

STATE URBAN DEVELOPMENT AGENCY
OFFICE OF THE ADVISOR (HEALTH) **P-108**

DEBIT VOUCHER

Voucher No. P-108

Date. 31-10-2008

HHW Scheme, DFID

PARTICULARS OF PAYMENT	AMOUNT	
	Rs.	P.
Being the amount spent on Contingent charges for the month of October, 08 from Permanent Advance as per vouchers attached.	478 =	00
Rupees four hundred seventy eight only.	478 =	00

Prepared by :

Checked by :

Pay order given by :

1) Rs. 400 = 00

2) " 50 = 00

3) " 28 = 00

Total Rs. 478 = 00

[Signature]
31/10/08

[Signature]
Dr. S. GOSWAMI
Project Officer,
Health Wing
S. U. D. A.

Money Receipt

Received Rs. 400/- (Rupees four hundred) only
from Health Wing, SUDA, LGUS BHAVAN, HC-Block, Sector III
Salt Lake, Kolkata - 700 106 for supply of drinking water
to Health Wing, SUDA from 1-9-08 to 30-9-08 and deposit
of Tables, chairs etc. of officers of Health Wing, SUDA.

DATE

①

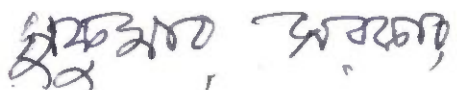
PAID & CANCELLED
Rakesh Rajake
1-10-2008
(Signature with date.)

Money Receipt

Received Rs. 50/- (Rupees fifty) only
from Health Wing, SUDA, LGUS BHAVAN, HC-Block, Sector III
Salt Lake, Kolkata - 700 106 for supply of tea & snacks
during meeting at SUDA on 03-10-2008.

PAID & CANCELLED

②


10-10-2008
(Signature with date.)

Quarterly Statements of TDS under section 200(3) of Income-tax Act, 1961
--

PROVISIONAL RECEIPT

Received e-TDS statement as per following details -

Receipt No.	Name of Deductor					
020140100373562	STATE URBAN DEVELOPMENT AGENCY					
Date	TAN	A.O. Code	Type of Return	Form No.	Periodicity	Financial Year
17 Oct 2008	CALS12437F	WBGWT1633	Regular	26Q	Q4	2007-08
No. of Deductee Records	Total Amount Paid (Rs.)	Total Income Tax Deducted (Rs.)	No. of Challans		Total Challan Amt. (Rs.)	Upload Fees (Rs.) Inclusive of taxes as applicable
6	55426.00	1130.00	3		1130.00	28.00
Total Tax Deposited as per Deductee Details (Rs.)			1130.00		On behalf of National Securities Depository Limited (e-TDS Intermediary)	
Deficiency(ies) wrt to PAN of Deductees. Correction statement may be filed, if required.						
PAN APPLIED		PAN INVALID		PAN NOT AVAILABLE		
0		0		0		
TIN-FC ID: 02014 Alankit Assignments Ltd. M-III/ST/BAS/2847 BUSINESS AUXILLARY SERVICES 213 TODI CHAMBERS 2 LAL BAZAR STREET, KOLKATA (WB)-700001						Signature

Notes: 1) Verify status of statement at www.tin-nsdl.com. File correction statement to rectify errors including deductee PAN.
 2) Use same TAN to deposit tax and to file returns.

SAM 5.46

भारत संचार निगम लिमिटेड

(भारत सरकार का एक उद्यम)

कलकत्ता टेलिफोन्स



BHARAT SANCHAR NIGAM LIMITED

(A Govt. of India Enterprise)

CALCUTTA TELEPHONES

POSTAGE PRE-PAID

Service Tax Registration No.

Bill Month : October, 2008

Plan : GENERAL

Page : 1 of 1

STATE URBAN DEVELOPMENT AGENCY
 BIDHANNAGAR
 1ST FLOOR
 SECTOR:III, BL-HC,

PIN : 700091 RefNo: 2359-01842

FOR MORE VALUE OF YOUR MONEY
 OPT FOR THESE PLANS

Particulars	Economy	Special	Special Plus	Super	Premium
Fixed monthly charges	Rs.300	Rs.425	Rs.975	Rs.1450	Rs.2450
Free Calls (MCU)	225	400	1000	1500	3000
UNIT RATE (Beyond Free Calls)	Rs.1.2	Rs.1.10	Rs.1.00	Rs.0.90	Rs.0.80

STD RATE SLASHED BY 50%

Telephone No.	2359-3184
Customer ID	0100009800354
Installation Date - PSTN	18-08-1988
Installation Date - DIAS/BB	
(Code) (Class) (USG) (Cat)	(14) 0 0 0
Bill Period	Aug08-Sep08
Due Date	31-10-2008
Net Amount Payable	1269.00

BILL MAIL SERVICE

OPENING MR DATA		CLOSING MR DATA		METERED UNITS	TKT. UNITS	CR. UNITS	FREE UNITS	CHARGEABLE UNITS
DATE	READING	DATE	READING					
31-07-08	000112913	31-08-08	000113406	493	0	0	0	443
31-08-08	000113406	30-09-08	000113782	376	0	0	0	326

CALL CHARGES : 769.00

RATES : 1.00
 CALLS : 443
 326

NET AMOUNT PAYABLE IN THIS BILL
 FIXED CHARGE 01-08-08 To 30-09-08 360.00
 SERVICE-TAX @12% (W.E.F. 18-APR-2006) 135.48
 EDUCATIONAL CESS 2% OF ST 05-10-08 2.71
 SECONDARY AND HIGHER EDU CESS 05-10-08 1.35

Passed Rs 1269/-
 (Rupees one thousand two hundred and sixty nine only)
 Only out of HHW Scheme
 BHID, SUDA under sub head

Dr. S. GOSWAMI
 Project Officer,
 Health Wing
 Connecting India

Surcharge of Rs. 40.00 will be levied in next bill if not paid by 31-10-08
 The Telephone is liable for disconnection if not paid within due date

Notice for Disconnection:

The Telephone service is liable to be withdrawn if the bill is not paid within 21 days from the date of issue. The incoming facility will however continue till a further period of 15 days. This is without prejudice to taking any action that might be taken for disconnection of the services for non-payment in time.

(T. K. GHOSH)
 Sr. AOTR / Genl.
 8, Hare St. Kol-1

LAST PAYMENT DETAIL			OUTSTANDING AS ON : (FOR LAST 18 MONTHS ONLY; NOT INCLUDED IN THIS BILL)	
AMOUNT	BILL DATE	RECEIVED ON	TOTAL Q/S	LAST BILL OUTSTANDING
1340.00	05-08-2008	27-08-2008	0.00	AMOUNT 0.00
				BILL DATE



Dial - 12555 and enjoy movie songs, Cricket contest, News, Bhakti Giti etc. Call charge Rs. 1.20 per 30 sec.
 Dial 18003450001 for registration of PRBT in b-zone of EWSD exchanges. Dial 164 to know your exchange type.
 Monthly fixed charge Rs. 30/- & pulse rate 20 sec. For select songs please Dial 2266.

ATTRACTIVE OFFER TO BSNL BROADBAND CUSTOMERS
 A free pre-paid mobile connection with free talk value of Rs. 100/- and validity of one year. Use power voucher to call at cheapest rate in all network. Please contact your nearest customer service centre.

*Conditions apply



056201/10/08.12-16 06H1 01
 93184 01269.00

JOIN ECS AND ENJOY 1% DISCOUNT-DIAL 2248-0066

Child Line - Dial 1098



BHARAT SANCHAR NIGAM LIMITED

(A Govt. of India Enterprise)

CALCUTTA TELEPHONES

ADDRESS YOUR GRIEVANCES TO

Public Relation Officer - Nodal Officer (Public Grievances)

Alipore, Ph. : 24488558, Fax : 24466349 | Bidhannagar, Ph. : 23586565, Fax : 23213243
 Barrackpore, Ph. : 25926565, Fax : 25920222 | City, Ph. : 22151256, Fax : 22151193
 Central, Ph. : 22482514, Fax : 22100145 | Howrah, Ph. : 26661820, Fax : 26667899
 Jadavpur, Ph. : 24216000, Fax : 24739000 | North, Ph. : 25552626, Fax : 25332626
 South, Ph. : 24401954, Fax : 24603477 | Srerampore, Ph. : 26623300, Fax : 26520815

For following types of grievances :

- b. fone fault not cleared within 24 hours
- Broad Band Service not available
- Delayed New Connections / Shifting
- Delay in Restoration of Lines

If the grievance is not solved within 15 days,
 please contact District Officer (Consumer Affairs)
 Ph. : 22304444, Fax : 22482010

IMPORTANT INFORMATION REGARDING BILL PAYMENT

- ✓ All Cash Collection Centres of BSNL, Calcutta Telephones will remain open from Monday to Saturday from 10 AM to 2:30 PM except Public Holidays.
- ✓ Payment of bill amount exceeding Rs.2000/- will be accepted by Cheque/DD only by Cash Collection Centres of BSNL.
- ✓ Post dated and outstation cheque are NOT accepted.
- ✓ Payment by Cheque is received upto due date only.
- ✓ Please draw the Cheque / DD in favour of :
 - ☐ "Accounts Officer, BSNL, Calcutta Telephones, Calcutta" for payments made in Cash Collection Centres/Customer Service Centres of BSNL /Authorised Banks / Drop Boxes / CTO/DTOs.
 - ☐ "Postmaster of the Post Offices" for payment made in Post Offices.
- ✓ Counterfoil portion of the bill should be attached with the Cheque / DD.
- ✓ Banks/Post Offices/Telegraph Offices are not authorized to collect payment after due date.
- ✓ Payment after due date is accepted only in the Cash Collection Centres of BSNL.

To help proper delivery of your bill

Please check your billing address and PIN Code regularly and inform the Accounts Officer (TR) of your area for any change
 Rate of Service Tax is leviable @ 12.36% (Including Education Cess) with effect from 11-05-2007.
 For ECS Payment, customer's BANK ACCOUNT will be debited on due date.

ISDN subscribers are advised to pay their bills only in BSNL counters

We Strive to Save your time; The following are choices of making payment

Zones	North	East	Central	West	South
Calcutta Telephones Own Collection Centres	Bhupen Bose Ave • Dum Dum Bhatpara • Barrackpore • Kalyani • Manicktala • Madhyamgram Panihati & Cheques at various Customer Service Centres	Salt Lake & Cheques at various Customer Service Centres	Hare St & Cheques at various Customer Service Centres	ChandanNagar • Shibpur • Satyabala • Srerampur • Uttarpara & Cheques at various Customer Service Centres	Alipur (Judges Court Rd) • Ballygunge Place •Behala (Exch) • Jadavpur (Exch) • Joka Exchange & Cheques at Various Customer Service Centres

Other Authorised Collection Centres: Above 500 collection centres + 160 drop boxes - additions made every month.

