: center;">voucher no. ② → 4,125-00</p> <p style="text-align: center;">voucher no. ③ → 1,500-00</p> <p style="text-align: center;">(Rupees forty nine thousand one hundred twenty five only)</p> <p style="text-align: right;"><b>Total - 49,125-00</b></p>	
	(Word) Shanti Rani Pande	

Certified for Payment  
 Date: 24/8/15  
 Accounts Assistant,  
 C. B. P. H. C. S.  
 Contai Municipality

I certify that expenditure charged in this bill could not with due regard to the interest of the Municipality be avoided. I have satisfied myself that the charges entered in this bill have been really paid with the exceptions noted below, which exceed the balance of the permanent Advance and will be paid on receipt of the money drawn on this bill.

Shanti Rani Pande  
Received payment

Date - 20  
 the pay Rupees  
 Examined Accountant

VNO-182

Name Office

ATTESTED

Aice

Executive Officer,  
Contai Municipality

Passed for Payment of Rs. 49,125/- Chairman

• Forty nine thousand one hundred twenty five only

Dated 20/8/15

The 411000100/21190

20/8/15

Chairman,  
C. B. P. H. C. S.

V-1

OFFICE OF THE COUNCILLORS':: CONTAI MUNICIPALITY

Contai:: purba Medinipur

HONORARIUM OF VOLUNTEERS UNDER VRCORCONTROL PROGRAMME, JULY'15

Team No	Sl. No.	Name of Volunteers	Daily Honorarium	Working days	Total Amount	Signature
1A	1	Hasina Bibi	75/-	5	375/-	Hasina Bibi
	2	Waheda Khatun	75/-	5	375/-	Waheda Khatun
1B	3	Salima Bibi	75/-	5	375/-	Salima Bibi
	4	Najeda Khatun	75/-	5	375/-	Najeda Khatun
1C	5	Putul Khatun	75/-	5	375/-	Putul Khatun (Bibi)
	6	Ruksana Bibi	75/-	5	375/-	Ruksana Bibi
1D	7	Sahina Bibi	75/-	5	375/-	Sahina Bibi
	8	Jharna Maity	75/-	5	375/-	Jharna Maity
1E	9	Khuku Khatun	75/-	5	375/-	Khuku Khatun
	10	Hasina Bewa	75/-	5	375/-	Hasina Bewa
2A	11	Mahua Das	75/-	5	375/-	Mahua Das.
	12	Ashima Acharjee	75/-	5	375/-	Asima Acharya.
2B	13	Jahera Bibi	75/-	5	375/-	Jahera Bibi
	14	Debjani Giri	75/-	5	375/-	Debjani Giri
2C	15	Pratima Das	75/-	5	375/-	Pratima Das
	16	Siuli Dutta	75/-	5	375/-	Seuli Dutta
2D	17	Farjana Bibi	75/-	5	375/-	Farjana Bibi.
	18	Rabeya Bibi	75/-	5	375/-	Rabeya Bibi
2E	19	Pranati Bhunia	75/-	5	375/-	Pranati Bhunia
	20	Chandana Giri	75/-	5	375/-	Chandana Giri
2F	21	Moni Giri	75/-	5	375/-	Moni Giri
	22	Tapasi Das	75/-	5	375/-	Tapasi Das.
Total:				c/o	8,250/-	

ATTESTE

Executive Officer,  
Contai Municipality

Team No	Sl. No.	Name of Volunteers	Daily Honorarium	Working days	Total Amount b/- 8,250/-	Signature
3A	23	Bahar Sultana	75/-	5	375/-	Bahar Sultana
	24	Mamani Das	75/-	5	375/-	Mamani Das
3B	25	Asrekun Khatun	75/-	5	375/-	Asrekun Khatun
	26	Rijiya Bibi	75/-	5	375/-	Rijiya Bibi
3C	27	Jahanara Bibi	75/-	5	375/-	Jahanara Bibi
	28	Rakhi Bibi	75/-	5	375/-	Rakhi - Bibi
3D	29	Salma Bibi	75/-	5	375/-	Salma Bibi
	30	Munsefa Bibi	75/-	5	375/-	Munsefa Bibi
3E	31	Piyali Mallik	75/-	5	375/-	Piyali Mallik
	32	Kajal Maity	75/-	5	375/-	Kajal Maity
4A	33	Debjani Acharjee	75/-	5	375/-	Debjani Acharya
	34	Anushree Sahoo	75/-	5	375/-	Anushree Sahoo
4B	35	Madhumita Kala	75/-	5	375/-	Madhumita Kala
	36	Sushama Das	75/-	5	375/-	Sushama Das
4C	37	Mousumi Pal	75/-	5	375/-	Mousumi Pal
	38	Rina Sahoo	75/-	5	375/-	Rina Sahoo
4D	39	Tanushree Jana	75/-	5	375/-	Tanushree Jana
	40	Namita Bhowmik	75/-	5	375/-	Namita Bhowmik
4E	41	Nilu Kamila	75/-	5	375/-	Nilu Kamila
	42	Ujjwala Mondal	75/-	5	375/-	Ujjwala Mondal
5A	43	Sovana Das	75/-	5	375/-	Sovana Das
	44	Sarbani Khatun	75/-	5	375/-	Sarbani Khatun
5B	45	Shyamali Dutta	75/-	5	375/-	Shyamali Dutta
	46	Debjani Das	75/-	5	375/-	Debjani Das
Total:				c/o	17,250/-	

ATTESTED.

*file*

Executive Officer,  
Contai Municipality

Team No	Sl. No.	Name of Volunteers	Daily Honorarium	Working days	Total Amount b/f - 17,250/-	Signature
5C	47	Urmila Kander	75/-	5	375/-	Urmila Kander
	48	Tutumoni Maity	75/-	5	375/-	Tutumoni Maity
5D	49	Pratima Majhi	75/-	5	375/-	Pratima Majhi
	50	Shyama Acharjee	75/-	5	375/-	Shyama Acharjee
5E	51	Parul Dutta	75/-	5	375/-	Parul Dutta
	52	Rekha Majhi	75/-	5	375/-	Rekha Majhi
6A	53	Anjushree Das	75/-	5	375/-	Anjushree Das
	54	Sanchayita Das	75/-	5	375/-	Sanchayita Das
6B	55	Radha Rani Das	75/-	5	375/-	Radharani Das
	56	Jayanti Das	75/-	5	375/-	Jayanti Das
6C	57	Koyel Barik	75/-	5	375/-	Koyel Barik
	58	Tanushree Sinha	75/-	5	375/-	Tanushree Sinha
6D	59	Smritikana Patra	75/-	5	375/-	Smritikana Patra
	60	Sushama Das	75/-	5	375/-	Sushama Das
6E	61	Chandana Ojha	75/-	5	375/-	Chandana Ojha
	62	Anju Das	75/-	5	375/-	Anju Das
7A	63	Nandita Maity	75/-	5	375/-	Nandita Maity
	64	Mousumi Guchhait	75/-	5	375/-	Mousumi Guchhait
7B	65	Rama Maity	75/-	5	375/-	Rama Maity
	66	Madhumita Pal	75/-	5	375/-	Madhumita Pal
7C	67	Monalisha Maity	75/-	5	375/-	Monalisha Maity
	68	Ashima Maity	75/-	5	375/-	Ashima Maity
7D	69	Minu Maity	75/-	5	375/-	Minu Maity
	70	Usha Maity	75/-	5	375/-	Usha Maity
Total:				c/o-	26,250/-	

ATTESTED.

Executive Officer,  
Contai Municipality



Team No	Sl. No.	Name of Volunteers	Daily Honorarium	Working days	Total Amount b/f- 26,250/-	Signature
7E	71	Anushree Patra	75/-	5	375/-	Anushree Patra
	72	Mitali Das	75/-	5	375/-	Mitali Das 27 <sup>8</sup> / <sub>15</sub>
8A	73	Amrita Maity	75/-	5	375/-	Amrita Maity
	74	Kaberi Das	75/-	5	375/-	Kaberi Das
8B	75	Sandhya Giri	75/-	5	375/-	Sandhya Giri
	76	Tuhina Khatun	75/-	5	375/-	Tuhina Khatun
8C	77	Hena Dutta	75/-	5	375/-	Hena Dutta
	78	Arpita Bera	75/-	5	375/-	Arpita Bera
8D	79	Saraswati Hatua	75/-	5	375/-	Saraswati Hatua
	80	Gouri Chakravarty	75/-	5	375/-	Gouri Chakravarty
9A	81	Chaina Sen	75/-	5	375/-	Chaina Sen
	82	Ambika Roy	75/-	5	375/-	Ambika Roy
9B	83	Dalia Boxi	75/-	5	375/-	Dalia Boxi
	84	Rubi Ghosh	75/-	5	375/-	Rubi Ghosh
9C	85	Pinki Payra	75/-	5	375/-	Pinki Payra
	86	Kabita Das	75/-	5	375/-	Kabita Das
9D	87	Kaberi Bera	75/-	5	375/-	Kaberi Bera
	88	Bina Bera	75/-	5	375/-	Bina Bera
9E	89	Rekha Pradhan	75/-	5	375/-	Rekha Pradhan
	90	Chameli Maity	75/-	5	375/-	Chameli Maity
10A	91	Mousumi Dingal	75/-	5	375/-	Mousumi Dingal
	92	Sulekha Sinha	75/-	5	375/-	Sulekha Sinha
10B	93	Archana Das	75/-	5	375/-	Archana Das
	94	Mayurakshi Giri	75/-	5	375/-	Mayurakshi Giri
Total:				c/o	35,250/-	

ATTESTED

Executive Officer,  
Contal Municipality

Team No	Sl. No.	Name of Volunteers	Daily Honorarium	Working days	Total Amount b/f-35,250/-	Signature
10C	95	Rita Ghosh	75/-	5	375/-	Rita Ghosh
	96	Bina Das	75/-	5	375/-	Bina Das
10D	97	Sankari Das	75/-	5	375/-	Sankari Das
	98	Falguni Das	75/-	5	375/-	Falguni Das
10E	99	Mou Samanta	75/-	5	375/-	Mou Samanta
	100	Minati Giri	75/-	5	375/-	Minati Giri
11A	101	Sima Patra	75/-	5	375/-	Sima Patra (Mondal)
	102	Rakhi Bisui	75/-	5	375/-	Rakhi Bisui
11B	103	Mamoni Jana	75/-	5	375/-	Mamoni Jana
	104	MoniBera	75/-	5	375/-	Moni Bera
11C	105	Kakali Das	75/-	5	375/-	Kakali Das
	106	Rekha Das	75/-	5	375/-	Rekha Das
11D	107	Tuktuki Deb	75/-	5	375/-	Tuktuki Deb
	108	Baisakhi Samanta	75/-	5	375/-	Baisakhi Samanta
11E	109	Kabita Pal	75/-	5	375/-	Kabita pal
	110	Mousumi Maity	75/-	5	375/-	Mousumi Maity
11F	111	Reba Ghosh	75/-	5	375/-	Reba Ghosh
	112	Sima Chandra	75/-	5	375/-	Sima Chandra
8E	113	Manjula Maity	75/-	5	375/-	Manjula Maity
	114	Sabita Dinda	75/-	5	375/-	Sabita Dinda
10F	115	Namita Maity	75/-	5	375/-	Namita Maity
	116	Sarbani Ghorai	75/-	5	375/-	Sarbani Ghorai
					43,500/-	

Certified for  
payment.  
Date: 24/8/15  
Accounts Assistant,  
G. B. P. H. C. S.  
Contal Municipality

(Rupees forty three thousand and five hundred) only

ATTESTED  
Executive Officer  
Contal Municipality

V-2

OFFICE OF THE COUNCILLORS':: CONTAI MUNICIPALITY

Contai:: purba Medinipur

HONORARIUM OF SUPERVISORS UNDER VRCTORCONTROL PROGRAMME, JULY'15

Sl. No.	Name of Volunteers	Daily Honorarium	Working days	Total Amount	Signature
1	Tutun Dey	75/-	5	375/-	Tutun Dey 28/8/15
2	Rahima Bewa	75/-	5	375/-	Rahima Bewa 27.08.15
3	Ajanta Kar	75/-	5	375/-	Ajanta Kar.
4	Subal Barik	75/-	5	375/-	Subal Barik
5	Ranjan Das	75/-	5	375/-	Ranjan Das.
6	Tapasi Bera	75/-	5	375/-	Tapasi Bera 27.08.15
7	Alpana Hazra	75/-	5	375/-	Alpana Hazra 31-08-15
8	Sutapa Acharjee	75/-	5	375/-	Sutapa Acharya 27.8.15
9	Sutapa Bera	75/-	5	375/-	Sutapa Bera. 28.8.15
10	Binoy Pal	75/-	5	375/-	Binoy Pal.
11	Rita Das	75/-	5	375/-	Rita Das (Grand) 27.08.15
	Total:			4,125/-	

(Rupees four thousand one hundred twenty-five)only.