Telegraph Offices	Barrackpore • Barasat • Nager Bazar	Baguihati • Bidhan Nagar	CTO [BBDBag] (Both Cash & Cheque) • Park St	Bandel • ChandanNagar • Howrah • Srerampore	Alipur • Behala • Jadavpur • Netaji Nagar • ITO • RB Avenue
Post Offices (Partial List)	Alambazar • Belgachia • Bangur Avenue • Baranagar • Barasat HO • Barrackpor HO • Bhatpara HO • Kalyani SO • Madhyamgram • New Barrackpore • Panihati • Sodepur	BidhanNagar • BidganNagar CC • Belighata HO • DeshbandhuNagar • Sri Bhumi • Kendriya Vihar	Bowbazar • Burrabazar • Calcutta GPO • Chittaranjan Ave • Circus Ave • Entally • Esplanade • Sealdah SO • Telephone Bhavan	Andul Mouri •Bhadrakali ChandanNagar •Chinsura HO • Howrah HO •Salkia HO • Srerampore SO • Shibpur • Tribeni • Uluberia • Uttarpara	Baruipur HO • Budge Budge • Garden Reach • Kasba • Parnashree Pally • Regent Park • Regent Estate • Tollygunge
PNB			Brabourne Road		
Central Bank			Dharamtalla.68 Lenin Sarani		
INDUSIND Bank			Burrabazar • Lyons Range • Park St		Gariahat
Automatic cheque collection kiosk	11, Bhupen Bose Avenue, Kol - 4 Save your queuing time.				
CITI Bank Drop Box	40 Branches All over Kolkata; Please contact Citi Bank				
Internet Kiosks & STD-PCO Booths	Sc. College, Rajabazar • Madhyamgram & Authorised STD-PCOs	Authorised STD-PCOs	Authorised STD-PCOs	Authorised STD-PCOs	Manton, Behala & Authorised STD-PCOs
Easy Bill Limited	Please Dial toll free no. 1800-11-7575 or visit www.calcuttatelephones.com for list • We are reaching nearer				
Hiltake Electronics (P) Ltd.	By cash & cheque - P-17, Mission Row Extension, Kolkata -700013				

ADDRESS YOUR BILLING COMPLAINTS TO:

Chief Accounts Officer (TR)

Alipore, Ph. : 24485776, Fax : 24486128 | Bidhannagar, Ph. : 23218400, Fax : 23584849 | Barrackpore, Ph. : 25924466, Fax : 25927752 | City, Ph. : 22155757, Fax : 22155358
 Central, Ph. : 22484973, Fax : 22305161 | Howrah, Ph. : 26556070, Fax : 26769100 | Jadavpur, Ph. : 24214001, Fax : 24214444 | North, Ph. : 25338442, Fax : 23522560
 South, Ph. : 24600640, Fax : 24600641 | Srerampore, Ph. : 26526161, Fax : 26524080

Call Centre Number **SAMPARK** or Visit www.kolkata.bsnl.co.in | Broad Band Call Centre Number : 1800-424-1600

For Tariff Details consult our Call Centre No. 1500 or Visit www.calcuttatelephones.com

Register in www.calcuttatelephones.com • Get bill (cell-one / b-fone / WLL) by e-mail and view in website.

State Urban Development Agency

Office of the Project Officer (Health)
Central co-ordinating Cell, SUDA


Month : October, 2008

Bill No. : CCC/SUDA/Remu/55 dated 29-10-2008

Sl. No.	Name	Designation	Contractual Remuneration	Gross Pay	Professional Tax	Income Tax	Net amount Payable
1	Dr. N.G. Gangopadhyay	Health Adviser, SUDA	10000.00	10000.00	110.00	0.00	9890.00
2	Sri Sukhamoy Pal	Accounts Officer CCC, SUDA	8000.00	8000.00	50.00	0.00	7950.00
3	Sri Sahil Kumar Lahiri	MIFS Officer	8000.00	8000.00	60.00	0.00	7960.00
4	Sri Pratiba Ranjan Majumder	Clerk-cum-Store Keeper	3350.00	3350.00	30.00	0.00	3320.00
5	Sri Sasanka Sekhar Marik	Data Entry Operator	5000.00	5000.00	30.00	0.00	4970.00
TOTAL			34350.00	34350.00	270.00	0.00	34080.00

(Rupees Forty three thousand nine hundred seventy) only


(Finance Officer
Health Wing, SUDA


(Dr. S. Goswami)
Project Officer
Health Wing, SUDA

P-106


V-SB 29/10/08


29/10/08


Saurikumar Lahiri
29/10/08


Sasanka Sekhar Marik
29/10/08

P-106

P-105

Bolpur Municipality

Miscellaneous Receipt

West Bengal Municipal (Finance and Accounting)

Form No. 39

No.

Date... 31.10.08

Receive from Project Officer, Health, SUDA the sum of Rs. 247,000/-

(Rupees Two Lacs Forty Seven thousand...) only on account of expenditure

in connection with D.F.I.D Assisted Honorary Health Worker Scheme.

Vide Demand Draft No. 759899 Dt. 27.10.08

Rs. 247,000/-



J. Sahg
Chairman, 31.10.08

Bolpur Municipality

Office of the Bolpur Municipality
Municipal Level Health & Family Welfare Committee
(Under DFID Assisted H.H.W. Scheme)

Ref : 69 / (DFID) / 08

Date : 31.10.2008

To
Dr. Shibani Goswami
Project Officer,
SUDA, Health Wing
ILGUS BHAWAN, KOLKATA-91

Sub: Authorization letter.

Madam,

I do hereby authorize Sri. Madhab Chandra Saha, Account Assistant of DFID assisted HHW Scheme, Bolpur Municipality to receive the Cheque/Draft No... 759899..... Dated. 27.10.08... amounting to Rs. 2,47,000/- ~~Rs. 2,47,000/-~~ ~~Two Lacs Forty Seven Thousand~~ on my behalf. The signature of Sri. Madhab Chandra Saha is attested below.

Signature of Madhab Chandra Saha

Madhab Ch. Saha

Is attested

J. Saha
President 31.10.2008
M.H.F.W. Committee
Under D.F.I.D. assisted H.H.W. Scheme
&
Chairman
Bolpur Municipality



Yours faithfully,

J. Saha
31.10.2008
President
M.H.F.W. Committee
Under D.F.I.D. assisted H.H.W. Scheme
&
Chairman
Bolpur Municipality

STATE URBAN DEVELOPMENT AGENCY**HEALTH WING****"ILGUS BHAVAN"****H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091
West Bengal**Ref No. **SUDA-Health/DFID/08/105**Date **29.10.2008**From : **Dr. Shibani Goswami
Project Officer
Health Wing, SUDA**To : **The Chairman
Bolpur Municipality**Sub. : **Release of fund worth Rs. 2,47,000/- towards expenditure in
connection with DFID assisted Honorary Health Worker Scheme.**

Sir,

Apropos your communication bearing no. 66(DFID)/08 dt. 21.10.2008, an Account Payee Demand Draft bearing no. 759899 dt. 27.10.2008 on State Bank of India, Salt Lake Branch for an amount of Rs.2,47,000/- (Rupees Two lakhs forty seven thousand) only is released for payment towards Sal/Hon. (Oct, ~~to~~ Dec. '08), IEC, Operating Cost, Puja Exgratia.

The balance amount may be utilized for which it was allotted.

You are requested kindly to send your authorized representative to collect the Demand Draft along with money receipt. Kindly acknowledge receipt of this communication.

You are also requested kindly to submit the Utilisation Certificate, Monthly Statement of Expenditure as laid down in the Financial Guideline.

*Received D.D. No. 759899 dt. 27.10.08 Rs. 2,47,000/-
(Rupees Two Lakhs Forty Seven Thousand only.)*

*Madhab Ch. Saha
31.10.08.*

Yours faithfully,

[Signature]
Project Officer

Dt .. 29.10.2008

SUDA-Health/DFID/08/105(1)

CC

The Project Director, HHW Scheme - DFID, Bolpur Municipality
- for kind information and necessary action.

[Signature]
Project Officer

Office of the Bolpur Municipality

Municipal Level Health & Family Welfare Committee

(Under DFID Assisted H.H.W. Scheme)

Ref. : 66 (DFID) / 08

Date : 21.10.08



To
Dr. Shibani Goswami
Project Officer
Health Wing, SUDA

DD No. 759899 dt. 27.10.08
for Rs. 2,47,000/- for
Sal/Hon (ret. & Dec. etc), I.E.C, op. cost. Puja Ex-gratia.

Sub: Requirement of fund for DFID assisted HHW Scheme

Madam,

The statement of expenditure for a sum of Rs.3, 87,407.00 with utilization certificate has been already sent. The expenditure was incurred out of the fund of Rs.3, 97,088.55(Including O.B. for the year of 2007-08) the received so far.

A sum of Rs. 2,47,000.00 (Rupees Two lach Forty Seven Thousand) only will be required for salaries of staff, Honorarium of HHWs, FTSS, PTMO & Attendant, Puja Ex-gratia, I.E.C, Operating Cost, Printing & Training head up to December 2008.The detailed statement enclosed herewith for your kind perusal.

I would request you to kindly release the above stated amount at an early date.

Yours faithfully,

President

H.F.W. Committee

Under D.F.I.D. assisted H.H.W. Scheme

Chairman

Bolpur Municipality



Details of Requirement of fund

*Rs. 247 lakhs
may be
Thru. D.D.
2370.08*

Sl No.	Head of Requirement	Amount (Rs.)
1	Salaries of A.H.O, C.DO, P.H.N, Account. Asst. & D.E.O. (October to December 2008)	86,550.00
2.	Honorarium of HHWs (October to December 2008)	73,500.00
3.	Honorarium of FTS (October to December 2008)	17,280.00
4.	Honorarium of P.T. M.O ((October to December 2008)	12,600.00
5.	Honorarium of Attendant(October to December 2008)	3,450.00
6.	Puja Ex-gratia for FY 2007-2008	25,000.00
7.	I.E.C(October to December 2008)	10,000.00
8.	Operating Cost (October to December 2008) (Including Spare parts of Office Computer)	14,000.00
9.	Printing	11,500.00
10.	Training (Kit Bag 160.00x 17 nos.)	2,720.00
	Total	2,56,600.00
	Cash in hand- (6,961.55+2,720.00)	9681.55
	Urgent Rs.	2,46,918.45
	Rounded off Rs.	2,47,000.00

(Rupees Two luck Forty Seven Thousand) only.

2.47 lakhs


*Fund Released = 3,97,088
Wk Recd (Sept) = 3,87,407*

Bal. Rs. 9,681

Haddabach Saha
Account Asst.
21.10.08

Member A.M.C,
Junior D.F.I.D. assisted HHW Scheme

98%


 President
 B.H.F.W. Committee
 Under D.F.J.D. assisted H.H.W. Scheme
 A
 Chairman
 Solapur Municipality.

Phone : 275384
266483

P-104

Office of the Councillors of
MIDNAPORE MUNICIPALITY
MIDNAPORE

Memo No 4065/DFID.

Dated, Midnapore the 03-11-08

Midnapore Municipality
Miscellaneous Receipt
West Bengal Municipal (Finance and Accounting)
Form No.39

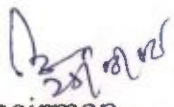
~~Memo No~~

~~Dated~~

Received from Project Officer, Health Wing SUDA the sum of Rupees 5,71,000/- (Rupees Five lakh Seventy one thousand only) only on account of expenditure in connection with DFID assisted Honorary Health workers scheme.

Vide Demand Draft No 759898 Dt. 27/10/08
Rs. 5,71,000/-




Chairman
Midnapore Municipality

Phone : 275384
266483

Office of the Councillors of
MIDNAPORE MUNICIPALITY
MIDNAPORE

Memo No 4064/DFID.

Dated, Midnapore the 03.11.08

From: Chairman
Midnapore Municipality

To: - Dr, Shibani Goswami,
Project Officer,
Health Wing SUDA.
H.C. Block, Sector- III
Bidhannagar, Kolkata- 91.

I do hereby authorise Mr. Manas Das, Accts Asst. of D.F.I.D of this Municipality to receive the Draft in connection with D.F.I.D project on my behalf. His signature is duly attested below.

Manas Das.
Signature of Manas Das.

[Signature]
Chairman
Midnapore Municipality

ATTESTED

[Signature]
Chairman
Midnapore Municipality

SUDA

STATE URBAN DEVELOPMENT AGENCY

HEALTH WING

"ILGUS BHAVAN"

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

Ref No. SUDA-Health/DFID/08/106

Date 29.10.2008

From : Dr. Shibani Goswami
Project Officer
Health Wing, SUDA

To : The Chairman
Midnapore Municipality

Sub. : Release of fund worth Rs. 5,71,000/- towards expenditure in
connection with DFID assisted Honorary Health Worker Scheme.

Sir,

Apropos your communication bearing no. 3675/DFID dt. 01.10.2008, an Account Payee Demand Draft bearing no. 759898 dt. 27.10.2008 on State Bank of India, Salt Lake Branch for an amount of Rs. 5,71,000/- (Rupees Five lakhs seventy one thousand) only is released for payment towards Sal/Hon., Arrear payment, Exgratia, Rent, IEC upto Nov, '08.

The balance amount may be utilized for which it was allotted.

You are requested kindly to send your authorized representative to collect the Demand Draft along with money receipt. Kindly acknowledge receipt of this communication.

You are also requested kindly to submit the Utilisation Certificate, Monthly Statement of Expenditure as laid down in the Financial Guideline.

Yours faithfully,

Received Rs-5,71,000/- (Five lakh - Seventy one thousand) only
vide D/D No - 759898, dt:- 27.10.08.

Manas Das. (Medinipur Municipality)
04.11.08.
Project Officer
Dt.: 29.10.2008

SUDA-Health/DFID/08/106(1)
CC

The Project Director, HHW Scheme - DFID, Midnapore Municipality
- for kind information and necessary action.

Project Officer

SUDA**STATE URBAN DEVELOPMENT AGENCY****HEALTH WING****"ILGUS BHAVAN"****H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091****West Bengal**

Ref No. SUDA-Health/DFID/08/08

Date 24-10-2008

To : The Manager
State Bank of India
Salt Lake City
Kolkata- 700 064

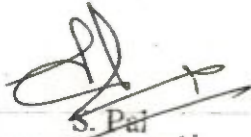
Sub : Issue of Demand Draft in connection with
DFID assisted Honorary Health Worker Scheme

Sir,

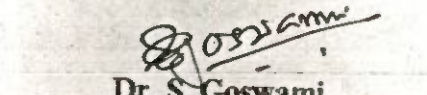
We would request you to prepare Account Payee Demand Draft debiting our Current Account
HHW Scheme - DFID, SUDA (A/C No. 30255770088) as mentioned below :

Sl. No.	In favour of	Payable at	Amount (in Rs.)
1.	Chairman HHW Scheme, DFID Midnapore Municipality	Midnapore	5,71,000. 00 (Rupees Five lakhs seventy one thousand) only
2.	Chairman HHW Scheme, DFID Bolpur Municipality	Bolpur	2,47,000. 00 (Rupees Two lakhs forty seven thousand) only

Yours faithfully,


S. Pal

Finance Officer
HHW Scheme - DFID, SUDA
Health Wing, SUDA


Dr. S. Goswami
Project Officer
HHW Scheme - DFID, SUDA
Health Wing, SUDA

Delivered


Phone : 275384
266483

Office of the Councillors of
MIDNAPORE MUNICIPALITY
MIDNAPORE

Ref No 3675/DFID.

Dated Midnapore the 01.10.08.

To
Dr. Shibani Goswami.
SUDA, Health wing, Ilgus Bhaban.
HC - Block, Sector - III
Salt Lake, Bidhannagar, Kolkata.

DD m. 75 9898 dt. 27.10.08
for Rs. 5,71,000/- for Sal/Hon,
Arrears payment, Gratia, Rent, LEC,
upto Nov. 08.

From
Chairman
Midnapore Municipality

Sub: - Requisition of Allotment.

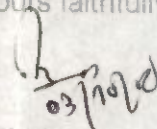
Madam,

We have received an amount of Rs. 5,80,056/- (Five lac eighty thousand fifty-six) only upto the month of August - 08 from SUDA. Amount of U.C already send to SUDA is Rs. 5,43,797/- (Five lac Forty-three thousand seven hundred ninety-seven) only upto the month of August 08 Now, an amount of Rs. 36,259/- (Thirty-six thousand two hundred fifty nine) only remain in our account. So, in this position we need an amount of Rs.5,80,980/- (Five lac eighty thousand nine hundred eighty) only in the salary / Hon, Ex - gratia, arrear bills & rent of SHP's head for the month up to September 08.

Now, it is placed before you for your kind approval.
Necessary order may kindly be given.

Thanking You.

Yours faithfully



Chairman

Midnapore Municipality

Office of the Councillors of MIDNAPORE MUNICIPALITY MIDNAPORE

Ref No _____

Dated Midnapore the _____

*Rs. 5.71 Lakhs
my LC scheme
DD.
23.10.08*

DFID assisted Honorary Health Worker Scheme
~~Estimated Statement of Expenditure~~ *Requisition of Fund.*
Name of the Municipality: - Medinipore
For the Period of: - September to November 08

Sl No	Item of Expenditure	Expenditure
Non - Recurring		
1	Equipment (Stethoscope & Sphygmomanometer)	10,000=00
2	Furniture	
3	Construction	
a) Sub Centre - Rent		
b) OPD		
4	LEC Aids & Materials	
5	Renovation Works	
6	Documentation	
7	Printing of HMIS forms	
8	NGO Involvement	
Total :-		
RECURRING		
	HONORARIUM 99,310 X 3 Month	2,97,930=00
	Ex - gratia 1,000 X 56	56,000=00
	Arrear 2500 X 49 (FTS, HHW's & ANM)	1,22,500=00
	Salaries 20,850 X 3 Month	62,550=00
	Ex - gratia 1000=00 X 4	4,000=00
11	Rent	14,000=00
12	Training	
13	Drug	
14	LEC	14,000=00
15	Operating Cost (for monitoring & maintains of SHP)	5,70,980 ✓
Total :-		
GRAND TOTAL		5,80,980=00

HHW- 38 = 66,500
FTS- 8 = 15,360
ANM- 3 = 6,750
49
61,300
3 = 4,400
4 = 4,400
56
4

* The amount of Rs. 5,80,980 =00. (Five lac eighty thousand nine hundred eighty) only required for the running of HHW's Scheme of DFID under Midnapore Municipality for the period of September to November 08.

Fund Released: 5,80,056

Up to Admitted - 5,43,797

upto Aug. 08

Rem. Rs 36,259

94%

03/10/08

Chairman
Midnapore Municipality

1/10

By 5.71 Lakhs

MISCELLANEOUS RECEIPT

BERHAMPORE MUNICIPALITY

8-103

No. 20009

Date 03-11-08

Received from Project officer, SUDA,
ILGUS BHABAN, H.C. Block, Sector-III
Bidhannagar, Kolkata - 91

on account of Expenditure in connection with
DFID, H.H.W scheme under Berhampore
Municipality.

Rupees (in word) 55,2000 = 00 Five lac
fifty two thousand only



(Figures)

Rs. 55,2000/-

Adm

Chairman

Cashier

Secretary / Vice - Chairman

Berhampore Municipality

DFID Assisted Honorary Health Worker Scheme

Memo No. 131/H.H.W./DFID

Date 03.11.08



To
Dr. Shibani Goswami
Project Officer Health Wing SUDA
ILGUS BHABAN, H.C Block
Kolkata-91

Sub:- Release of fund worth Rs. 5,52,000.00 five lakhs fifty two thousand with expenditure of DFID assisted HHW Scheme.

With reference to above I have received one Demand Draft worth Rs. 5,52,000.00 (five lakhs fifty two thousand) bearing No. 759890 Dated 24.10.08 on state Bank of India Salt Lake Kolkata for expenditure of DFID assisted HHW Scheme.

*I am sending herewith money receipt No20009. dated. 3.11.08
Receipt of the same may kindly be acknowledged.*

*Chairman & President
M.L.H.F.W.C
Berhampore Municipality*

P-103

Phone: 250012 / 251299 (O)

256762 (R)

No. 128/H.H.S/DE.D.B.M.

Dated 29-10-2008

Office of the Municipal Councillor
BERHAMPORE

From

Nilratan Adhya

Chairman

BERHAMPORE MUNICIPALITY
MURSHIDABAD, PIN - 742101

To

The Project Officer Health Wing

~~DFID/SUDA/ILGUS Bhawan~~

Sector III, Bidhannagar

Kolkata.

Sub :- Authorization letter for collecting Administrative Approval / Draft
in favour of Chairman , Berhampore Municipality.

Attn:- Mr Pal - Finance Officer.

Madam,

With reference to above I am to request you to kindly
hand over the Draft for release of fund to Sri Goutam Chatterjee, S.O.
in favour of Chairman , Berhampore Municipality. Amounting Rs.

*Rs: 552000/- C.F. on l.a.c. by Mr. Tharu. Only vide order no. 759890
dt: 24/10/08*

The signature of Sri Goutam Chatterjee is attested here
with M/R will be sent in due course.

Goutam Chatterjee
Signature attested

[Signature]
Chairman
Berhampore Municipality

[Signature]
Chairman
Berhampore Municipality

STATE URBAN DEVELOPMENT AGENCY

**HEALTH WING
"ILGUS BHAVAN"**

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

Ref No. SUDA-Health/DFID/08/102

Date 27.10.2008

From : Dr. Shibani Goswami
Project Officer
Health Wing, SUDA

To : The Chairman
Berhampore Municipality



Sub. : Release of fund worth Rs. 5,52,000/- towards expenditure in connection with DFID assisted Honorary Health Worker Scheme.

Sir,

Apropos your communication bearing no. 117 HHW DFID dt. 30.09.08, an Account Payee Demand Draft bearing no. 759890 dt. 24.10.2008 on State Bank of India, Salt Lake Branch for an amount of Rs. 5,52,000/- (Rupees Five lakhs fifty two thousand) only for three months is released as detailed below to meet up concomitant expenditure in connection with DFID assisted Honorary Health Worker Scheme.

Sl. No.	A/C Head	Amount (In Rs.)
1.	Salaries & Honorarium	4,11,000.00
2.	IEC	15,000.00
3.	Rent	5,000.00
4.	Operating Cost	60,000.00
5.	DFID	61,000.00
TOTAL		5,52,000.00
(Rupees Five lakhs fifty two thousand) only		

The balance amount lying with you may be utilized for which it was allotted.


Contd. to P-2.

Handwritten notes:
R.S. Street, The Hindu, at. 24/10/08.
Gautam Chatterjee, 21/10/08, SO. (PM), Berhampore Municipality.

You are requested kindly to send your authorized representative to collect the Demand Draft along with money receipt. Kindly acknowledge receipt of this communication.

You are also requested kindly to submit the Utilisation Certificate, Monthly Statement of Expenditure as laid down in the Financial Guideline.

Yours faithfully

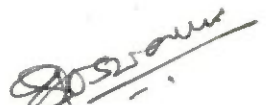

Project Officer

SUDA-Health/DFID/08/102/1(1)

Dt .. 27.10.2008

CC

The Project Director, HHW Scheme - DFID, Berhampore Municipality
- for kind information and necessary action.


Project Officer

Berhampore Municipality

DFID Assisted Honorary Health Worker Scheme

Memo No. 117/AH-W/DFIDDate 30.9.08

To
Dr. Shibani Goswami
Project Officer Health Wing
DFID SUDA, ILGUS Bhavan
Sector III, Bidhannagar Kolkata

DD No. 759890 dt. 24.10.08

for Rs. 5,52,000/-

for Sal/Hon - 4,11,000
IEC - 15,000
Rent - 5,000
O.P. Cost - 60,000

Pyridoxaline - 61,000
Total Rs. 5,52,000

Sub:- Allotment of fund for 3 month October 08 Nov08, Dec-08

Ref:- This Office memo no 113/HHW/DFID dt 15.9.08.