Certified for  
payment.

ATTESTED,  
Executive Officer,  
Contai Municipality

24/8/15  
ACCOUNT ASSISTANT,  
G. B. P. H. C. S.  
Contai Municipality.

V-3

OFFICE OF THE COUNCILLORS':: CONTAI MUNICIPALITY  
Contai:: purba Medinipur  
HONORARIUM OF ULB STAFFS UNDER VRCORCONTROL PROGRAMME, JULY'15

Sl. No.	Name of ULB Staff	Daily Honorarium	Working days	Total Amount	Signature
1	Dipak Kr. Maity	75/-	5	375/-	Dipak Maity
2	Himangshu Manna	75/-	5	375/-	Himangshu Manna
3	Chanchal Nandi	75/-	5	375/-	Chanchal Nandi
4	Shila Rani Jana	75/-	5	375/-	शिला रानी जना
Total:				1,500/-	

(Rupees one thousand five hundred) only

Certified for payment.

24/8/15  
Account Assistant  
C. H. P. H. C. S.  
Contai Municipality

ATTESTED,  
Aice  
Executive Officer,  
Contai Municipality

# CONTINGENT BILL

Form No. 48 (Vide Rule 138)

Municipality of Contai	Detailed bill of contingent charges of the	Month of 20
Head of Charge	To The Chairman Contai Municipality	No. of voucher
Serial No. of Sub-vouchers	Description of charge and number date of authority for all charges requiring special sanction	Amount
<p style="font-size: small;">Certified for Payment 24/8/15 Account Assistant, C. B. P. H. C. S. Contai Municipality</p>	Contingent bill for honorarium of volunteers, Supervisors and U.B. Staffs for their duties in vector control programme for the month of August '15	
	Bill as per vouchers:	
	vouches no ①	43,500-00
	vouches no ②	4,125-00
	vouches no ③	1,500-00
	(Rupees forty nine thousand one hundred twenty five only)	/
	<b>Total -</b>	<b>49125-00</b>
(Word)		

I certify that expenditure charged in this bill could not with due regard to the interest of the Municipality be avoided. I have satisfied myself that the charges entered in this bill have been really paid with the exceptions noted below, which exceed the balance of the permanent Advance and will be paid on receipt of the money drawn on this bill.

Date - 20 V. NO-183 Name \_\_\_\_\_ Office \_\_\_\_\_ Received payment \_\_\_\_\_  
 Rupees \_\_\_\_\_  
 Examined \_\_\_\_\_  
 Accountant \_\_\_\_\_

**ATTESTED**  
*Arise*  
 Executive Officer  
 Contai Municipality

Passed for Payment of Rs. 49125/- Chairman  
 Rupees forty nine thousand one hundred twenty five only  
 Dated 24/8/15  
 To be debited to Ap. No. 14/1000/0012/11/90  
*[Signature]*  
 Chairman,  
 Contai Municipality

**OFFICE OF THE COUNCILLORS':: CONTAI MUNICIPALITY**

Contai:: purba Medinipur

**HONORARIUM OF VOLUNTEERS UNDER VRCTORCONTROL PROGRAMME, August '15**

Team No	Sl. No.	Name of Volunteers	Daily Honorarium	Working days	Total Amount	Signature
1A	1	Hasina Bibi	75/-	5	375/-	275-17/15/15
	2	Waheda Khatun	75/-	5	375/-	Waheda Khatun Smt. Waheda Khatun
1B	3	Salima Bibi	75/-	5	375/-	Salima Bibi
	4	Najeda Khatun	75/-	5	375/-	Najeda Khatun
1C	5	Putul Khatun	75/-	5	375/-	Putul Khatun (Pia)
	6	Ruksana Bibi	75/-	5	375/-	Ruksana Bibi
1D	7	Sahina Bibi	75/-	5	375/-	Sahina Bibi
	8	Jhama Maity	75/-	5	375/-	Jhama Maity
1E	9	Khuku Khatun	75/-	5	375/-	Khuku Khatun
	10	Hasina Bawa	75/-	5	375/-	Hasina Bawa
2A	11	Mahua Das	75/-	5	375/-	Mahua Das
	12	Ashima Acharjee	75/-	5	375/-	Ashima Acharjee
2B	13	Jahera Bibi	75/-	5	375/-	Jahera Bibi
	14	Debjani Giri	75/-	5	375/-	Debjani Giri
2C	15	Pratima Das	75/-	5	375/-	Pratima Das
	16	Siuli Dutta	75/-	5	375/-	Seuli Dutta
2D	17	Farjana Bibi	75/-	5	375/-	Farzana Bibi
	18	Rabeya Bibi	75/-	5	375/-	Rabeya Bibi
2E	19	Pranati Bhunia	75/-	5	375/-	Pranati Bhunia
	20	Chandana Giri	75/-	5	375/-	Chandana Giri
2F	21	Moni Giri	75/-	5	375/-	Moni Giri
	22	Tapasi Das	75/-	5	375/-	Tapasi Das
		Total:		c/o	8,250/-	

**ATTESTED**  
  
**Executive Officer,**  
**Contai Municipality**

Team No	Sl. No.	Name of Volunteers	Daily Honorarium	Working days	Total Amount b/f- 8,250/-	Signature
3A	23	Bahar Sultana	75/-	5	375/-	Bahar Sultana
	24	Mamani Das	75/-	5	375/-	Mamani Das
3B	25	Asrekun Khatun	75/-	5	375/-	Asrekun Khatun
	26	Rijiya Bibi	75/-	5	375/-	Rijiya Bibi
3C	27	Jahanara Bibi	75/-	5	375/-	Rakhi-Bibi Jahanara
	28	Rakhi Bibi	75/-	5	375/-	Rakhi-Bibi
3D	29	Salma Bibi	75/-	5	375/-	Salma Bibi
	30	Munsefa Bibi	75/-	5	375/-	Munsefa Bibi
3E	31	Piyali Mallik	75/-	5	375/-	Piyali Mallik
	32	Kajal Maity	75/-	5	375/-	Kajal Maity
4A	33	Debjani Acharjee	75/-	5	375/-	Debjani Acharya
	34	Anushree Sahoo	75/-	5	375/-	Anushree Sahoo
4B	35	Madhumita Kala	75/-	5	375/-	Madhumita Kala
	36	Sushama Das	75/-	5	375/-	Sushama Das
4C	37	Mousumi Pal	75/-	5	375/-	Mousumi Pal
	38	Rina Sahoo	75/-	5	375/-	Rina Sahoo
4D	39	Tanushree Jana	75/-	5	375/-	Tanushree Jana
	40	Namita Bhowmik	75/-	5	375/-	Namita Bhowmik
4E	41	Nilu Kamila	75/-	5	375/-	Nilu Kamila
	42	Ujjwala Mondal	75/-	5	375/-	Ujjwala Mondal
5A	43	Sovana Das	75/-	5	375/-	Sovana Das
	44	Sarbani Khatun	75/-	5	375/-	Sarbani Khatun
5B	45	Shyamali Dutta	75/-	5	375/-	Shyamali Dutta
	46	Debjani Das	75/-	5	375/-	Debjani Das
Total:				c/o	17,250/-	

ATTESTED,  
*Arice*  
 Executive Officer,  
 Contai Municipality

Team No	Sl. No.	Name of Volunteers	Daily Honorarium	Working days	Total Amount b/f - 17,250/-	Signature
5C	47	Urmila Kander	75/-	5	375/-	Urmila Kander
	48	Tutumoni Maity	75/-	5	375/-	ତୁତୁମୋନି ମାୟି
5D	49	Pratima Majhi	75/-	5	375/-	Pratima Majhi
	50	Shyama Acharjee	75/-	5	375/-	Shyama Acharjee
5E	51	Parul Dutta	75/-	5	375/-	✓ Parul Dutta
	52	Rekha Majhi	75/-	5	375/-	ଶ୍ରୀ ରେଖା ମାୟି
6A	53	Anjushree Das	75/-	5	375/-	Anjushree Das.
	54	Sanchayita Das	75/-	5	375/-	Sanchayita Das.
6B	55	Radha Rani Das	75/-	5	375/-	Radharani Das.
	56	Jayanti Das	75/-	5	375/-	Jayanti Das.
6C	57	Koyel Barik	75/-	5	375/-	Koyel Barik
	58	Tanushree Sinha	75/-	5	375/-	Tanushree Sinha
6D	59	Smritikana Patra	75/-	5	375/-	Smritikana Patra
	60	Sushama Das	75/-	5	375/-	✓ Sushama Das
6E	61	Chandana Ojha	75/-	5	375/-	Chandana Ojha.
	62	Anju Das	75/-	5	375/-	ANJU DAS
7A	63	Nandita Maity	75/-	5	375/-	Nandita Maity
	64	Mousumi Guchhait	75/-	5	375/-	Mousumi Guchhait
7B	65	Rama Maity	75/-	5	375/-	ରାମା ମାୟି
	66	Madhumita Pal	75/-	5	375/-	Madhumita Pal
7C	67	Monalisha Maity	75/-	5	375/-	Monalisha Maity
	68	Ashima Maity	75/-	5	375/-	Ashima Maity
7D	69	Minu Maity	75/-	5	375/-	Minu Maity.
	70	Usha Maity	75/-	5	375/-	Usha Maity
Total:				c/o-	26,250/-	