Madam,

With reference to above I am furnishing herewith one Copy requisition for allotment of fund for October 08 to December 08. The U.C is sending to day (~~to~~ (Sept08) The balance amount in hand is only 18,945.

So you are requested to send the allotment grant as early as possible.

On this context I am informing you that one requisition for allotment of fund has already been dispatched vide this office no 113/HHW/DFID dt 15.9.08 An early action is highly appreciated.

Copy one requisition enclosed

Years Faith fully

Chairman & President
M.L.H & F.W.C
Berhampore Municipality

Berhampore Municipality

DFID Assisted Honorary Health Worker Scheme

Memo No. 113/HHW/DFID

Date 15.9.08


Memo No. /HHW/DFID/..... Dated.....

To
Dr. Shibani Goswami
Project Officer, Health Wing
DFID SUDA, ILGUS Bhavan
Sector III, Bidhannagar, Kolkata

Madam,

The proforma requisition for allotment of fund for 3 Month is furnishing for allotment.

Yours faithfully,


Chairman
Berhampore Municipality

Berhampore Municipality

DFID Assisted Honorary Health Worker Scheme

As 5-52
Date: 21.10.08

Memo No.....

Requisition for fund for the Month of October 08, Nov 08, December 08 under HHW Scheme, Health Wing DFID Berhampore Municipality.

Month	Salary & Honorarium	Drug (Medicine)	Operating Cost	Training	Furniture IEC	Renoyation of HP & SHP Rent	Local Printing	Total	Remarks
1.Oct 08	1,37000.00	56000.00	20000.00	8000.00	5,000		10000.00	2,21,000.00	
2.Nov 08	1,37000.00	56000.00	20000.00	8000.00	5,000		10000.00	2,21,000.00	
3.Dec 08	1,37000.00	56000.00	20000.00	8000.00	5,000	5,000	10000.00	2,21,000.00	
Arrear of Enhance ment of honorium of MMC & HP staff effect from April 08 to December 08 If order passed	45000.00 (10 heads) 10heads × 9month × 500/-		60,000					45000.00	
			Hon/Sal - 4, 11,000 OP Chk 60,000 Rs. 4,71,000					61000.00	
			Stationery - 61,000				Total	7,69,000.00	Asper Expected Expenditure to be incurred
Bonus for HHW MMC/HP: 61 heads	61heads × 1000 61000.00				5,32,000		Balance in hand (Oct 08)	34000.00	
					15,000		Total	735,000.00	

Balance in hand 34000.00

Total Rs = 5,52,000 ✓
Fund Released - 11,04,525
w/c Rend up to Sept 10,86,074
18,451 ✓

- *Expected Expenditure of September 08 (Bill in hand)
- Salary for September 08 1,30,000.00
- Arrear Hon of HHW/ANM From April 08 to Aug 08 1,27,500.00
- Medicine (Bill Passed to be paid) 71000.00
- Stationery 5000.00
- Contingency 3000.00

336500.00

Balance in hand (370240.00-336500.00)= 33740.00

*Say 34000/-

Chairman and President
Berhampore Municipality
M. L. S. and P. W. C.

VALID ONLY IF COMBINATION PRINTED
 VALID FOR SIX MONTHS ONLY
 जारी करने वाली शाखा/ ALLI BANK (SECTOR-1) KALCUTTA,
 ISSUING BRANCH | No.: 31000-215816 KEY: RUCHOT

श्री B. CODE NO

0 01612

₹. 50,000/- का अधिक है किन्ता से अधिकतरों द्वारा प्रसारित होने पर ही यह है।
 NEUTRALIZED FOR THE SIGNATURE AND OVER IS VALID ONLY WHEN ISSUED BY TWO OFFICERS

DATE
 24/10/2008

श्री गणेश
 ON DEMAND PAYCHAIRMAN, HHW SCHEME, DEID BERHAMPORE MUNI
 CHAIRMAN, HHW SCHEME, DEID BERHAMPORE MUNI. :*****

या उसके आवेश पर OR ORDER

रुपये RUPEES

FIVE	FIVE	TWO	ZERO	ZERO	ZERO
LAKHS	T' TSD	THSDS	HNDRS	TENS	DNITS

₹. 50,000 P 500

TTTTL	KO/TT
TTTTL	KO/OL
TTTTL	KO/TL

PAISE ZERO ONLY
 St. No.: 787986
 KEY : RUCHOT

SBI AMOUNT BELOW 552001 (5/6)
 भगत करें | पूरा मूल्य VALUE RECEIVED

भारतीय स्टेट बैंक
 STATE BANK OF INDIA

श्री गणेश प्रशासक/ AUTHORIZED SIGNATORY
 (प्रसारण मूला सं./ S.N. NO. A4650)

श्री गणेश प्रशासक/ BRANCH MANAGER
 (प्रसारण मूला सं./ S.N. NO. MY4578)

0157
 खाता सं./ DRAWEE BRANCH

श्री B. CODE NO
 0 00034

0157000000000759890

⑈ 759890⑈ 000002000⑈ 000157⑈ 15

9	8	7	6	5	4	3	2	1
---	---	---	---	---	---	---	---	---

Bankura Municipality

Miscellaneous Receipt

West Bengal Municipal (Finance and Accounting)

Form No.39

No.....

Date 21.11.2008

Received from Project Officer, Health , SUDA the sum of Rupees 4,55,000/- (Rupees Four lakhs fifty-five thousand) only on account of expenditure in connection with DFID assisted Honorary Health Worker Scheme.

Vide Demand Draft No. 759888

Dt. 24.10.2008

Rs. 4,55,000/-

Re  mp

Sudhansu
Chairman 21/11/08

Bankura Municipality

Chairman

Bankura Municipality

SUDA

STATE URBAN DEVELOPMENT AGENCY

**HEALTH WING
"ILGUS BHAVAN"**

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

P-102

Ref No.

SUDA-Health/DFID/08/99

Date

27.10.2008

From : Dr. Shibani Goswami
Project Officer
Health Wing, SUDA

g

To : The Chairman
Bankura Municipality

Sub. : Release of fund worth Rs. 4,55,000/- towards expenditure in connection with DFID assisted Honorary Health Worker Scheme.

Sir,

Apropos your communication bearing no. A 5 Gen DFID 116 dt. 17.10.2008, an Account Payee Demand Draft bearing no. 759888 dt. 24.10.2008 on State Bank of India, Salt Lake Branch for an amount of Rs.4,55,000 - (Rupees Four lakhs fifty five thousand) only is released for payment towards Sal Hon., Drug, Rent, Operating Cost & Puja Exgratia.

The balance amount may be utilized for which it was allotted.

You are requested kindly to send your authorized representative to collect the Demand Draft along with money receipt. Kindly acknowledge receipt of this communication.

You are also requested kindly to submit the Utilisation Certificate, Monthly Statement of Expenditure as laid down in the Financial Guideline.

*Received Rs. 4,55,000/- (Rs four lakhs fifty five thousand) only
D/D No. 759888 dt. 24/10/08*

Yours faithfully,

Shibani Goswami
Project Officer

SUDA-Health/DFID/08/99(1)
CC

*Anjan Prasad
Data Entry Operator
27/10/08
D.F.D B.M.*

Dt. 27.10.2008

The Project Director, HHW Scheme - DFID, Bankura Municipality
- for kind information and necessary action.

Shibani Goswami
Project Officer

D.F.I.D. ASSISTED H.H.W. PROJECT BANKURA MUNICIPALITY

PRESIDENT :

Smt. Siuli Midya

Chairperson, Bankura Municipality

Phone : 250367 (O)

Secretary :

Dr. Abir Banerjee

H.O Bankura Municipality

Phone : 259269/257751/254406

Mobile : 9434183427

Memo No. A/9/Vou/DFID/122

Date 24-10-08

TO

THE PROJECT OFFICER

HEALTH WING, SUDA

KOLKATA-700091.

Sub: Authorization letter.

Madam,

I do herewith authorize Anjan Biswas, Data Entry Operator of D.F.I.D. Assisted HHW Project, Bankura Municipality to receive Demand draft against requisition of placement of fund vide this office no: A/5/Gen/DFID/116 dt: 17.10.2008 on my behalf. Signature of Anjan Biswas, Data Entry Operator of DFID Assisted HHW Project, Bankura Municipality is attested below.

Siuli Midya

Chairman

Bankura Municipality

Chairman

Bankura Municipality

Anjan Biswas

Signature of Anjan Biswas,

Data Entry Operator

D.F.I.D. Assisted HHW Project,

Bankura Municipality.

Siuli Midya

Chairman

Bankura Municipality

Chairman

Bankura Municipality

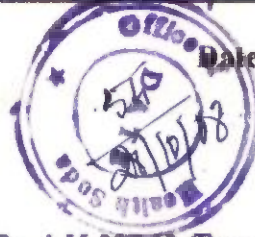
D.F.I.D. ASSISTED H.H.W. PROJECT BANKURA MUNICIPALITY

Sl. 93
PRESIDENT :
 Smt. Siuli Midya
 Chairperson, Bankura Municipality
 Phone : 250367 (O)

Secretary :
 Dr. Abir Banerjee
 H.O Bankura Municipality
 Phone : 259269/257751/254406
 Mobile : 9434183427

*DDM-759888 dt 24.10.08
 for Rs. 4,55,000/-
 for Smt. Midya, Drug. Bus. op. cost & Puja Ex-gratia.*

Memo No. A/5/Gen/DFID/116



Date 17-10-08

To
 The Project Officer
 Health Wing, SUDA

Handwritten notes and signatures:
 - 4,55,000/-
 - Ro. 4,55,000/-
 - may be released
 - 20.10.08
 - D.D.

Sub: Placement of fund to the tune of Rs. 4,55,297.50 (Rupees Four lakhs fifty-five thousand two hundred ninety-seven & paise fifty) only.

Madam,

I would like to request you to kindly place a fund to the tune of Rs. 4,55,297.50 (Four lakhs fifty-five thousand two hundred ninety-seven & fifty paise) only for the following purpose. Copy of order for procuring drugs bearing no: A/7/Ten/DFID/110 dt. 26.09.08 and engagement letter for other 2 ANMs vide this office no: A/1/Gen/DFID/100 dt. 10.09.08 & A/1/Gen/DFID/101 Dt. 10.09.08 respectively are enclosed herewith for your kind information.

Sl no.	Nature of Expenditure	Expected Expenditure
1.	✓ Salary & Honorarium (For Oct, Nov & Dec-08) i.e For 3 (Three) months	Rs. 2,70,285.00 2,60,000
2.	✓ Puja Ex-gratia As per your order vide no: SUDA-Health/DFID/08/85(11) Date: 24.09.08 28 HHWs, 6 FTSs, 3 PTMOs, 2 ANMs, 1 PHN, 1 Accts Asstt, 1 DEO, 1 Clerk-cum-SK, 1 Attendant, 1 Sweeper = 45 Nos	Rs. 45,000.00
3.	✓ Drugs	Rs. 81,012.50
4.	✓ Rent	Rs. 5,000.00
5.	✓ Operating Cost	Rs. 54,000.00 50,000
Total		Rs. 4,55,297.50 4,21,000

Rupees Four lakhs fifty-five thousand two hundred ninety-seven & paise fifty only.

Encl: As stated above.

Signature of Abir Banerjee
 Health Officer
 Bankura Municipality
 17/10/08

Yours faithfully
Signature of Siuli Midya
 Chairman
 Bankura Municipality
 17/10/08

Handwritten notes:
 Fund Released -
 7,75,340 = 2
 7,78,602 = 2
 (-) 3,262

D.F.I.D. ASSISTED H.H.W. PROJECT

BANKURA MUNICIPALITY

PRESIDENT :
 Smt. Siuli Midya
 Chairperson, Bankura Municipality
 Phone : 250367 (O)

Secretary :
 Dr. Abir Banerjee
 H.O Bankura Municipality
 Phone : 259269/257751/2544
 Mobile : 9434183427

Memo No. A/H/Ten/DFID/110

Date 26-09-08

To
 The Chief Executive Office
 Bankura Wholesale Consumers' Co-Operative Society Ltd.
 Bankura

Sub: Supply of medicine
 Ref: Your no- 183/2008-09 Dt: 23.09.08

With reference to above you are requested to supply following medicines as per below noted rate & name of the manufacturing company. All tablets should be in strip. Supply should be completed within 10 days from the date of receipt of this letter. Payment would be made in due course.

Sl. No.	Item	Mfg	Rate (Per unit)	Required quantity	Total amount (In Rs.)
1	Gastric Antacid	Pfizer	Rs. 10.00 per 10'S	5000 Tabs	5,000.00
2.	Ranitidine 150 mg	J.B. Chemicals	Rs. 9.95 per 20'S	5000 Tabs	2,487.50
3.	Cotrimoxazole Tab (Septran)	Glaxo	Rs. 15.85 per 10'S	5000 Tabs	7,925.00
4.	Cotrimoxazole Syrup (Septran)	Glaxo	Rs. 11.10 per 50ml	5000 Bottles*50ml	55,500.00
5.	Vitamin B-Complex	Genelab	Rs. 26.00 per box of 10*10/S	5000 Tabs	1300.00
6.	Povidone Iodine Ointment 5%	Genelab	Rs. 5.50 per Tube of 5 gm	1000 Tube	5,500.00
7.	Absorbent Cotton	G.K.Cotton/Laxmi	Rs. 16.50 per Pkt of 100gm	200 Pkts	3,300.00
Total					81,012.50
Rupees Eighty-one thousand twelve ⁵ / ₁₀₀ ^{paise} only					



[Signature]
 Health Officer
 Bankura Municipality

[Signature]
 Chairman
 Bankura Municipality

D.F.I.D. ASSISTED H.H.W. PROJECT BANKURA MUNICIPALITY

PRESIDENT :

Smt. Siuli Midya

Chairperson, Bankura Municipality

Phone : 250367 (O)

Secretary :

Dr. Abir Banerjee

H.O Bankura Municipality

Phone : 259269/257751/25440

Mobile : 9434183427

Memo No. A/1/Gen/DFID/100

Date 10-09-08

To
Smt. Santi Kundu
Lokepur
Po: Kenduadihi
Dt: Bankura

Sub: Engagement in the post of ANM under DFID Assisted HHW Project, Bankura Municipality on contractual basis.

As per your application dated: 25.08.08, you are hereby requested to join as ANM under DFID Assisted HHW Project, Bankura Municipality strictly on contractual basis and purely temporary with monthly honorarium of Rs. 2250.00 (Rupees Two thousand two hundred fifty) only upto 31.03.2009 as per G.O. No: SUDA-Health/DFID/08/29(11) Dated: 16.05.08 & SUDA-Health/DFID/08/61(11) Dated: 01.09.2008 respectively.

You are directed to join you duty with immediate effect. Job responsibility chart is enclosed herewith against the above engagement.
No TADA is admissible.

Encl: 1 sheet

Abir Banerjee
Health Officer
Bankura Municipality

Siuli Midya
Chairman 10/9/08
Bankura Municipality
Chairman
Bankura Municipality

Memo no: A/1/Gen/DFID/100 (2)

Date: 10-09-08

Copy forwarded for favour of information and necessary action to :

- 1) The ADM (D) Bankura and Project Director DFID Assisted HHW Project, Bankura Municipality
- 2) The Project Officer, Health Wing, SUDA

Abir Banerjee
Health Officer
Bankura Municipality

Siuli Midya
Chairman 10/9/08
Bankura Municipality
Chairman
Bankura Municipality

D.F.I.D. ASSISTED H.H.W. PROJECT BANKURA MUNICIPALITY

PRESIDENT :

Smt. Siuli Midya

Chairperson, Bankura Municipality

Phone : 250367 (O)

Secretary :

Dr. Abir Banerjee

H.O Bankura Municipality

Phone : 259269/257751/2544

Mobile : 9434183427

Memo No. A/1/Gen/DFID/101

Date 10-09-08

To
Falguni Nag
C/O: Sri Badri Narayan Nag
Muchipara, Lalbazar
Po & Dt: Bankura

**Sub: Engagement in the post of ANM under DFID Assisted HHW Project,
Bankura Municipality on contractual basis.**

This is to inform you that Municipal Health & Family Welfare Committee of DFID Assisted HHW Project, Bankura Municipality is pleased to engage you strictly on contractual basis and purely temporary with monthly honorarium of Rs. 2250.00 (Rupees Two thousand two hundred fifty) only upto 31.03.2009 as per G.O. No: SUDA-Health/DFID/08/29(11) Dated: 16.05.08 & SUDA-Health/DFID/08/61(11) Dated: 01.09.2008 respectively.

You are directed to join you duty with immediate effect. Job responsibility chart is enclosed herewith against the above engagement.
No TA/DA is admissible.

Enclo: 1 sheet

Alia Banerjee
Health Officer
Bankura Municipality

Siuli Midya
Chairman 15/9/08
Bankura Municipality
Chairman
Bankura Municipality

Memo no: A/1/Gen/DFID/101 (2)

Date: 10-09-08

Copy forwarded for favour of information and necessary action to :

- 1) The ADM (D) Bankura and Project Director DFID Assisted HHW Project, Bankura Municipality
- 2) The Project Officer, Health Wing, SUDA

Alia Banerjee
Health Officer
Bankura Municipality

Siuli Midya
Chairman 15/9/08
Bankura Municipality
Chairman
Bankura Municipality

SUDA

STATE URBAN DEVELOPMENT AGENCY

**HEALTH WING
"ILGUS BHAVAN"**

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

Ref No. SUDA-Health/DFID/08/108

Date 03.11.2008

From : Dr. Shibani Goswami
Project Officer
Health Wing, SUDA

To : The Chairman
Bishnupur Municipality


Sub. : Rectification of this office earlier communication bearing No.,
SUDA-Health/DFID/08/101 dt. 27.10.08 in respect of release of fund for
HHW Scheme.

Sir,

An A/c Payee Demand Draft No. 759889 dated 24.10.08 on State Bank of India, Saltlake Branch
worth Rs.3,37,000/- is released instead of Rs.3,47,000 -.

You are requested to kindly rectify your office record.

Yours faithfully,

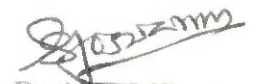

Project Officer

SUDA-Health/DFID/08/108(1)

CC

The Project Director, HHW Scheme - DFID, Bishnupur Municipality
- for kind information and necessary action.

Dt .. 03.11.2008


Project Officer

SUDA

STATE URBAN DEVELOPMENT AGENCY

**HEALTH WING
"ILGUS BHAVAN"**

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

Ref No. SUDA-Health/DFID/08/108

Date 03.11.2008

From : Dr. Shibani Goswami
Project Officer
Health Wing, SUDA

To : The Chairman
Bishnupur Municipality


Sub. : Rectification of this office earlier communication bearing No.,
SUDA-Health/DFID/08/101 dt. 27.10.08 in respect of release of fund for
HHW Scheme.

Sir,

An A/c Payee Demand Draft No. 759889 dated 24.10.08 on State Bank of India, Saltlake Branch
worth Rs.3,37,000/- is released instead of Rs.3,47,000 -.

You are requested to kindly rectify your office record.

Yours faithfully,


Project Officer

Dt. . 03.11.2008

SUDA-Health/DFID/08/108(1)

CC

The Project Director, HHW Scheme - DFID, Bishnupur Municipality
- for kind information and necessary action.


Project Officer

१. ५०,०००/- एव अधिक के निम्न दो अधिवर्तितों द्वारा हस्ताक्षरित होने पर ही यह है।
 INSTRUMENT FOR RS. 50000 AND OVER IS VALID ONLY WHEN SIGNED BY TWO OFFICERS
 वैधता के लिए दो अधिकारियों के हस्ताक्षरों की आवश्यकता है।
 VALID ONLY IF COMPUTER PRINTED VALID FOR SIX MONTHS ONLY -
 जारी करने वाले शाखा (SECTOR-1) CALCUTTA
 ISSUING BRANCH: No.: 33000-235816 KEY: NEFLIR 0 01612

भंगी जानेपर ON DEMAND PAYCHAIRMAN, HHW SCHEME, DFID BISHNUPUR MUNICI.
 L. *****CHAIRMAN, HHW. SCHEME, DFID BISHNUPUR, MUNICI. *****
या उनके आदेश पर OR ORDER

DATE
 24/10/2008

रुपये RUPEES
 THREE THREE SEVEN ZERO ZERO ZERO
 LAKHS T' TSD THSDS HNDRS TENS UNITS
 * * * * * R. Rs. 3 7 0 0 0 PS00
 SBI AMOUNT BELOW 317001 (3/6)

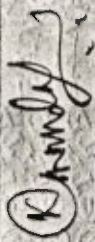
PAISE ZERO ONLY
 Sr. No.: 379356
 KEY : NEFLIR

अदा करें। मूल्य प्राप्त VALUE RECEIVED

भारतीय स्टेट बैंक
STATE BANK OF INDIA

BISHNUPUR (W. BENGAL) 0 00044
 बराकदा शाखा / DRAWEE BRANCH

0157



प्राधिकृत हस्ताक्षरकर्ता AUTHORIZED SIGNATORY
 (हस्ताक्षर गमूना क्र०/S.S. No. A 69 63) (हस्ताक्षर गमूना क्र०/S.S. NO.)
 शाखा प्रबंधक / BRANCH MANAGER

MY 6 7 8

015700000000759889

759889 00002000 000157 16

STATE URBAN DEVELOPMENT AGENCY**HEALTH WING
"ILGUS BHAVAN"****H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091
West Bengal**

Ref No. SUDA-Health/DFID/08/101

Date 27.10.2008

From : Dr. Shibani Goswami
Project Officer
Health Wing, SUDATo : The Chairman
Bishnupur MunicipalitySub. : Release of fund worth Rs. 3,47,000/- towards expenditure in
connection with DFID assisted Honorary Health Worker Scheme.

Sir,

Apropos your communication bearing no. 88.DFID/XI-8 dt. 20.10.2008, an Account Payee Demand Draft bearing no. 759889 dt. 24.10.2008 on State Bank of India, Salt Lake Branch for an amount of Rs. 3,47,000/- (Rupees Three lakhs forty seven thousand) only is released for payment towards Sal Hon., Drug, Operating Cost, IEC & Puja Exgratia.

The balance amount may be utilized for which it was allotted.

You are requested kindly to send your authorized representative to collect the Demand Draft along with money receipt. Kindly acknowledge receipt of this communication.

You are also requested kindly to submit the Utilisation Certificate, Monthly Statement of Expenditure as laid down in the Financial Guideline.

Received one D/D bearing no - 759889 dated 24.10.08 on S.B.I
amounting Rs 3,47,000 (Three lakhs ~~fourty~~ ^{thirty} seven thousand)
only.