**ATTESTED.**  
*Arise*  
 Executive Officer,  
 Gantai Municipality



Team No	Sl. No.	Name of Volunteers	Daily Honorarium	Working days	Total Amount b/f- 26,250/-	Signature
7E	71	Anushree Patra	75/-	5	375/-	Anushree Patra
	72	Mitali Das	75/-	5	375/-	Mitali Das 27 <sup>8</sup> / <sub>15</sub>
8A	73	Amita Maity	75/-	5	375/-	Amita Maity
	74	Kaberi Das	75/-	5	375/-	Kaberi Das
8B	75	Sandhya Giri	75/-	5	375/-	Sandhya Giri
	76	Tuhina Khatun	75/-	5	375/-	Tuhina Khatun
8C	77	Hena Dutta	75/-	5	375/-	Hema Dutta
	78	Arpita Bera	75/-	5	375/-	Arpita Bera
8D	79	Saraswati Halua	75/-	5	375/-	Saraswati Halua
	80	Gouri Chakravarty	75/-	5	375/-	Gouri Chakravarty
9A	81	Chaina Sen	75/-	5	375/-	Chaina Sen
	82	Ambika Roy	75/-	5	375/-	Ambika Roy
9B	83	Dalia Boxi	75/-	5	375/-	Dalia Boxi
	84	Rubi Ghosh	75/-	5	375/-	Rubi Ghosh
9C	85	Pinki Payra	75/-	5	375/-	Pinki Payra
	86	Kabita Das	75/-	5	375/-	Kabita Das
9D	87	Kaberi Bera	75/-	5	375/-	Kaberi Bera
	88	Bina Bera	75/-	5	375/-	Bina Bera
9E	89	Rekha Pradhan	75/-	5	375/-	Rekha Pradhan
	90	Chameli Maity	75/-	5	375/-	Chameli Maity
10A	91	Mousumi Dingal	75/-	5	375/-	Mousumi Dingal
	92	Sulekha Sinha	75/-	5	375/-	Sulekha Sinha
10B	93	Archana Das	75/-	5	375/-	Archana Das
	94	Mayurakshi Giri	75/-	5	375/-	Mayurakshi Giri
Total:				0	35,250/-	

**ATTESTED**  
*Alice*  
 Executive Officer,  
 Contal Municipality

Team No	Sl. No.	Name of Volunteers	Daily Honorarium	Working days	Total Amount b/f-35,250/-	Signature
10C	95	Rita Ghosh	75/-	5	375/-	Rita Ghosh.
	96	Bina Das	75/-	5	375/-	Bina Das
10D	97	Sankari Das	75/-	5	375/-	Sankari Das.
	98	Falguni Das	75/-	5	375/-	Falguni Das
10E	99	Mou Samanta	75/-	5	375/-	Mou Samanta
	100	Minati Giri	75/-	5	375/-	Minati Giri
11A	101	Sima Patra	75/-	5	375/-	Sima Patra (mailed)
	102	Rakhi Bisui	75/-	5	375/-	Rakhi Bisui
11B	103	Mamoni Jana	75/-	5	375/-	Mamoni Jana
	104	Moni Bera	75/-	5	375/-	Moni Bera.
11C	105	Kakali Das	75/-	5	375/-	Kakali Das
	106	Rekha Das	75/-	5	375/-	Rekha Das.
11D	107	Tuktuki Deb	75/-	5	375/-	Tuktuki Deb
	108	Baisakhi Samanta	75/-	5	375/-	Baisakhi Samanta
11E	109	Kabita Pal	75/-	5	375/-	Kabita pal.
	110	Mousumi Maity	75/-	5	375/-	Mousumi Maity
11F	111	Reba Ghosh	75/-	5	375/-	Reba Ghosh.
	112	Sima Chandra	75/-	5	375/-	Sima chandra
8E	113	Manjula Maity	75/-	5	375/-	Manjula Maity
	114	Sabita Dinda	75/-	5	375/-	Sabita Dinda.
10F	115	Namita Maity	75/-	5	375/-	Namita Maity
	116	Sarbani Ghorai	75/-	5	375/-	Sarbani Ghorai
					43,500/-	

Certified  
for payment.

(Rupees forty three thousand and five hundred) only

24/8/15  
Account Assistant,  
C. B. P. H. C. S  
Contai Municipality.

ATTESTED  
Executive Officer,  
Contai Municipality

OFFICE OF THE COUNCILLORS':: CONTAI MUNICIPALITY

Contai:: purba Medinipur

HONORARIUM OF SUPERVISORS UNDER VRCORCONTROL PROGRAMME, JULY'15

Sl. No.	Name of Volunteers	Daily Honorarium	Working days	Total Amount	Signature
1	Tutun Dey	75/-	5	375/-	Tutun Dey 28/8/15
2	Rahima Bewa	75/-	5	375/-	Rahima Bewa 27.08.15
3	Ajanta Kar	75/-	5	375/-	Ajanta Kar.
4	Subal Barik	75/-	5	375/-	Subal Barik
5	Ranjan Das	75/-	5	375/-	Ranjan Das.
6	Tapasi Bera	75/-	5	375/-	Tapasi Bera. 27.08.15
7	Alpana Hazra	75/-	5	375/-	Alpana Hazra. 31.08.15
8	Sutapa Acharjee	75/-	5	375/-	Sutapa Acharya 27.8.15
9	Sutapa Bera	75/-	5	375/-	Sutapa Bera. 28.8.15
10	Binoy Das Mal.	75/-	5	375/-	Binoy Mal.
11	Rita Das	75/-	5	375/-	Rita Das (Goma) 27.8.15
	Total:			4,125/-	

(Rupees four thousand one hundred twenty-five)only.

ATTESTED,  
Aree  
Executive Officer,  
Contai Municipality

Certified for  
Payment.  
24/8/15  
ACCOUNT ASSISTANT,  
C. B. P. H. C. S  
Contai Municipality.

OFFICE OF THE COUNCILLORS':: CONTAI MUNICIPALITY

Contai:: purba Medinipur

HONORARIUM OF ULB STAFFS UNDER VRCORCONTROL PROGRAMME, JULY'15

Sl. No.	Name of ULB Staff	Daily Honorarium	Working days	Total Amount	Signature
1	Dipak Kr. Maity	75/-	5	375/-	Dipak Maity
2	Himangshu Manna	75/-	5	375/-	Himangshu Manna
3	Chanchal Nandi	75/-	5	375/-	Chanchal Nandi
4	Shila Rani Jana	75/-	5	375/-	শিলা রানী জা
Total:				1,500/-	

(Rupees one thousand five hundred) only

ATTESTED,  
*Alice*  
Executive Officer,  
Contai Municipality

*Account for payment*  
*D.S.*  
24/8/15  
Account Assistant,  
C. B. P. H. C. S  
Contai Municipality

7

*[Handwritten mark]*

Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Office of the Corporation Barupur Municipality  
 Barupur, South 24 Parganas  
 Shakti Nagar  
 BARUIPUR MUNICIPALITY

Ref No. 760 (B.M) Health / 16

Date 08-02-2016

To,  
 The Director,  
 S U D A  
 Health Wings  
 ILGUS BHAWAN,  
 H.C.- Block, Sector-III,  
Bidhannagar, Kol-700091.

Sub:- Reference to your Memo NO:- Ref.NO. :- SUDA -Health / 65  
(Pt-IV) / 13 / 280(43), Dated : 14.01.2016.

Sir,

I am Submitting here with of expenditure head is in connection with , Dengue / Chikunguniya  
 Programmed . Held on Sept' Oct' - 2015.

Favor of your kind information.

Thanking you .

Yours faithfully.

*[Signature]*  
 Executive Officer  
 Barupur Municipality  
 BARUIPUR MUNICIPALITY

**FORM SR- 330A**  
**Of the Treasury Rules, West Bengal and the Subsidiary Rules**  
**Made there under, Volume- 1**

Annexure-111

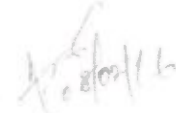
## FORM OF UTILIZATION CERTIFICATE

Sl. No.	Letter No & Date	Amount (in Rs.)
1.	Ref.NO. :- SUDA -HEALTH / 65 ( Pt.-IV) / 13 / 280 (43 ). Dated :-14.01.2016.	Rs.77,250/-
	Total =	Rs. 77,250/-

Certified that out of Rs. 77,250/- Grants in-aid sanctioned during the year 2015-16 in favour of Baruipur Municipality, under this ministry / Department letter no. given in the margin and sum Rs. 77,250/- only has been utilized for the purpose it was sanctioned and the balance of

Rs. Nil only remains un-utilized in hand on 14.01.2016.

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

  
Executive Officer  
Baruipur Municipality

Baruipur, South 24 Parganas.

BARUIPUR MUNICIPALITY

Ref No. 518/BM/Health/15

Date 09-09-15

To,  
The Director,  
S U D A  
Health Wings  
H.G.S BHAWAN,  
H.C.- Block, Sector-III,  
Bidhannagar, Kol-700091.

Sub:- Reference to your Memo NO:- Ref.NO. :- SUDA -Health / 65  
( Pt.-IV) / 13 / 121( 45)/1(46).Dated : 07.08.2015.

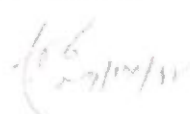
Sir ,

I am Submitting here with of expenditure head is in connection with , Dengue / Chikunguniya  
Programmed . Held on June , July , August – 2015.

Favor of your kind information.

Thanking you .

Yours faithfully,

  
Executive Officer  
Baruipur Municipality

Executive Officer  
BARUIPUR MUNICIPALITY

## Of the Treasury Rules, West Bengal and the Subsidiary Rules

Made there under, Volume- 1


**FORM OF UTILIZATION CERTIFICATE**

Sl. No.	Letter No & Date	Amount (in Rs.)
1.	Ref.NO. :- SUDA -Health / 65 ( Pt.-IV) / 13 / 121( 45)/1(46). Dated : 07.08.2015.	Rs.115875/-
	Total =	Rs.115875/-

Certified that out of Rs.115875/- Grants-in-aid sanctioned during the year 2015-16 in favour of Baruipur Municipality, under this ministry Department letter no. given in the margin and sum Rs.115875/-only has been utilized for the purpose it was sanctioned and the balance of

Rs. Nil only remains un-utilized in hand on 04.09.2015.

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

  
 Executive Officer  
 Baruipur Municipality  
 Baruipur, West Bengal  
 743123





Office of the Councillors

# Contai Municipality

P.O.- Contai :: Dist.-Purba Medinipur

S.T.D.- 03220  
255017/255027/  
257377/255312/  
257078  
Fax : 255599

No. *2281/2016-17*

Date *29/2/16*

*U.P.H. 1/16*  
*13*

**From : Chairman / Vice-Chairman / Executive Officer/ Councillors , Contai Municipality**

To,  
The Project Officer,  
SUDA, Health Wings,  
ILGUS BHAVAN  
Bidhan Nagar,  
HC Block, Sector-III  
Kolkata-106



**Sub: Submission of SOE for the month of Sep,'15 & Oct,'15 amount of Rs. 98,250/- under Vector Control Programme.**

Madam,

I am submitting herewith the SOE Report under Public Health ( Vector Control Programme ) for the month of Sep,'15 & Oct,'15 amount of Rs. 98,250/- (Rupees ninety-eight thousand two hundred fifty) only for your kind information.

Hence, I would request you to release further grant for the expedite for execute the said programme.

Thanking you,

Yours faithfully,

*[Signature]*  
Chairman, *29/2/16*  
Contai Municipality.