-Ajankar
Asst Asst (D.A.I.D); Bishnupur Municipality
29.10.08

Yours faithfully,

[Signature]
Project Officer

Dt .. 27.10.2008

SUDA-Health/DFID/08/100(1)
CCThe Project Director, HHW Scheme - DFID, Bishnupur Municipality
- for kind information and necessary action.

⊗ Read with letter dt. 3.11.08

[Signature]
Project Officer

© : (03244)-252591

BISHNUPUR MUNICIPALITY

(D.F.I.D. ASSISTED HHW PROJECT)

P.O. : -BISHNUPUR * DIST. : BANKURA

Ref. No. 88/D.F.I.D./XI-8

Handwritten notes:
Rs. 3,47,000
may be taken
from D.D.
20.10.08

Date 20/10/2008

Requisition of fund for D.F.I.D Assisted Honorary Health Workers Scheme

DD No. 759889 dt 24.10.08 Under Bishnupur Municipality.

for Rs. 3,47,000/- for

Sal/Hon, IEC, Drug, op. cost & Puja Ex-gratia.

Sub:- Requisition for further fund for Rs. 3,47,000.00

Requirement of fund for three Months is placed below

Sl. No.	Item & Expenditure	Amount in Rs.
01.	Honorarium & Salaries for Three Months (Oct., Nov., & Dec. - 2008)	2,10,000.00
02.	I.E.C.	15,000.00
03.	Operating cost for Three Months. (Oct., Nov., & Dec. - 2008)	40,000.00
04.	Puja Ex-gratia	32,000.00
05.	Medicine.	50,000.00
Total Rs:-		3,47,000.00

2,97,000/-

Total amount Regd. Rupees Three Lakh Forty Seven Thousand Only by D/D.

Hons.

*Fund Released = 9,27,777 = w
w/c Rev up to date 8,39,593 = w
Bal - Rs. 88,184 = w*

*FTS - 3 x 1920 = 5760
ANM - 2 x 2250 = 4500
Gms - 4600
PTMS - 2 x 2100 = 4200
HHWs - 14 x 1750 = 24500
43,360*

90%

*Chairman,
Bishnupur Municipality*

*Sal -
35,800
79,160*

BISHNUPUR MUNICIPALITY

(D.F.I.D. ASSISTED HHW PROJECT)

P.O. : -BISHNUPUR * DIST. : BANKURA

Ref. No..... 88/D.F.I.D./XI - 8

Date..... 20/10/2008

*Requisition of fund for D.F.I.D Assisted Honorary Health Workers Scheme
Under Bishnupur Municipality.*

Sub:- Requisition for further fund for Rs. 3,47,000.00

Requirement of fund for three Months is placed below

Sl. No.	Item & Expenditure	Amount in Rs.
01.	Honorarium & Salaries for Three Months (Oct., Nov., & Dec. - 2008)	2,10,000.00
02.	I.E.C.	15,000.00
03.	Operating cost for Three Months. (Oct., Nov., & Dec. - 2008)	40,000.00
04.	Puja Ex-gratia	32,000.00
05.	Medicine.	50,000.00
Total Rs:-		3,47,000.00

Total amount Regd. Rupees Three Lakh Forty Seven Thousand Only by D \ D.

[Signature]
Chairman,
Bishnupur Municipality.

10/20/08

11:47 AM

FAX - 03244 256317

Municipal Form No. 39 (Vide rules 105, 121 & 122)

Miscellaneous Receipt
PURULIA MUNICIPALITY

No. **1420**

Dated 04. 11. 2008

Received from Project Officer
Health wings S.O.D.A.

on account of Expenditure with
connection with D.F.I.D.
ASSISTED H.H.HS Scheme.

Rupees (in words) Three lakhs thirty
Nine thousand only.

Rs.

P.

(Figures)

3,39,000 = 00



A blue ink signature is written above the official title of the Chairman/Executive Officer.

Chairman/Executive Officer/
Authorised Officer.

S. Sen

SUDA

STATE URBAN DEVELOPMENT AGENCY

**HEALTH WING
"ILGUS BHAVAN"**

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

1900

Ref No. SUDA-Health/DFID/08/100

Date 27.10.2008

From : Dr. Shibani Goswami
Project Officer
Health Wing, SUDA

To : The Chairman
Purulia Municipality

2

Sub. : Release of fund worth Rs. 3,39,000/- towards expenditure in connection with DFID assisted Honorary Health Worker Scheme.

Sir,

Apropos your communication bearing no. PM/DFID HHW/63 dt. 15.10.2008, an Account Payee Demand Draft bearing no. 7/60130 dt. 21.10.2008 on State Bank of India, Salt Lake Branch for an amount of Rs.3,39,000/- (Rupees Three lakhs thirty nine thousand) only is released for payment towards Sal/Hon., Rent, Operating Cost & IEC.

The balance amount may be utilized for which it was allotted.

You are requested kindly to send your authorized representative to collect the Demand Draft along with money receipt. Kindly acknowledge receipt of this communication.

You are also requested kindly to submit the Utilisation Certificate, Monthly Statement of Expenditure as laid down in the Financial Guideline.

Yours faithfully,


Project Officer

Dt .. 27.10.2008

SUDA-Health/DFID/08/100(1)
CC

The Project Director, HHW Scheme - DFID, Purulia Municipality
- for kind information and necessary action.


Project Officer

Received D.D. NO - 760130

S. San
04.11.08.

Dr. Shibani Goswami/DFID/08/100

Tel/Fax No.: 359-3184

DFID - ASSISTED HONORARY HEALTH WORKERS
SCHEME
PURULIA MUNICIPALITY
PURULIA

Memo No: -

Pa/DFID/HHN/67

Date: -

25/10/2008

To
Dr. S. Goswami
The Project Officer
Health Wing, SUDA
Kolkata

Sub: - Authorization letter.

Madam,

I, the undersigned do hereby authorized Sri. Sanjib Sen one of the office employee in our D.F.I.D. section under Purulia Municipality to receive fund from your good office on my behalf. His signature is given in the document below and duly attested by me.

This is for your kind information & necessary action.

With Thanks

Sanjib Sen

(Signature of the authorized person)

[Signature]

CHAIRMAN
PURULIA MUNICIPALITY

[Signature]
Health Officer
Purulia Municipality
Purulia

DD No 7860/30 dt. 21.10.08
for Rs. 3,39,000/- for
Sal/Hon, Rent, IEC, Op. cost

Rs. 3.39 Lakhs
may be released.
DD.
17-10-08

**DFID - ASSISTED HONORARY HEALTH WORKERS SCHEME
PURULIA MUNICIPALITY**

Memo No: PM/DFID/HHW/63 Stn.
PURULIA

Date: 15/10/08

To
Dr. Goswami
The Project Officer
Health Wing, SUDA
Kolkata

HHWs - 28 x 1750/- = 49,000 = W
FTS - 6 x 1920/- = 11,520 = W
ANMs - 3 x 2250/- = 6,750 = W
PTMs - 3 x 2100/- = 6,300 = W
Attm - 1 x 1150/- = 1,150 = W
Sweepers - 1 x 950/- = 950 = W
75,670 x 3 = 2,27,010/-

Sub: - Requisition of Fund for continuation of DFID - Assisted HHWs Scheme.

Madam,

The following amount is required for continuation of our DFID - Assisted HHWs Scheme in Purulia Municipality (details of the requirement is given bellow).

Estimation of Fund requirement for 03 month (from October 08 to Dec 08): -

01. Salaries -	51,000=00
02. Honorarium	2,27,000=00
03. Rent-	6,000=00
04. I.E.C.	25,000=00
05. Operating cost	30,000=00
07. Drugs	50,000=00
Grand Total	3,89,000=00

Fund Released = 8,10,279
w/c Recd. upto Sept 7,50,058

60,221

92/0

3,39,000

**CHAIRMAN PURULIA
MUNICIPALITY**

SUDA**STATE URBAN DEVELOPMENT AGENCY****HEALTH WING
"ILGUS BHAVAN"****H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091
West Bengal**Ref No. SUDA-Health/DFID/08/90

Date17-10-2008

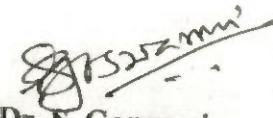
To : The Manager
State Bank of India
Salt Lake City
Kolkata- 700 064*Jc**Delivered
on 27/10/08*Sub : Issue of Demand Draft in connection with
DFID assisted Honorary Health Worker Scheme

Sir,

We would request you to prepare Account Payee Demand Draft debiting our Current Account
HHW Scheme - DFID, SUDA (A/C No. 30255770088) as mentioned below :

Sl. No.	In favour of	Payable at	Amount (in Rs.)
1.	Chairman HHW Scheme, DFID Purulia Municipality	Purulia	3,39,000. 00 (Rupees Three lakhs thirty nine thousand) only

Yours faithfully,

S. Pal
Finance Officer
HHW Scheme - DFID, SUDA
Health Wing, SUDADr. S. Goswami
Project Officer
HHW Scheme - DFID, SUDA
Health Wing, SUDA

.....Jangipur..... Municipality

Miscellaneous Receipt

West Bengal Municipal (Finance and Accounting)

Form No. 39

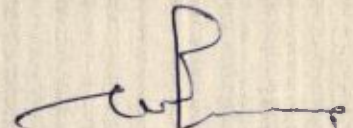
No.

Date :

Received from Project Officer, Health, SUDA the sum of Rupees
3,09,000/- (Rupees *Three Lakhs nine thousand*) only on account of
expenditure in connection with DFID assisted Honorary Health Worker Scheme

Vide Demand Draft No. *796101* Dt. *17.10.08.*

Rs. *3,09,000/-* ✓


Chairman.



Jangipur Municipality

P-99

P-99
P-99

STATE URBAN DEVELOPMENT AGENCY**HEALTH WING
"ILGUS BHAVAN"****H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091
West Bengal**Ref No. ~~SUDA-Health/DFID/08/89~~

Date17.10.2008

From : **Dr. Shibani Goswami
Project Officer
Health Wing, SUDA**To : **The Chairman
Jangipur Municipality****Sub. : Release of fund worth Rs. 3,09,000/- towards expenditure in
connection with DFID assisted Honorary Health Worker Scheme.**

Sir,

Apropos your communication bearing no. JM/DFID.509/08 dt. 15.10.2008, an Account Payee Cheque bearing no. 796101 dt. 17.10.2008 on State Bank of India, Salt Lake Branch for an amount of Rs.3,09,000/- (Rupees Three lakhs nine thousand) only is released for payment towards Salary / Honorarium, Rent, IEC and Operating Cost for 3 months and Puja Exgratia.

The balance amount may be utilized for which it was allotted.

You are requested kindly to send your authorized representative to collect the Cheque along with money receipt. Kindly acknowledge receipt of this communication.

You are also requested kindly to submit the Utilisation Certificate, Monthly Statement of Expenditure as laid down in the Financial Guideline.

Received the Cheque of

Rs 3,09,000.00

Ch-no-796101, dt-17.10.08

Nasirul Hossain, Jangipur Municipality.

Accounts Assistant 17.10.08.

CC

The Project Director, HHW Scheme - DFID, Jangipur Municipality
- for kind information and necessary action.

Yours faithfully,

Project Officer

Dt .. 17.10.2008

Project Officer

OFFICE OF THE COUNCILLORS

JANGIPUR MUNICIPALITY

P.O. – Raghunathganj ❖ Dist. – Murshidabad

Memo No.: JM/DFID/509/08

Dated: 15.10.2008

From : The Chairman / Vice Chairman, Jangipur Municipality

To : The Project Officer ,
Health Wing , SUDA,
" ILGUS BHAVAN"
H-C Block , Sector -III ,
Bidhannagar, Kolkata -700106

Sub : Authorization to collect Draft / Cheque .

Madrm,

I do hereby authorize Nasirul Hossain , Accounts Assistant ,DFID assisted HHW

Scheme , Jangipur Municipality to collect the Demand Draft / Cheque [bearing No 796101.. dt 17.10.08..] for an amount of Rs 3,09,000.00. (Rupees Three lakhs nine thousand.....)only on my behalf .The Demand Draft / Cheque is in connection with ..DFID..assisted..H.H.W...scheme Jangipur Municipality .

Attested

Signature of NASIRUL HOSSAIN

1..Nasirul Hossain....

2.....

3.....

Chairman
Jangipur Municipality

Processed By - Cashier Business Systems Ltd. - 011-26473361
MAJORS SECURITY PRINTING CO. PVT. LDM

~~A/c. Payee Only~~

दिनांक / Date 17.10.2008

PAY Chairman, HHW Scheme, DFID,
Jangipur Municipality

रुपये RUPEES Three lakhs nine thousand only.

या धारक को OR BEARER

₹.Rs. 3,09,000/-

अदा करें

बा.सं.
A/c. No. 30255770088



भारतीय स्टेट बैंक
State Bank of India SBIN0001612

SALT LAKE(SECTOR-1)CALCUTTA,
DB-2,SECTOR-1, CALCUTTA,
KOLKATA
DT:24 PARGANAS (N), W. BENGAL 700064

Prefix
0523700003

S. P. A. B.
Finance Officer,
Health Wing
S. U. D. A.

Dr. S. GOSWAMI
Project Officer,
Health Wing
S. U. D. A.

HHW SCHEME, DFID, SUDA

⑈ 796 10 1 ⑈ 70000 2 1 4 5 ⑈ 000080 ⑈ 1 1

DFID ASSISTED HHW SCHEME

Jangipur Municipality

P.O.: Raghunathganj ★ Dist.: Murshidabad ★ PIN : 742 225

Memo No.: JM / DFID/ 509/08

Dated : 15.10.2008

To

The Project Officer,
Health Wing, SUDA,
Ilgus Bhavan,
H.C.Block sector- III
Bidhannagar, Kol-91.

*Rs. 3,09 lakhs
my le salary
prop A/C purchase
check 17.10.08*

*HHW- 19 x 1750 = 33,250
FTS- 4 x 1920 = 7,680
ANM - 1 x 2250 = 2,250
PTMO- 2 x 2100 = 4,200
Atn. 1 x 1150 = 1,150
NG, Lm 2 x 950 = 1,900*

50,480 x 3 = 1,51,290

ch. no- 796101 dt. 17.10.08

for Rs. 3,09,000/-
Towards Hon, Sal, Rent
I.E.C. exp. cost for 3 months
and Puja Exgratia.

Sub: Requisition for Finance

Respected Madam,

This is to inform you that under DFID assisted H.H.W. scheme ,Jangipur Municipality the finance for three consecutive months (Oct 08 to Dec 08) are urgently required. The details are given below.

*8000
8000
4500
4500
3850
28850 x 3*

Honorarium	51000.00 x 3 = 153000.00	✓
Salary	29000.00 x 3 = 87000.00	✓
Rent	1000.00 x 3 = 3000.00	✓
I.E.C	1000.00 x 3 = 3000.00	✓
Operating Cost	10000.00 x 3 = 30000.00	✓
<u>Puja-Exgratia</u>	<u>33000.00 = 33000.00</u>	✓
Total	309000.00	✓

This is for your kind information and taking necessary action.

Fund Released = 7,43,891 = ₹
W/c Recd upto Sept 08 = 6,53,625 = ₹
bal. Rs 90,266 = ₹

88%

Yours faithfully,

[Signature]
Chairman,
Jangipur Municipality, 13/10/08

No. **2665**

AUTHORISATION CUM MONEY RECEIPT

Date **23-10-08**

Received with thanks from

~~HHH~~ Project Officer Health Dept.

Rupees **TWD thousand Four hundred only**

498

in full / part payment against our

Bill No. **TB/2420**

Date **08-09-08**

RS. 2400/-

CHEQUE/TTDD No./ CASH **796100**

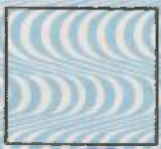
DATE **16-10-08**

ON **S.B.I**

Mr. **K. Kamalakar** is authorised to collect payment on Company's behalf. Whose specimen signature attested herewith.

TRANSCON ELECTRONICS PVT. LTD.

EZRA MANSION, 10, GOVT. PLACE (EAST), KOLKATA-700 069
PHONE : 2248 8118 / 8210, FAX : (033) 22486604



All payments by Cheques/Drafts are acknowledged subject to Realisation

P-98

Subj: Release of payment to M/s. Transcon
Electronics Pvt. Ltd.

———— x —————

Apropos order of this office Memo
No. SUDA-Health/DFID/08/72 dt. 05.09.2008,
M/s. Transcon Electronics Pvt. Ltd. supplied
Panasonic MFD Toner DQ TUI05, Digital Photocopier
DP8016P.

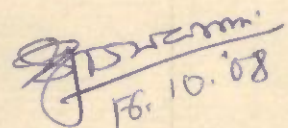
After complying with the above supply
the firm submitted a bill for Rs. 2400/- against
Challen.

The bill is placed below for payment
order please.

Hence, the amount of Rs. 2400/- (Rupees
Two thousand four hundred) only may be
released in favour of Transcon Electronics
Pvt. Ltd. through A/c payee cheque debiting
MHR Scheme, DFID, SUDA under A/c head -
"Operating Cost".

Submitted.


16/10/08


16.10.08

~~P.O. ccc, SUDA~~

TAX INVOICE

FO 817
10.09.08

TAX INVOICE NO. # TD/2420

ORIGINAL - BUYER'S COPY

Customer Code : 1925

M/=. STATE URBAN DEVELOPMENT AGENCY
HEALTH WING, ILGUS BHAWAN,
HC-BLOCK, SECTOR-III, BIDHANNAGAR,
KOLKATA - WEST BENGAL,
700 091,

VAT Registration No.:

Sr#	Code	Description	Qty	Rate	Amount
1	MFD TONER-TU101	PANASONIC MFD TONER-DQ-TU101 [1520/1820]	1,000 PCS.	2133.00	2133.00

Panasonic

Paid for Payment of Rs 2400/-
(Rupees Two Thousand four hundred only)
Operating cost.



Dr. S. DOSWAL
Project Officer,
Health Wing
S. U. D. A.

Indian Rupees Two Thousand Four Hundred Only

TOTAL Rs 2400.00

Received Rs. 2400/- Cheque no. 796100
N. Nannanar
28-10-08
Date: 16-10-08
For Transcon Electronics Pvt Ltd

Authorized Signatory



Bankers Name * THE SOUTH INDIAN BANK LTD. A/C NO. : 831517

V. A. T. NO. 19450844006

C. S. T. NO. 19450844297

I. T. PAN NO. AAAC19543 N

* PLEASE PAY BY "A/C PAYEE CHEQUE" ONLY.
* SUBJECT TO KOLKATA JURISDICTION

Service Tax Regn. No. MRS/KOL-1/CENTRAL - III/R-5/03

DEALS IN : FAX, COPIER, EPABX, MULTIMEDIA PROJECTOR, PLASMA DISPLAY & AUDIO CONFERENCE SYSTEMS & ITS CONSUMABLES

Sale Chalan # 2420/2008-2009

DATE : 08/09/08

Customer Code : 1925
M/S. STATE URBAN DEVELOPMENT AGENCY
HEALTH WING, ILGUS BHAWAN,
HC-BLOCK, SECTOR-III, BIDHANNAGAR,
KOLKATA - 700 091,
WEST BENGAL.

P/Order # : SUDA-HEALTH/DFID/08/72
Dated : 05/09/08

Order Acceptance # :
Dated :
Consignment # :
Dated :
Excise Gate Pass # :
Dated :

Sr # Code	Description	Qty	Rate	Amount
1 MFD TONER-TU101	PANASONIC MFD TONER-DQ-TU101 [1520/1820]	1,000 PCS.	2133.00	2133.00

Panasonic

TOTAL 2133.00
VAT 12.5% 266.63
ADD : ROUNDED UP 0.00% 0.37

Indian Rupees Two Thousand Four Hundred Only

TOTAL Rs 2400.00

Remarks :

Bankers Name * THE SOUTH INDIAN BANK LTD. A/C NO. : 831517

Remarks * PLEASE PAY BY "A/C PAYEE CHEQUE" ONLY.
* SUBJECT TO KOLKATA JURISDICTION

V. A. T. NO. 19450844006
C. S. T. NO. 19450844297

I. T. PAN NO. AAAC19543 N

Service Tax Regn. No. MRS/KOL-1/CENTRAL - III/R-5/03

Authorized Signatory

For TRANSCON ELECTRONICS PVT. LTD.

DEALS IN : FAX, COPIER, EPABX, MULTIMEDIA PROJECTOR, PLASMA DISPLAY & AUDIO CONFERENCE SYSTEMS & ITS CONSUMABLES

Sale Challan # 2420/2008-2009 DATE : 08/09/08

Customer Code : 1925
M/S. STATE URBAN DEVELOPMENT AGENCY
HEALTH WING, ILGUS BHAWAN,
HC-BLOCK, SECTOR-III, BIDHANNAGAR,
KOLKATA - 700 091,
WEST BENGAL.

P/Order # : SUDA-HEALTH/DFID/08/72
Dated : 05/09/08

Order Acceptance # :
Dated :
Excise Gate Pass # :
Dated :

Consignment # :
Dated :

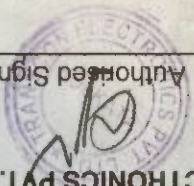
Sr # Code	Description	Qty	Rate	Amount
1	MFDTONER-TU101 PANASONIC MFDTONER-DQ-TU101 [1520/1820]	1,000 PCS.	2133.00	2133.00

Panasonic

TOTAL 2133.00
VAT 12.5% 266.63
ADD : ROUNDED UP 0.00% 0.37

Indian Rupees Two Thousand Four Hundred Only
Remarks :

For TRANSCON ELECTRONICS PVT. LTD.
Authorised Signatory



Bankers Name * THE SOUTH INDIAN BANK LTD. A/C NO. : 831517
V. A. T. NO. 19450844006
C. S. T. NO. 19450844297

Remarks * PLEASE PAY BY "A/C PAYEE CHEQUE" ONLY.
* SUBJECT TO KOLKATA JURISDICTION

I. T. PAN NO. AACT9543 N
Service Tax Regn. No. MRS/KOL-1/CENTRAL - III/R-5/03

DEALS IN : FAX, COPIER, EPABX, MULTIMEDIA PROJECTOR, PLASMA DISPLAY & AUDIO CONFERENCE SYSTEMS & ITS CONSUMABLES

SUDA**STATE URBAN DEVELOPMENT AGENCY****HEALTH WING****"ILGUS BHAVAN"**H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091
West BengalSUDA-Health/DFID/08/72
Ref No.

Date 05.09.2008.

From : Dr. Shibani Goswami
Project Officer,
Health, SUDATo : M/S Transcon Electronics Pvt. Ltd.
10, Govt. Place (East)
Kolkata - 700 069.

Sub : Work Order for supply of 1 (one) no. of Toner.

Ref. : Your quotation under ref. no. TEPL/3503/2008-09 dt. 02.08.2008.