**Chairman,  
Contai Municipality**

Encl: As stated,

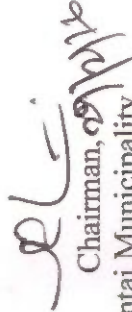
**OFFICE OF THE COUNCILLORS', CONTAI MUNICIPALITY**

**CONTAI::PURBA MEDINIPUR**

**"Health Wings" under Urban Public Health(Vector Control Programme)  
Voucher Details as indicated below for the month of Feb, 2016**

Sl. No.	Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount (In Rs.)
01.	V.No.241 Dt. 08.02.16	Honorarium	Paid Honorarium to the Volunteers, Supervisors and ULB Staffs in Vector Control Programme for the month of Sep, '15	49,125.00
02.	V.No.242 Dt. 08.02.16	Honorarium	Paid Honorarium to the Volunteers, Supervisors and ULB Staffs in Vector Control Programme for the month of Oct, '15	49,125.00
			<b>Total:</b>	<b>98,250.00</b>



  
Chairman,  
Contai Municipality  
**Chairman.**  
**Contai Municipality**


# OFFICE OF THE COUNCILLORS:: CONTAI MUNICIPALITY

CONTAL::PURBAMEDINIPUR

## “HEALTH WINGS ” under CBPHCH

Status on Fund Received & SOE Submitted under Public Health(Vector Control Programme)

Financial Year	Opening Balance	Fund Received from SUDA	Total Fund Available	SOE Sent upto Aug,2015	SOE for the month of Feb,2016	Total SOE	Balance (Amount in Rs.)
2015-2016	Nil	1.Rs. 1,47,375/- (Ref. No. SUDA-Health/65(Pt.-IV)/ 13/121(45) Dt. 07.08.15 1.Rs. 98,250/- (Ref. No. SUDA-Health/65(Pt.-IV)/ 13/280(43) Dt. 14.01.16	2,45,625/-	1,47,375/-	98,250/-	2,45,625/-	NIL

  
 Chairman,  
 Contai Municipality.  
**Chairman,**  
 Contai Municipality





CHANDERNAGORE MUNICIPAL CORPORATION, WEST BENGAL (INDIA) PIN - 712 136

HELP LINE - 12666

DIAL - 2683 5297 2562 6700

FAX - 2683 5068

E-mail - Chandernagore.municipal.corp@wb.gov.in  
Website - www.chandernagore.gov.in

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No. VII/ Misc./ 15-16/ 11

Dated - 03.09.2015

From: Sri Ram Chakraborty  
Mayor

To  
The Financial Advisor, SUDA &  
e.o. Addl. Director, Finance  
Ilgus Bhaban, Sector-III, Kolkata-106

Sub : Submission of S.O.E & U.C of Dengue Prevention & control Prog.  
for the month of June '15, July '15 & August '15 .

Sir/ Madam,

I am sending the statement of expenditure (SOE) & U.C of Dengue prevention & control programme which are attached herewith for the month of June '15, July '15 & August '15.

This is for your kind information and necessary action please.

Thanking you,

Yours faithfully,

  
Mayor  
Chandernagore Municipal  
Corporation  
Chandernagore, West Bengal

## Utilization Certificate

(Form No. S.R. 330 A)

Sl No.	Letter No & date	Amount Received as per Order SUDA Health/65(Pt.-IV)/13/121(45) dated 07.08.15 for the month of June'15 to Aug.'15	Total Received from SUDA for the month of June,15 to Aug.'15	Total Exp for the month of June,15 to Aug.'15	Remaining balance after Payment for the June,15 to Aug.'15 (if any)
1.	Memo. No.SUDA Health/65(Pt.-IV)/13/121(45) Dated- 07.08.15	Rs. 3,44,250/-	Rs. 3,44,250/-	Rs. 3,44,250/-	NIL
	Total =>		Rs. 3,44,250/-	Rs. 3,44,250/-	***.00

Certified that out of **Rs. 3,44,250/- Rupees Three lakhs Forty-four thousand Two hundred fifty** only of Grant-in-aid sanctioned for the Sept.'14 & Oct.'14 round for Dengue prevention & control Prog. in favour of Chandernagore Municipal Corporation under this Ministry/ Department as per letter No. given in the Margin and a sum of **Rs.3,44,250/- (Rupees Three lakhs Forty-four thousand Two hundred fifty)** only has been utilize for the purpose it was sanctioned and the balance of Rs.\*\*\*.00/(NIL) only remaining unutilized at the end of payment done for the June.'15, July'15 & August.'15 round and this amount has been carried forward to the A/C of next round.

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.

Mayor  
Chandernagore Municipal Corporation

KINDS OF CHECKS EXERCISED

1. Book of Accounts
2. Original Bill/ Receipts & voucher
3. Bank Statement
4. Physical Progress.



H T H  
CS

HELP LINE : 12666  
DIAL : 2683 5297 / 2562 / 6706  
FAX : 2683 5068  
E-mail : chandernagorecorporation@yahoo.co.in  
Website : www.chandernagore.org

CHANDERNAGORE MUNICIPAL CORPORATION, WEST BENGAL (INDIA) PIN - 712 136

No. VII/ Misc./ 15-16/ 26

Dated – 08.02.2016

From: Sri Ram Chakraborty  
Mayor



To  
The Financial Advisort,SUDA &  
e.o. Addl. Director, Finance  
Ilgus Bhaban,Sector-III, Kolkata-106

Sub.: Submission of S.O.E & U.C of Dengue Prevention & control Prog.  
for the month of Sept.'15 & October'15 .

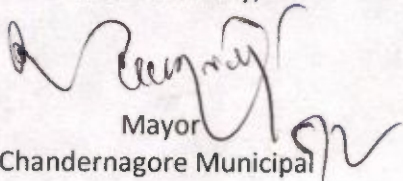
Sir/ Madam,

I am sending the statement of expenditure (SOE) & U.C of Dengue prevention & control programme which are attached herewith for the month of Sept.'15 & October'15.

This is for your kind information and necessary action please.

Thanking you,

Yours faithfully,

  
Mayor  
Chandernagore Municipal  
Corporation



## Chandernagore Municipal Corportion

Statement of Expenditure( SOE) of the Dengue / chikunguniya prevention & control programme for the month of September'15 & October'15 in Chandernagore Municipal Corporation area

Sl No.	Total Amount Received for Sept'15 to Oct..15 round from SUDA, (as per Memo. No. SUDA-Health/65(Pt.IV)/13/280(43) dated-14.01.2016	Description of Expenses	(@ Rs.75/-per H-T-H team member/supervisor per day X 5 days X 2 round for Sept.15-Oct.'15	Total Expenses	Remaining balance after Payment of Sept.'15 – Oct.15 round
1.	Rs. 2,29,500/-	Payment for House to House visit & fever/larvae detection and cleaned & leaflets Distribution/health measures	Rs.75/- X(274+28+4)X 5daysX 2 rounds	Rs.2,29,500/-	***.00(Nil)
Total=	Rs. 2,29,500/-			Rs.2,29,500/-	***.00 (Nil)

Grand total of expenses Rupees Two Lakhs Twenty-nine thousand Five hundred Fifty only.

*Sandip Ghosh*  
Health Officer *02/02/16*  
Chandernagore Municipal Corporation



*[Signature]*  
Mayor  
Chandernagore Municipal Corporation

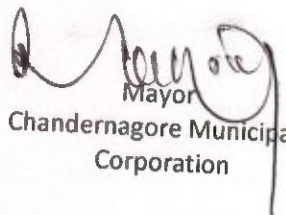
## Utilization Certificate

(Form No. S.R. 330 A)

Sl. No.	Leter No & date	Amount Received as per Order SUDA-Health/65(Pt.-IV)/13/280(43) dated 14.01.2016 for the month of Sept.15 & Oct.15	Total Received from SUDA for the month of Sept.15, & Oct.'15	Total Exp. for the month of Sept.'15 & Oct.'15	Remaining balance after Payment for the Sept.'15 & Oct.'15
1.	Memo. No.SUDA-Health/65(pt.-IV)/13/280(43) Dated-14.01.2016	Rs. 2,29,500/-	Rs. 2,29,500/-	Rs. 2,29,500/-	NIL
	<b>Total =&gt;</b>		Rs. 2,29,500/	Rs. 2,29,500/-	***.00

Certified that out of Rs. 2,29,500/- (Rupees Two lakhs Twenty-nine thousand Five hundred ) only of Grant-in-aid sanctioned for the Sept.'15 & Oct.'15 round for Dengue prevention & control Prog. in favour of Chandernagore Municipal Corporation under this Ministry/ Department as per letter No. given in the Margin and a sum of Rs. 2,29,500/- (Rupees Two lakhs Twenty-nine thousand Five hundred only has been utilize for the purpose it was sanctioned and the balance of Rs. \*\*\*.00/-(NIL )only remaining unutilized at the end of payment done for the Sept.'15 & Oct.'15 round and this amount has been carried forward to the A/C of next round.

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.

  
Mayor  
Chandernagore Municipal Corporation

KINDS OF CHECKS EXERCISED

1. Book of Accounts
2. Original Bill/ Receipts & Voucher
3. Bank Statement
4. Physical Progress







H  
K  
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12

OFFICE OF THE  
**BURDWAN MUNICIPALITY**

Memo No.: 378(XII-E) AC/H

Dated: 02/03/2016

To  
Dr. Shibani Goswami  
Project Officer  
State Urban Development Agency-Health Wing  
Hrus Bhavan  
Bidhan Nagar, Sector-III  
Kolkata-700106

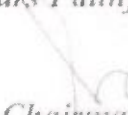
Sub.: U.C. >Ref. Suda-Health /65/(pt.IV)/13/280/43 amounting Rs. 3,08,250/-  
dt. 14.01.2016

Madam,

With reference to the above, the desired information (U.C. in form no.S.R. 330 A) are attached herewith for your kind perusal and taking necessary action.

Thanking you.

Yours Faithfully

  
Chairman  
Burdwan Municipality  
Chairman  
Burdwan Municipality



Encl.: as stated above

Form of Utilisation Certificate Prescribed in S.R. 330A of the Treasury Rules, West Bengal and the Subsidiary Rules Made There under, Volume - I.

Certified that out of Rs. , **3,08,250 LAKHS** (Rupees three Lakh eighty thousand two hundred fifty Only) of grants-in-aid sanctioned during the year (2015-2016) For HOUSE TO HOUSE SRUVEY TO PREVENT Dengue prevention and control in favour of Burdwan Municipality Rs.....on account of unspent balance of the previous year and a sum of

Sl. No.	G.O. No. Date	Amount.
1	<i>Suda-Helath /65/(pt.IV)/13/280/43 DT. 14.01.2016</i>	3,08,250/-

Rs. 3,08,250/- Lakhs  
Has been utilized for the for which it was sanctioned that the balance of Rs. NIL Remaining un-utilised the end of the year has been surrendered to Government

(vide No.....Dated.....) and will be adjusted towards the grants-in-aid payable during the next year.

2. Certified that I have satisfied myself that the conditions on which the grants-in-aid was sanctioned have 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 was sanctioned.

Kinds of check exercised:-

1. Terms and Conditions of the G.O.
2. Resolution of the meeting of Board of Commissioners.
3. Cash Book
4. Voucher

Signature  
Designation : *Chairman*  
Burdwan Municipality  
Chairman  
Burdwan Municipality



M-d-18  
2015

June to Aug. 15 (11)

Form of Utilisation Certificate Prescribed in S.R. 330A of the Treasury Rules, West Bengal and the Subsidiary Rules Made There under, Volume - 1.

Certified that out of Rs. . 4,89,375 LAKHS (Rupees four Lakh eighty nine thousand three hundred seventy five Only) of grants-in-aid sanctioned during the year (2015-2016) For HOUSE TO HOUSE SRUVEY TO ~~██████████~~ Dengue prevention and control in favour of Burdwan Municipality Rs.....on account of unspent balance of the previous year and a sum of

Sl. No.	G.O. No. Date	Amount.
1	Suda-Helath /65/(pt.IV)/13/121/45 DT. 07*08*2015	4,89,375/-

Rs. 4,89,375/- Lakhs  
Has been utilized for the for which it was sanctioned that the balance of Rs. NIL Remaining un-utilised the end of the year has been surrendered to Government

(vide No.....Dated.....) and will be adjusted towards the grants-in-aid payable during the next year.

2. Certified that I have satisfied myself that the conditions on which the grants-in-aid was sanctioned have 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 was sanctioned.

Kinds of check exercised:-

1. Terms and Conditions of the G.O.
2. Resolution of the meeting of Board of Commissioners.
3. Cash Book
4. Voucher



Signature  
Designation : Chairman  
Burdwan Municipality  
Chairman  
Burdwan Municipality

# BIDHANNAGAR MUNICIPAL CORPORATION

POURA BHAVAN, FD-415A, SEC-III  
KOLKATA-700106

10  
Fax No :  
2358-235  
Telephone :  
2334-9540  
PBX :  
2334-2492

**Memo No-**

**Finance Officer  
SUDA  
Illgus Bhawan  
HB Block  
Kolkata-700091**

**Subject: Submission of Utilization Certificate for Dengue Prevention & Control  
Programme of JUNE & JULY for 2015-2016 in connection with Release of Fund to the  
Bidhannagar Municipal Corporation.**

Sir,

Kindly find enclosed the Utilization Certificates in West Bengal Forms SR-330A in respect of the Fund allotted under the Government Orders in favour of this Bidhannagar Municipal Corporation. Against Memo No-SUDA-Health/65(Pt.-IV)/13/121(45) Dt.07.08.15 of Rs. 738395/-

This is for your kind information and necessary action.

Yours faithfully,

  
Finance officer

**Bidhannagar Municipal Corporation**

Date:-15.01.2016

# BIDHANNAGAR MUNICIPAL CORPORATION

POURA BHAVAN, FD-415A, SEC-III  
KOLKATA-700106

Fax No :  
2358-235  
Telephone :  
2334-9540  
PBX :  
2334-2492

SR-330A

THE UTILIZATION CERTIFICATE SHALL BE INDICATED BELOW  
(Finance Department Notification No. 10 dated 06/01/1977)

## FOR UTILIZATION CERTIFICATE

### DENGUE PREVENTION & CONTROL PROGRAMME FOR 2015-2016 For JUNE & JULY'2015

<u>G.O No &amp; Date</u>	<u>Amount</u>
1)SUDA-Health/65(Pt.-IV)/13/121(45) DATE:-07.08.2015	RS 738395/-
	RS 738395/-
	160500-00

Certified that out of part amount Rs 738395/- (Seven Lac Thirty Eight Thousand Three Hundred Ninety Five) Only of two months of grant sanctioned during the year 2015-2016 under the scheme Dengue Prevention & control against Memo:-No:-SUDA-Health/65(Pt.-IV)/13/121(45) Date.07.08.2015 in favour of the Bidhannagar Municipal Corporation and amount given in margin and Rs. 866605/- (Eight Lac Sixty Six Thousand Six Hundred Five) Only is unspent on this date. Certified that I have satisfied myself the conditions on which the Grant was sanctioned have been duly 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.

### KIND OF CHECK EXERCISED

1. Work was executed as per the guidelines mentioned in the Govt Order.

  
Finance Officer

Bidhannagar Municipal Corporation

  
Commissioner


Bidhannagar Municipal Corporation

18/01/16

## ANNEXURE

Dengue Prevention and Control Programme under Bidhannagar Municipal Corporation  
Number of Households, Supervisor, Volunteer, Trainee Nurse and ULB Staffs Honorarium for house to house activities for 2 months.  
Round June and July, 2015.

No. of House Hold	No. of Supervisor	No of Volunteers	No. of Trainee Nurse	No. of ULB Staff	Honorarium to Supervisor @ Rs. 150/- per day for 5 days for two round 69 nos	Honorarium to Volunteer @Rs. 150/- per day for 5 days for two round 467 mos	Honorarium to Trainee Nurse @ Rs. 75/- per day for 5 days for two round 204 nos	Honorarium to ULB staff @ Rs. 75/- per day for 5 days for two round 8 nos	Mobility support for trainee nurse 12 nos TATA sumo @ Rs. 1500/- per days for 5 days for two round	Refreshment to trainee nurse @ Rs. 40/- per for 5 days for two round 204 nos June to July 2015	Other Expenses	Total Honorium for first two round
68000	69	467	204	8	51750.00	350250.00	76500.00	3000.00	180000.00	40800.00	36095.00	738395.00

  
 Finance Officer  
 Bidhannagar Municipal Corporation

Prepared by: *Satabal Majlick*

H.A.M.  
31/03/16

(70)

# BIDHANNAGAR MUNICIPAL CORPORATION

POURA BHAVAN, FD-415A, SEC-III  
KOLKATA-700106

Fax No :  
2358-235  
Telephone :  
2334-9540  
PBX :  
2334-2492

**Memo No.**

**Date:-**

**To**  
**The Finance Officer**  
**SUDA**  
**Illgus Bhawan**  
**HB Block**  
**Kolkata-700091**

**Subject: Submission of Utilization Certificate for Dengue Prevention & Control Programme for 2015-2016 (For the Month October & November'2015) in connection with Release of Fund to the Bidhannagar Municipal Corporation.**

Sir,

Kindly find enclosed the Utilization Certificates in West Bengal Forms SR-330A in respect of the Fund allotted under the Government Orders in favour of this Municipal Corporation.

**Memo No-SUDA-Health/65(Pt.-IV)/13/121 (45) Dt.07.08.15 of Rs 764000/-**

This is for your kind information and necessary action.

Yours faithfully,

  
31/03/16  
**Finance officer**  
**Bidhannagar Municipal Corporation**

# BIDHANNAGAR MUNICIPAL CORPORATION

POURA BHAVAN, FD-415A, SEC-III  
KOLKATA-700106

Fax No :  
2358-235  
Telephone :  
2334-9540  
PBX :  
2334-2492

SR-330A

THE UTILIZATION CERTIFICATE SHALL BE INDICATED BELOW  
(Finance Department Notification No. 10 dated 06/01/1977)

FOR UTILIZATION CERTIFICATE

**DENGUE PREVENTION & CONTROL PROGRAMME For October &  
November'2015-2016**

<u>Amount</u>
RS. 764000/-
<u>RS. 764000/-</u>

Certified that out of total amount Rs 7,64,000/- ( Seven Lac Sixty Four Thousand Only) of grant sanctioned during the year 2015-2016 under the scheme Dengue Prevention & control against Memo No:-SUDA-Health/65(Pt.-IV)/13/121(45)Dt.07.08.15 in favour of the Bidhannagar Municipal Corporation and amount given in margin and Rs. NIL.is unspent on this date. Certified that I have satisfied myself the condition on which the Grant was sanctioned have been duly fulfilled and that I have exercised of the following checks to see the money actually utilized for the

purpose for which it was sanctioned.

**KIND OF CHECK EXERCISED**

1. Work were executed as per the Guideline mentioned in the Govt Order.



Finance Officer  
Bidhannagar Municipal Corporation




Commissioner  
Bidhannagar Municipal Corporation



ANNEXTURE

Dengue Prevention and Control Programme under Bidhannagar Municipal Corporation Number of Households, Supervisor, Volunteer, Trainee Nurse and  
ULB Staffs Honarium for house to house activities for 2 months. Round  
October and Novemberr - 2015

No of House Hold	68000	No. of SuperVisor	56x2 Round	No. of Volunteer	272x2 Round	No. of Trainee Nurse	115x1 Round	No. of ULB Staffs	4x2 Round	Honarium to Supervisor @ Rs. 150/- per Day for 5 days for two round 112 Nos	84000	Honarium to Volunteer @ Rs. 150/- per Day for 5 days for two round 544 Nos	408000.00	Honarium to Trainee Nurse @ Rs. 75/- per Day for 5 days for two round 260 Nos	43125.00	Honarium to ULB Staff @ Rs. 75/- per Day for 5 days for two round 08 Nos	3000.00	Mobility Support for Trainee Nurse 12 Nos TATA Sumo @ Rs. 1500/- per Day for 5 days for two round	180000.00	Refreshment to trainee nurse @ Rs. 40/- Per day for 5 days for two round 260 Nos	23875.00	Other Expenses	22000.00	Total Honarium for first two round.	764000.00
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Finance Officer  
Bidhannagar Municipal  
Corporation

*Satadal Malik*

H TIT

Phone : 2500 6531

10

**Office of The  
Bidhannagar Municipal Corporation**

**(Rajarhat Field Office)  
RAGHUNATHPUR, KOLKATA- 700 059**

Ref. No.: 140/33me/RFO-42/16-17



Date: 03.05.2016...

To  
The Director , SUDA  
Health Wing,  
ILGUS BHAWAN,  
Salt Lake, Sector-II



Sir,

*I am enclosed herewith the Utilization Certificate (SOE) of Dengue Prevention & Control Activities for the Month of November, 2015 duly filed in as described by you.*

*This is for your kind information and taking necessary Co-operation as before.*

*Thanking you,*

*Yours faithfully,*

Finance Officer

Bidhannagar Municipal Corporation

Finance Officer  
Bidhannagar Municipal Corporation

Date.....

**FORM SR-330A**  
of the Treasury Rules, West Bengal and the Subsidiary Rules  
made thereunder, Volume-I

**FORM OF UTILISATION CERTIFICATE**

Sl. No.	Letter No. and date	Amount (Rs. in Lakh)
01.	SUDA-Health/65(Pt.-IV)/19/323 date: 02.03.2016	(08)
02.		3,10,875/-
03.		/
04.	<b>Total</b>	<u>Rs 3,10,875</u>

Certified that out of Rs. 3,10,875/- grants-in-aid sanctioned during the year November-2015 towards Dengue Prevention & Control Activities, 2015

under this letter no. given in the margin and a sum of Rs. 3,10,875/- only has been utilized for which it was sanctioned and the balance of Rs. NIL remains un-utilised in the hand at the end of November-2015

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

**Kinds of Checks exercised :**

- 1.
- 2.
- 3.
- 4.

Signature :

*[Signature]*  
02/05/16  
Health Officer

Designation :

Bidhannagar Municipal Corporation

# BIDHANNAGAR MUNICIPAL CORPORATION

RAJARHAT FIELD OFFICE

Raghunathpur, Kolkata - 700 059

## HEALTH DEPARTMENT FOR HTH ACTIVITIES

Ref No - SUDA - Health / 65(Pt - IV) / 13 /

Dated .

Month	Volunteer	Supervisor	Office Staff	TOTAL	Fund Requirement (Total No. X Rs. 75/- X 5 Days) Amount in Rs.
November	750	75	4	829	3,10,875 = 00
<b>TOTAL</b>	<b>750</b>	<b>75</b>	<b>4</b>	<b>829</b>	<b>3,10,875 = 00</b>

Bidhannagar Municipal Corporation  
Health Officer

Health Officer  
Bidhannagar Municipal Corporation

**SUDA**

**STATE URBAN DEVELOPMENT AGENCY**  
**HEALTH WING**  
**"ILGUS BHAVAN"**  
**H-C BLOCK, SECTOR - III, BIDHANNAGAR, CALCUTTA - 700 106**  
**West Bengal**

Ref. No. : SUDA-Health/65(Pt.-IV)/13/323(08)

Date : 02.03.2016

**MEMORANDUM**

Funds are hereby released electronically in favour of your ULB towards house to house survey by your volunteers relating to prevention & control of Dengue / Chikunguniya for the month of November, 2015 (Hooghly Chinsurah - for the month of September & October, 2015) as per details enclosed herewith. The rate of honorarium is Rs. 75/- per day for each of approved no. of Volunteers & Supervisors and 04 nos. of staff at ULB level for 05 days.

You are requested kindly to submit Statement of Expenditure (SOE) and Utilisation Certificate (UC) by 30.03.2016.

Yours faithfully,

Encl. : As stated.

**Addl. Director &  
Financial Advisor, SUDA**

Sl. No.	ULB	Name of Bank	A/C No.	Amount
1	Hooghly Chinsurah (Sept. & Oct., 2015)	Punjab National Bank	1421000109133148	2,00,625
2	Bidhannagar (Rajarhat Gopalpur Field Office)	United Bank of India	1096050001581	<u>3,10,875</u>
3	Dum Dum	UCO Bank	07330100013075	99,750
4	Howrah MC	Bank of India	400920110000181	8,09,250
5	Howrah MC (Bally)	Bank of India	400920110000181	1,92,375
6	North Dum Dum	Punjab National Bank	0535002100000448	1,87,125
7	South Dum Dum	UCO Bank	01630200205666	2,88,000
8	Baranagar	Axis Bank Ltd.	913010008623548	2,40,000

SUDA-Health/65(Pt.-IV)/13/323(08)/1(09)

Dt. .. 02.03.2016

CC

1. The Mayor / Chairman ..... MC / Municipality
2. Finance Officer, SUDA

Addl. Director &  
Financial Advisor, SUDA

Handwritten: H.K.H. / S/12 / 2015 (10)

# BIDHANNAGAR MUNICIPAL CORPORATION

POURA BHAVAN, FD-415A, SEC-III  
KOLKATA-700106

Fax No : 2358-235  
Telephone : 2334-9540  
PBX : 2334-2492

Memo No. Bme/95/2016/582

Date:- 2/3/2016.

Date:-

To  
The Finance Officer  
SUDA  
Illgus Bhawan  
HB Block  
Kolkata-700091

**Subject: Submission of Utilization Certificate for Dengue Prevention & Control Programme for 2015-2016 (For the Month August & September'2015) in connection with Release of Fund to the Bidhannagar Municipal Corporation.**

Sir,


Kindly find enclosed the Utilization Certificates in West Bengal Forms SR-330A in respect

of the Fund allotted under the Government Orders in favour of this Municipal Corporation.

**Memo No-SUDA-Health/65(Pt.-IV)/13/121 (45) Dt.07.08.15 of Rs 866605/-**

This is for your kind information and necessary action.

Yours faithfully,

  
Finance officer

Bidhannagar Municipal Corporation

# BIDHANNAGAR MUNICIPAL CORPORATION

POURA BHAVAN, FD-415A, SEC-III  
KOLKATA-700106

Fax No :  
2358-235  
Telephone :  
2334-9540  
PBX :  
2334-2492

SR-330A

THE UTILIZATION CERTIFICATE SHALL BE INDICATED BELOW  
(Finance Department Notification No. 10 dated 06/01/1977)

## FOR UTILIZATION CERTIFICATE

### DENGUE PREVENTION & CONTROL PROGRAMME FOR 2015-2016 AUGUST,SEPTEMBER'2015

<u>G.O No &amp; Date</u>	<u>Amount</u>
1)SUDA-Health/65(Pt.-IV)/13/121(45) DATE:-07/08/2015	RS 866605/-
	<u>RS 866605/-</u>

Certified that Balance amount **Rs 866605/-**(Eight Lac Sixty Six Thousand Six Hundred Five )Only for two months grant sanctioned during the year **2015-2016**(Total Amount **16,05,000/-**) under the scheme Dengue Prevention & control against Memo No:-**SUDA-Health/65(Pt.-IV)/13/121(45) Dt.07.08.15** in favour of the Bidhannagar Municipal Corporation and amount given in margin and Rs. NIL on account of Balance Rs. **866605/-** has been utilized for the purpose of Dengue Prevention & control programme & in previous time ,We have already deposited the utilization certificate of

**Rs. 738395/-(For the month of June & July'15)**

Certified that I have satisfied myself the condition on which the Grant was sanctioned have been duly fulfilled and that I have exercised of the following checks to see that the fund actually utilized for the purpose for which it was sanctioned.

### KIND OF CHECK EXERCISED

1. Work were executed as per the Guideline mentioned in the Govt Order.

  
*Finance Officer*

**Bidhannagar Municipal Corporation**

  
*Commissioner*

**Bidhannagar Municipal Corporation**

Prepared By



ANNEXTURE

Dengue Prevention and Control Programme under Bidhannagar Municipal Corporation Number of Households, Supervisor, Volunteer, Trainee Nurse and ULB Staffs Honarium for house to house activities for 2 months. Round August and September - 2015

No of House Hold	No. of Supervisor	No. of Volunteer	No. of Trainee Nurse	No. of ULB Staffs	Honarium to Supervisor @ Rs. 150/- per Day for 5 days for two round 112 Nos	Honarium to Volunteer @ Rs. 150/- per Day for 5 days for two round 544 Nos	Honarium to Trainee Nurse @ Rs. 75/- per Day for 5 days for two round 260 Nos	Honarium to ULB Staff @ Rs. 75/- per Day for 5 days for two round 08 Nos	Mobility Support for Trainee Nurse 13 Nos TATA Sumo @ Rs. 1500/- per Day for 5 days for two round	Refreshment to trainee nurse @ Rs. 40/- Per day for 5 days for two round 260 Nos	Other Expenses	Total Honarium for first two round.
68000	56x2 Round	272x2 Round	130x2 Round	4x2 Round	84000	408000.00	97500.00	3000.00	195000.00	52000.00	27105.00	866605.00

  
Finance Officer  
Bidhannagar Municipal Corporation

Prepared by: Satadal Mallik

H T 14

2015

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Phone No. (033) 2633 5283

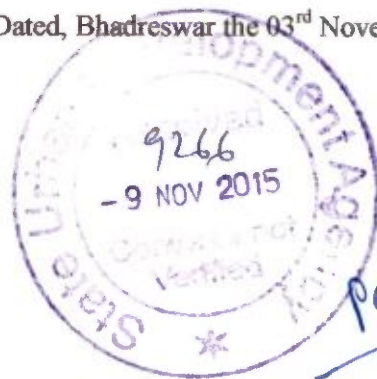
**OFFICE OF THE MUNICIPAL COUNCILLORS'**  
**BHADRESWAR, HOOGHLY**

From : Sri Manoj Upadhyay,  
Chairman, Bhadreswar Municipality.

Memo No. Health/ 6776

Dated, Bhadreswar the 03<sup>rd</sup> November, 2015.

To  
The Addl. Director & Financial Advisor,  
State Urban Development Agency (SUDA) &  
e.o. Adl. Director Finance,  
"Ilugus Bhavan"  
HC Block, Sector-III,  
Bidhannagore,  
Kolkata-700106,



POCHA  
21/11/15

Sub.- Submission of Utilisation Certificate relating to house to house visit for prevention & control of vector borne disease during June to August, 2015.

Ref.- This Office earlier communication vide no. SUDA-Health/65(Pt.IV)/13/121(45),  
Dt.07.08.2015.

Sir,

With reference to above I am to enclosed herewith a copy of the U.C of fund sanctioned for the purpose as mentioned above this for your information & necessary action.

Encl: As state above.

Yours faithfully,

*Manoj Upadhyay*  
Chairman

Bhadreswar Municipality

## Utilisation Certificate

(Form No. S.R. 330 A)

Sl. No.	Letter No. & Date	Amount (in Rs.)
1.	SUDA Health/65(Pt.VII/13/121(45) Dated 07.08.2015	1,98,000.00

Certified that out of Rs.1,98,000.00 of Grants-in-aid sanctioned during the year 2015-16 toward the grant for relating to prevention & control Dengu / Chikenguniya under this letter no given in the margin and a sum of Rs. 1,98,000.00 has been utilized for which it was

sanction and the balance is Nil remain unutilized in the hands at the end of 03.11.2015

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.
- 2.
- 3.

  
Chairman

Bhadreswar Municipality.

**Chairman**

**BHADRESWAR MUNICIPALITY**

H.A.A.  
2015

9

Phone No. (033) 2633 5283

**OFFICE OF THE MUNICIPAL COUNCILLORS'**  
**BHADRESWAR, HOOGHLY**

From : Sri Manoj Upadhyay,  
Chairman, Bhadreswar Municipality.

Memo No. Health/ 1482

Dated, Bhadreswar the 04<sup>th</sup> March 2016.

To  
The Addl. Director & Financial Advisor,  
State Urban Development Agency (SUDA) &  
e.o. Adl. Director Finance,  
"Ilgus Bhavan"  
HC Block, Sector-III,  
Bidhannagore,  
Kolkata-700106,

Sub.- Submission of Utilisation Certificate relating to house to house visit for prevention & control of vector borne disease during September to October 2015.

Ref.- This Office earlier communication vide no. SUDA-Health/65(Pt.IV)/13/280(43),  
Dt.14.01.2016.

Sir,

With reference to above I am to enclosed herewith a copy of the U.C of fund sanctioned for the purpose as mentioned above this for your information & necessary action.

Encl: As state above.

Yours faithfully,



Chairman  
Bhadreswar Municipality

Health No. 1482

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

Sl. No.	Letter No. & Date	Amount (in Rs.)
1.	SUDA Health/65(Pt.IV)/13/280(43) Dated 14.01.2016	1,32,000.00

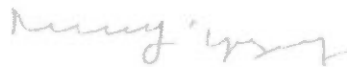
Certified that out of Rs.1,32,000.00 of Grants-in-aid sanctioned during the year 2015-16 toward the grant for relating to prevention & control Dengu / Chikenguniya under this letter no given in the margin and a sum of Rs. 1,32,000.00 has been utilized for which it was

sanction and the balance is Nil remain unutilized in the hands at the end of 04.03.2016

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.
- 2.
- 3.

  
Chairman  
Bhadreswar Municipality.

H.A.D  
2015

July to Aug. 15

(8)

# Berhampore Municipality Community Based Primary Health Care service Programme (H.H.W Scheme).

Memo..... 753/HHeo/BM

Date..... 24/09/15

To  
Shibani Goswami  
Project Officer  
SUDA, ILGUS BHAWAN  
H.C. Block, Sector-3  
Bidhannagar, Kolkata-700106.



Utilisation for the Expenditure of the amount Rs- 3,61,125( Three lakh sixty one thousand one hundred twenty five)only. Allotted by the Financial Advisor SUDA for houses to house survey volunteers relating to Prevention and Control of Dengue / Chikunguniya for the month of June15, July 15 and August 15.

Received	Expenditure	Balance
<p>Total amount received Rs-3,61,125.00.(Three lakh Sixty one thousand one hundred twenty five )only for the month of June 15 , July 15 and August 15 . Ref. No- SUDA- Health /65 (Pt.IV) 13/121 ( 45) Date-07-08-2015.</p>	<p>For the month of June 15</p> <p>1.Supervisor -29 Nos x375.00= 10,875.00</p> <p>2.Enumerator 288 Nos x375.00=1,08,000.00</p> <p>3. ULB 4 Nos x375.00= 1500.00</p> <p style="text-align: right;">Total-1,20,375.00</p>	Nil
	<p>July 15</p> <p>1.Supervisor -29 Nos x375.00= 10,875.00</p> <p>2.Enumerator 288 Nos x375.00=1,08,000.00</p> <p>3. ULB 4 Nos x375.00= 1500.00</p> <p style="text-align: right;">Total-1,20,375.00</p>	
	<p>August 15</p> <p>1.Supervisor -29 Nos x375.00= 10,875.00</p> <p>2.Enumerator 288 Nos x375.00=1,08,000.00</p> <p>3. ULB 4 Nos x375.00= 1500.00</p> <p style="text-align: right;">Total-1,20,375.00</p>	
	<p>-----</p> <p>Total Expenditure of June 15, July 15 and August 3,61,125.00 ( Three lakh sixty one thousand one hundred twenty five) only.</p>	

Chairman  
Berhampore Municipality  
Berhampore Murshidabad

Memo No. 67-BM/16/IPP-III & CUDP-III/2015-16

Phone No. 255-3211  
256-3535  
Fax: 256-6900

Office of The Municipal Councillors of Barasat  
Rishi Bankim Chandra Chatterjee Street  
Barasat North 24 Parganas

From: Sunil Mukherjee,  
Chairman,  
Barasat Municipality.

To: Project Director, SUDA  
Health Wing, Ilgus Bhavan,  
HC Block, Sector-III,  
Salt Lake City,  
Kolkata-700106.

Date: 8.9.15



Chh...  
9.9.15

Sir,

I am forwarding herewith the statement Expenditure for *presentation & control of Dengue/Chikungunya*  
Health Programme Rs. 5,98,500 = 00 (Rupees Five lac Ninety eight Thousand  
five hundred only.) Under Barasat Municipality.

This is your Kind information and necessary action.

Thanking You,

Yours faithfully,

Chairman  
Barasat Municipality.  
Chairman  
Barasat Municipality

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## Allocation fund for dengue prevention & Control activities for the Month of June'2015 to August'2015

- |   |                     |
|---|---------------------|
| 1) 480 Nos Volunteers @ Rs.75/-<br>Per day for 5 days,(480x75x5)<br>Rs. 1,80,000/- for one Month.<br>Three Months, (1,80,000 x 3) = | 5,40,000 = 00       |
| 2) 48 Nos Supervisors @ Rs.75/-<br>Per day for 5 days,(48x75x5)<br>Rs.18,000/- for One Month.<br>Three Months, (18,000 x 3) =       | 54,000 = 00         |
| 3) 4 Nos ULB Level Honorarium@ Rs.75/-<br>Per day for 5 days,( 4x75x5 )=1500/-<br>Three months, ( 1500 x 3 ) =                      | 4,500 = 00          |
| Total Rs.   | <hr/> 5,98,500 = 00 |

Health Officer  
Barabanki Municipality



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FORM GFR 19-A  
(See Government of India's Decision (1) below Rule 150)

Name of Organization: Barabar Municipality  
Address: Rishi Bonkimchatterjee Road.

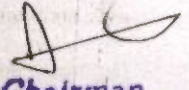
UTILIZATION CERTIFICATE  
For the financial year 2015 - 2016

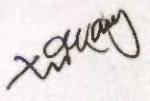
Sl. No.	Sanction Letter No. and Date.	Purpose	Amount (Rs.)
	<u>SUDA-HEALTH/65(Pt-10)/13/121(45)</u>	<u>prevention &amp; control of dengue/chikungunia</u>	
Total:			<u>5,98,500 = 00</u>

Certified that out of the Rs. 5,98,500 (Rupees Five lac Ninety Eight Thousand five hundred only.) of grants-in-aid received during the year 2015 in favour of (Name of Organization) Barabar Municipality under this Department Letter No. given in the margin and Rs. 598500 (Rupees Five lac Ninety Eight Thousand five hundred only.) on account of unspent balance of the previous year, a sum of Rs. Nil (Rupees nil) has been utilized for the purpose of prevention & control of dengue for which it was sanctioned and that the balance of Rs. Nil (Rupees nil) remaining unutilized at the end of the year will be adjusted towards the grants -in- aid payable during the next year.

2. Certified that I have satisfied myself that the conditions on which the grants -in -aid was sanctioned have been duly 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 checks exercised:
1. Vouchers
  2. Cash Book
  3. Ledger
  4. ....

  
Chairman  
Signature with date Barabar Municipality  
Designation ...  
Stamp of the authorized signatory



**Statement Of Expenditure For The Financial Year 2015.. - 2016.**

Fund received for the purpose of /Activity Prevention of control Dengue /chikungunia

Sl.	Particulars	Opening Balance as on 01.04.201..... <i>(Equals to the Cl. Bal. of previous year's submitted UC, photocopy of which is enclosed )</i>	Fund Received during the year 201.... - 1.... <i>(Photocopy of relevant allotment letter enclosed)</i>	Expenditure incurred during the financial year <i>(Broad Head wise, such as - HR, Mobility, IEC, Contingency etc.)</i>	Closing Balance as on 31.03.201..
(A)	(B)	(C)	(D)	(E)	(F)
01	Bank Interest & Income from other sources	Rs.	Rs.	Rs.	Rs.
02	Fund received for the respective programme  Sanction letter no. & date <u>SUDA-Health/65 (TIV)</u> <u>13.12.14</u>  For the purpose of <u>Prevention of control Dengue /chikungunia</u>	Rs.	Rs.	Name of the Broad Head <u>Rs.</u> a) b) c) d) e) f) g) h) Total <u>5,98,500 - 00</u>	Rs.
	<b>Total</b>				<u>nil</u>

Certified that the above statement shows true & fair view of the state of affairs

Performance achieved in the unit of Baran by spending the sanctioned fund for the purpose of approval of the programme

Signature of the auditor with date & official seal

Signature of the Chairperson / Secretary with date & official seal

Performance should be authenticated by the respective Programme Officer :

Signature of the Programme Officer with date & official seal  
*Health Officer Baran Municipality*

**Enclosure :-**

1. Original copy of current year's audited U.C. in GFR 19-A form.
2. Photocopy of last year's submitted U.C.
3. Photocopy of allotment letter.

**SUDA**

*reset*

**STATE URBAN DEVELOPMENT AGENCY**

**HEALTH WING**

**"ILGUS BHAVAN"**

**H-C BLOCK, SECTOR - III, BIDHANNAGAR, CALCUTTA - 700 106  
West Bengal**

Ref. No. : SUDA-Health/65(Pt.-IV)/13/121(45)

Date : 07.08.2015

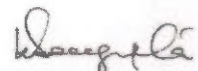
**MEMORANDUM**

Funds are hereby released electronically in favour of your ULB towards house to house survey by your volunteers relating to prevention & control of Dengue / Chikunguniya for the month of June, July & August, 2015 as per details enclosed herewith. The rate of honorarium is Rs. 75/- per day for each of approved no. of Volunteers & Supervisors and 04 nos. of staff at ULB level for 05 days per month for 03 months i.e. June, July & August, 2015.

You are requested kindly to submit Statement of Expenditure (SOE) and Utilisation Certificate (UC) for the month of June & July, 2015 by 18<sup>th</sup> August, 2015 and for the month of August, 2015 by 10.09.2015.

Yours faithfully,

Enclo. : As stated.



**Addl. Director &  
Financial Advisor, SUDA**

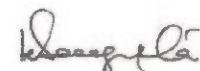
Sl. No.	ULB	Name of Bank	A/C No.	Amount
1	Alipurduar	Central Bank of India	03052142353	135,000.00
2	Asansol MC	United Bank of India	0202010317689	1,167,750.00
3	Howrah (Bally)	Bank of India	400920110000181	577,125.00
4	Balurghat	State Bank of India	11273429390	319,500.00
5	Bankura	ICICI Bank Ltd.	192501000171	289,125.00
6	Barasat	Axis Bank Ltd.	912010060101302	598,500.00
7	Baruipur	State Bank of India	10400308073	115,875.00
8	Berhampur	Bank of Baroda	00450100006875	361,125.00
9	Urban Primary Health Care Services, Bhadreswar	HDFC Bank Ltd., Chandernagore Branch	09811450000040	198,000.00
10	Bidhannagar	United Bank of India	1096050001581	1,605,000.00
11	Burdwan	IDBI Bank	0259104000106405	489,375.00
12	Chandernagore MC	State Bank of India	30918576739	344,250.00
13	Contai	Punjab National Bank	1411000100121190	147,375.00
14	Diamond Harbour	United Bank of India	0132010190926	105,750.00
15	Dum Dum	UCO Bank	07330100013075	299,250.00
16	Durgapur MC	United Bank of India	0450050008631	1,378,125.00
17	English Bazar	Indian Bank	513379030	358,875.00
18	Gayeshpur	State Bank of India	32636138076	126,000.00
19	Haldia	Indian Overseas Bank	148301000002899	477,000.00
20	Hooghly Chinsurah	Punjab National Bank	1421000109133148	302,625.00
21	Howrah MC	Bank of India	400920110000181	2,427,750.00
22	Jalpaiguri	Indian Overseas Bank	051101000008650	227,250.00
23	Kalyani	Allahabad Bank	21749684573	217,125.00
24	Kamarhati	Bank of India	401110100018044	644,625.00
25	Kharagpur	Vijaya Bank	720901010011218	538,875.00
26	Khardah	United Bank of India	0119050016658	202,500.00
27	Asansol (Kulti)	United Bank of India	0202010317689	515,250.00
28	Maheshstala (fund includes due payment of Rs. 93,875/-)	State Bank of India	32772036407	947,750.00
29	North Dum Dum	Punjab National Bank	0535002100000448	561,375.00
30	Panihati	Axis Bank Ltd.	437010100113625	843,750.00
31	Pujali	Allahabad Bank	21216670204	78,750.00
32	Bidhannagar (Rajarhat Gopalpur)	United Bank of India	1096050001581	932,625.00
33	Rajpur Sonarpur	United Bank of India	2106010017611	879,750.00
34	Ranaghat	Allahabad Bank	21369237515	153,000.00
35	Asansol (Raniganj)	United Bank of India	0202010317689	268,875.00
36	Serampore	United Bank of India	0155050029922	360,000.00
37	Siliguri MC	United Bank of India	0237014497648	788,625.00
38	South Dum Dum	UCO Bank	01630200205666	864,000.00
39	Suri	Bank of India	427310100003085	147,375.00
40	Titagarh	UCO Bank	2210210000922	138,375.00
41	Uttarpara Kotrung	UCO Bank	10570200000030	319,500.00
42	Baranagar	Axis Bank Ltd.	913010008623548	720,000.00
43	Basirhat	State Bank of India	11000515021	257,625.00
44	Nabadwip	State Bank of India	11303568366	258,750.00
45	Nalhati	State Bank of India	11611619540	83,250.00

SUDA-Health/65(Pt.-IV)/13/121(45)/1(46)

Dt. .. 07.08.2015

CC

1. Mayor / Chairman / Administrator ..... MC / Municipality
2. Finance Officer, SUDA



Addl. Director &  
Financial Advisor, SUDA

SUDA-Health/65(Pt.-IV)/13/121(45) dt. .. 07.08.2015

Sl. No.	ULB	Sanctioned no. of			
		Volunteer	Supervisor	Office Staff	Total
1	Alipurduar	106	10	04	120
2	Asansol MC	940	94	04	1038
3	Howrah (Bally)	462	47	04	513
4	Balurghat	254	26	04	284
5	Bankura	230	23	04	257
6	Barasat	480	48	04	532
7	Baruipur	90	9	04	103
8	Berhampur	288	29	04	321
9	Bhadreswar	156	16	04	176
10	Bidhannagar	210	50	04	264
11	Burdwan	392	39	04	435
12	Chandernagore MC	274	28	04	306
13	Contai	116	11	04	131
14	Diamond Harbour	82	8	04	94
15	Dum Dum	240	22	04	266
16	Durgapur MC	1110	111	04	1225
17	English Bazar	286	29	04	319
18	Gayeshpur	100	8	04	112
19	Haldia	382	38	04	424
20	Hooghly Chinsurah	242	23	04	269
21	Howrah MC	1950	204	04	2158
22	Jalpaiguri	180	18	04	202
23	Kalyani	172	17	04	193
24	Kamarhati	518	51	04	573
25	Kharagpur	432	43	04	479
26	Khardah	160	16	04	180
27	Asansol (Kulti)	410	44	04	458
28	Maheshtala	686	69	04	759
29	North Dum Dum	450	45	04	499
30	Panihati	678	68	04	750
31	Pujali	60	6	04	70
32	Bidhannagar (Rajarhat Gopalpur)	750	75	04	829
33	Rajpur Sonarpur	706	72	04	782
34	Ranaghat	120	12	04	136
35	Asansol (Raniganj)	214	21	04	239
36	Serampore	286	30	04	320
37	Siliguri MC	634	63	04	701
38	South Dum Dum	694	70	04	768
39	Suri	116	11	04	131
40	Titagarh	106	13	04	123
41	Uttarpara Kotrung	254	26	04	284
42	Baranagar	578	58	04	640
43	Basirhat	204	21	04	229
44	Nabadwip	206	20	04	230
45	Nalhati	64	06	04	74

**SUDA-Health/65(Pt.-IV)/13/121(45) dt. .. 07.08.2015****Additional fund for Bidhannagar Municipality approved by the Health & Family Welfare Department  
(PHP Branch vide order no. 369(Sanction)/HF/P/P&B/PHP/2M-05/2012 dt. 13.07.2015**

	ULB	Item of Expenditure	Basis of Calculation	Amount in Rs.
1	Bidhannagar	Honorarium for 272 daily rated workers	272 x Rs. 150/- x 5 days x 4 round i.e. June to Sept., 15	8,16,000/-
2		Refreshment of Trainee Nurse	200 Trainee Nurse x Rs. 40/- x 5 days x 4 round i.e. June to Sept., 15	1,60,000/-
3		Mobility support for Trainee Nurse	12 Tata Sum x Rs. 1,500/- x 5 days x 4 round i.e. June to Sept., 15 = 3,60,000/-. (Fund released Rs. 3,32,000/-).	3,32,000/-
	<b>Total ⇒</b>			<b>13,08,000/-</b>

Expenditure for 480 nos. Voluntes. Honarium of prevention & control Dengue / Chikungunia under Barasat Municipality for the month of June '15

Sl No.	Name of Worker	Amount	Signature
1.	Halima Khatun	375 = 00	24/6/15 24/6/15
2.	Saleha Biki	375 = 00	Saleha Biki
3.	Shefali Gain	375 = 00	Ranu Dutta.
4.	Rebeka Khatun	375 = 00	Rebeka Khatun
5.	Mustary Begum	375 = 00	Mustary Begum
6.	Purnima Roy	375 = 00	Purnima Roy
7.	Hosmara Begum	375 = 00	Hosmara Begum
8.	Gita Mukherjee	375 = 00	Madhusmita Ghosh
9.	Sandhya Karanekar	375 = 00	Sandhya Karanekar
10.	Suchitra Gain	375 = 00	Suchitra Gain
11.	Trina Bhowmick	375 = 00	Trina Bhowmick
12.	Suparna Ghosh	375 = 00	Suparna Ghosh
13.	Chanda Biswas	375 = 00	Chanda Biswas
14.	Rekha Chakraborty	375 = 00	Rekha Chakraborty
15.	Doly Adhikary	375 = 00	Doly Adhikary
16.	Kabita Roy	375 = 00	Kabita Roy
17.	Piu Bhowmick	375 = 00	Piu Bhowmick
18.	Trishna Malakar	375 = 00	Trishna Malakar
19.	Shefali Gain	375 = 00	Shefali Gain
20.	Sabita Chakraborty	375 = 00	Sabita Chakraborty
21.	Asati Jana	375 = 00	Asati Jana
22.	Jayanti Dewrey	375 = 00	Jayanti Dewrey
23.	Makia Biki	375 = 00	Makia Biki
24.	Ranu Biki	375 = 00	Ranu Biki
25.	Sahara Begum (I)	375 = 00	Sahara Begum
26.	Sahara Begum (II)	375 = 00	Sahara Begum

Rs 9750 = 00

Mustary Begum  
Pal  
W-2

Trina Bhowmick  
Pal  
W-2

Asati Jana  
Pal  
W-3

Sl No.	Name of Worker	Amount	Signature
	BPRS	9750 = 00	
27.	Kalpna Das	375 = 00	Kalpna Das
28.	Kalpna Samanta	375 = 00	Kalpna Samanta
29.	Mithu Biswas	375 = 00	Mithu Biswas
30.	Riya Majumder	375 = 00	Riya Majumder
31.	Shikha Modak	375 = 00	Shikha Modak
32.	Sabita Majumder	375 = 00	Sabita Majumder
33.	Shobali Das	375 = 00	Shobali Das
34.	Diya Cruze	375 = 00	Diya Cruze
35.	Chhaya Mondal	375 = 00	Chhaya Mondal
36.	Soma Sen	375 = 00	Soma Sen
37.	Pratima Paul	375 = 00	Pratima Paul
38.	Chandra Paul	375 = 00	Chandra Paul
39.	Dhiru Mondal	375 = 00	Dhiru Mondal
40.	Riya Roy	375 = 00	Riya Roy
41.	Jaba Kamsilal	375 = 00	Jaba Kamsilal
42.	Rikta Rakshit	375 = 00	Rikta Rakshit
43.	Manglu Roy	375 = 00	Manglu Roy
44.	Arpita Maity	375 = 00	Arpita Maity
45.	Ava Saha	375 = 00	Ava Saha
46.	Gayatri Biswas	375 = 00	Gayatri Biswas
47.	Bulu Biswas	375 = 00	Bulu Biswas
48.	Kakoli Patra	375 = 00	Kakoli Patra
49.	Jharna Bisui	375 = 00	Jharna Bisui
50.	Tapati Pal	375 = 00	Tapati Pal
51.	Pritilata Biswas	375 = 00	Pritilata Biswas

মাত্র  
২-৩

২-১



Sl. No.	Name of worker	Amount	Signature
	BFA	19125 = 00	
52.	Puspa Paul	375 = 00	Puspa Paul
53.	Minati Maity	375 = 00	Minati Maity
54.	Falguni Saha	375 = 00	Falguni Saha
55.	Kanani Barui	375 = 00	Kanani Barui
56.	Sushama Barui	375 = 00	Sushama Barui
57.	Tumpa Hary	375 = 00	Tumpa Hary
58.	Paramita Biswas	375 = 00	Paramita Biswas
59.	Laxmi Dutta	375 = 00	Laxmi Biswas
60.	Chandana Dey	375 = 00	Chandana Dey
61.	Chanda Adhikary	375 = 00	Chanda Adhikary
62.	Uma Dutta	375 = 00	Uma Dutta
63.	Tanusree Barman	375 = 00	Tanusree Barman
64.	Bhaswati Paul	375 = 00	Bhaswati Paul
65.	Gla Basu	375 = 00	Gla Basu
66.	Luna Das	375 = 00	Luna Das
67.	Papi Basu	375 = 00	Papi Basu
68.	Konika Biswas	375 = 00	Konika Biswas
69.	Shakuntala Dey	375 = 00	Shakuntala Dey
70.	Rupa Saha	375 = 00	Rupa Saha
71.	Kananchakraborty	375 = 00	Kananchakraborty
72.	Tapari Saha	375 = 00	Tapari Saha
73.	Dipti Bal	375 = 00	Dipti Bal
74.	Chayna Barman	375 = 00	Chayna Barman
75.	Sandhya Barman	375 = 00	Sandhya Barman
76.	Mampi Paul	375 = 00	Mampi Paul

Laxmi  
Dutta  
w-4

Papi  
Basu  
w-5

Laxmi  
Dutta  
w-5

Sr. No.	Name of Worker	Amount	Signature
	(BPA)	28500 =00	
77.	Runa Halder	375 =00	Runa Halder
78.	Maya Mondal	375 =00	Maya Mondal
79.	Rupali Roy	375 =00	Rupali Roy
80.	Shyamali Barman	375 =00	Shyamali Barman
81.	Chhaya Dasgupta	375 =00	Chhaya Dasgupta
82.	Supta chowdhury	375 =00	Supta Chowdhury
83.	Minati Sen	375 =00	Minati Sen
84.	Anita Das	375 =00	Anita Das
85.	Papiya Roychowdhury	375 =00	Papiya Roy Chowdhury
86.	Iti Ghosh	375 =00	Iti Ghosh
87.	Sukla Mukherjee	375 =00	Kalyani Das
88.	Sumitra Basak	375 =00	Sumitra Basak
89.	Dola Mitra	375 =00	Soma Indu
90.	Gita Mitra	375 =00	Rama Sarkhel
91.	Shankari Dutta	375 =00	Shankari Dutta
92.	Maya rani Das	375 =00	Maya Rani Das.
93.	Rama Sarkhel	375 =00	Sahana Begum
94.	Rabeza Bibi	375 =00	Rabeza Bibi
95.	Ratna Halder	375 =00	Ratna Halder
96.	Uma Biswas	375 =00	Uma Biswas
97.	Sabita Sharma	375 =00	Sabita Sharma.
98.	Munim Dasgupta	375 =00	Munim Dasgupta.
99.	Jharna Basu	375 =00	Jharna Basu
100.	Ratna Roychowdhury	375 =00	Ratna Roy Chowdhury
101.	Ayasa Bibi	375 =00	Ayasa Bibi

RS 37875 =00

Bina  
Mallick

Chandani  
Das