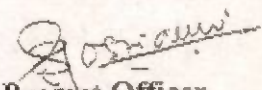
Sir,

Inviting your attention to the subject referred to above, the work order is placed for supply of one no. of toner as mentioned below :

Sl. No.	Item	Qty. to be supplied	Unit Price (in Rs.)	Total price inclusive of all Taxes except VAT	Delivery Terms
1	Toner Model No. DQ-TU10J for Panasonic Digital Photocopier DP-8016P	1 (one)	2,400.00	2,400.00 (Rupees Two thousand four hundred) only	Within 5 days from the date of receipt of the work order

After causing supply, you are to submit bill duly supported by receipted challan in original to the Project Officer, Health Wing, SUDA. The payment will be made through A/C payee cheque.

Yours faithfully,

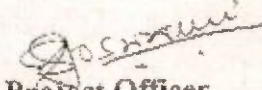

Project Officer

Dt. .. 05.09.2008

SUDA-Health/DFID/07/72/1(1)

Copy forwarded for kind information to :

Finance Officer, Health, SUDA


Project Officer

STATE URBAN DEVELOPMENT AGENCY**HEALTH WING****"ILGUS BHAVAN"****H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091****West Bengal**SUDA-Health/DFID/08/72
Ref No.

Date 05.09.2008

From : Dr. Shibani Goswami
Project Officer,
Health, SUDA

To : M/S Transcon Electronics Pvt. Ltd.
10, Govt. Place (East)
Kolkata - 700 069.

Sub : Work Order for supply of 1 (one) no. of Toner.

Ref. : Your quotation under ref. no. TEPL/3503/2008-09 dt. 02.08.2008.

Sir,

Inviting your attention to the subject referred to above, the work order is placed for supply of one no. of toner as mentioned below :

Sl. No.	Item	Qty. to be supplied	Unit Price (in Rs.)	Total price inclusive of all Taxes accept VAT	Delivery Terms
1	Toner Model No. DQ-TU10J for Panasonic Digital Photocopier DP-8016P	1 (one)	2,400.00	2,400.00 (Rupees Two thousand four hundred) only	Within 5 days from the date of receipt of the work order

After causing supply, you are to submit bill duly supported by receipted challan in original to the Project Officer, Health Wing, SUDA. The payment will be made through A/C payee cheque.

Yours faithfully,

Goswami
Project Officer

Dt. .. 05.09.2008

SUDA-Health/DFID/07/72/1(1)

Copy forwarded for kind information to :

Finance Officer, Health, SUDA

Goswami
Project Officer

Recd :
Anita D
5/9/08


Sub:- Procurement of 'Panasonic Copier Toner'.

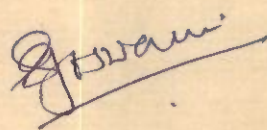
Quotations were asked from some Companies over telephones for procurement of Panasonic Copier Toner Model - DA-TU10J-DR-8016P.

Three (3) quotations have been received on 03.09.2008. The firms are 1) M/s. Raghav Trading Co., 2) Dolphin Electronics and (3) Panasonic. The comparative Statement of quotations is placed below.

It is seen from the comparative Statement that the rate quoted by M/s. Panasonic is the lowest and may be accepted.

Submitted for approval please.



9/9/08



~~P.O.cec, SUDA~~

Comparative Statement of Quotations.

Sl. No.	Name of the Firm	Quantity required	Rate quoted (Rs)	Total value (Rs)
1.	M/s. Raghav Trading Co. Howrah	01	3,000/-	3,000/- ✓
2.	M/s. Dolphin Electronics. A.P.C Road, Kolkata.	01	2,700/-	2,700/- ✓
3.	M/s. Transcon Electronics Pvt. Ltd.	01	2,400/-	2,400/- ✓

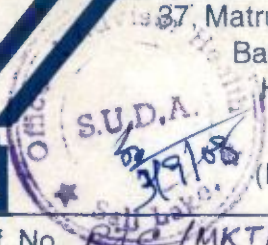

5/9/08

RAGHAV TRADING CO.

37, Matru Mal Lohia Lane,
Bandhaghat, Salkia,
Howrah - 711 106

☎ : 2655-8916
(M) : 98303-03482

Quotation



To <u>THE PROJECT OFFICER</u> <u>"HEALTH WING" - SUDA</u> <u>"ILGUS BHAWAN" - HC - BLOCK</u> <u>SEC-III, SALT-LAKE, KOL-106.</u>	Our Ref. No. <u>RTC/MKT/SER/2008-09.</u> Date: <u>02.09.08.</u>
	Your Ref. No. : <u>VERBAL.</u>
	Kind Attn. : <u>—</u>

Dear Sirs,

We thank you for your enquiry referred above and are pleased to submit our offer as under .

Sl. No	PARTICULARS	Qty.	Rate
01	PANASONIC COPIER TONER MODEL - DA-TU10J. FOR COPIER MODEL - DP-8016P.	01.	3,000=00
[THE PRICES ARE INCLUSIVE OF VAT]			3,000=00

Terms & Conditions :

- 1. Validity : 30 DAYS.
- 2. Delivery : 2-4 DAYS
- 3. Payment : 100% ALONG WITH THE ORDER

For **Raghav Trading Co.**
P. Meenshi.
Authorised Signatory

DOLPHIN ELECTRONICS

DEALS IN : OFFICE AUTOMATION PRODUCTS & PERIPHERALS

179/A, ACHARYA PRAFULLA CHANDRA ROAD
KOLKATA - 700 004

Phone No. 2555-7635 Mobile : 98300-83866

Ref. No. DE/330/08-09

Date 03/09/08

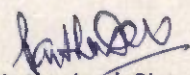


QUOTATION

TO, The Project Officer (Health Wing) S U D A ILGUS BHAWAN, HC-Block, Sec-III, Salt Lake, Kolkata – 700106		Your Ref. No. NIL			
Kind Attn:		Date: NIL			
		ORDER TO BE PLACED ON:			
Sl. No.	PARTICULARS	RATE	V A T e	AMOUNT	
				Rs.	P.
01.	Panasonic Toner <u>DO – TU10J</u> for Photocopier cum A3 Size Laser Printer, Model No. <u>DP – 8016P</u>	2,700/-	Incl.	2,700	00
Amount In Words: Two Thousand Seven Hundred Only					

Validity Of Offer : 30 Days
Delivery Schedule : Within One Week
Warranty Period : Not Applicable
Payment Terms : 100% along with the order.

For DOLPHIN ELECTRONICS


Authorized Signatory



QUOTATION

To: The Project Officer, Health Wing, State Urban Development Agency ILGUS BHAWAN, Block - HC, Sector - III, Salt Lake, Kolkata - 700106	Our Ref No. TEPL / 3503 / 2008-2009
	Date: 02 nd August 2008 Your Ref. / Enq. No.: VERBAL
	KIND ATTN:

Dear Sirs,
 We thank for your enquiry referred above and are pleased to submit our offer as under:

Sl. No.	PARTICULARS	AMOUNT	
		Rs.	P.
01.	Panasonic Toner Model No. <u>DO - TU10J</u> suitable for Panasonic Digital Photocopier DP-8016P	2,400	00
	(For each Toner)		
		2,400	00

- Terms:**
- 1) V A T : **Included**
 - 2) Freight, Delivery & Transit Insurance : **Included**
 - 3) Validity : **30 Days.**
 - 4) Delivery : **Ex - Stock.**
 - 5) Payment : **As per your Terms & Condition.**
 - 6) Warranty : **Not Applicable.**

V. A. T. No. 19450844006 Dt. 12.03.03
 P. A. N. No. AAAC9543N

For **Transcon Electronics Pvt. Ltd.**

(Signature)
GOUTAM LAHA
 Manager - Business Development
 Mobile: 94333 - 75641

Transcon Electronics Pvt. Ltd.

10, Govt. Place (East), Kolkata - 700 069. Tel : 2248 8118 / 8210 / 1620 Fax : 033 2248 6604
 E mail : info@transconelectronics.in, Website : www.transconelectronics.in

State Urban Development Agency P-97

ILGUS BHAVAN, HC-BLOCK, SECTOR - III, SALT LAKE CITY,
CALCUTTA - 700 106

Health Wing

Statement of Bill for Car Hiring Charges

of Sanku Paul Chatterjee

For the Month of September, 2008

Vehicle No. WB04B-0704

Bill for Rs. 16,772/-

(Rupees Sixteen thousand seven hundred seventy two) only.

Rs. 16,772 = 00

i) Less I.T. Deduction @ 2.04% on Rs. 9460/- on actual hire charge (-) Rs. 193 = 00

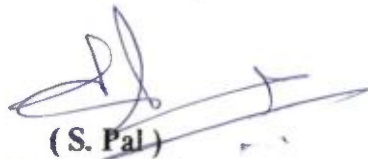
ii) Less I.T. Deduction @ 2.04% on Rs. 432/- on overtime (-) Rs. 9 = 00

Net Payable

Rs. 16,570/-

Passed for payment Rs. 16,570/- (Rupees Sixteen thousand five hundred seventy) only be cheque to the above person and

Rs. 202/- to be deposited to Reserve Bank of India, Calcutta for I.T. Deduction and the bill amount may be booked out of HHW-Scheme, DFID under sub-head O & M Car Hire Charges.



(S. Pal)

Finance Officer
Health Wing, SUDA

28/10/88

No. 14136 MEMO Date

V.I.P. SUPER SERVICE STATION

R, Sura East Road, Kolkata-10, Phone 23705292

Car No. Rate Rs. P.

Ex Mile	50	38.06	1903	50
U.L.P.				
H.S.D.				
Ex Premium				
Engine Oil				
Cool				
Gear Oil				
Brake Fluid				
Service				
Total			1903	50

VAT No. 19401918079

BEN 4320
Signature



CASH MEMO

2006

25.9.08

MONDAL AUTOMOBILE

Authorised Dealer: GEAT TYRE & CASTROL, SHELL, HP, SERVO & All Lubricating oil

122B, HEMCHANDRA NASKAR ROAD
KOLKATA - 700 010, PHONE : 2373 1193

Messrs . _____

Quantity	DESCRIPTION	Rate	Amount	
			Rs.	P.
5 1/2	CRB + Mobil	180	900	/
		TOTAL	900	

Our responsibilities ceases as soon as goods leaves our premises
Once goods sold can not be taken back or exchanged

Signature
Reby

Bill For Car Hiring Charges For Hired
 Car No. - WB04B0704
 Bula Dhar
 61/B, Suren Sarkar Road, Kolkata-700010

Name - Bula Dhar
 Car No. - WB04B0704
 For The Month of
 Date - 15-10-2008

S.No	Date	Reporting Time	Releasing Time	Total Duty Hrs	OT Hours	Reporting K.M.S	Releasing K.M.S.	Total Kms. RUN	Remarks
1	1.9.08	9.15Am	7.50Pm	10.35mts	1 Hour	33515	33587	72	
2	2.9.08	9.15Am	7.40Pm	10.25mts	X	33592	33676	84	
3	3.9.08	9.15Am	7.50Pm	10.35mts	1 Hour	33681	33768	87	
4	4.9.08	9.15Am	8. Pm	10.45mts	1 Hour	33773	33856	83	
5	5.9.08	9.15Am	7.50 Pm	10.35mts	1 Hour	33861	33948	87	
6	8.9.08	9.15Am	8. Pm	10.45mts	1 Hour	34036	34172	136	
7	9.9.08	9.15Am	7.45Pm	10.30mts	X	34177	34260	83	
8	10.9.08	9.15Am	8. Pm	10.45mts	1 Hour	34273	34358	85	
9	11.9.08	9.15Am	9.15Pm	12. Hours	2 Hours	34363	34476	113	
10	12.9.08	9.15Am	9. Pm	11.45mts	2 Hours	34481	34557	86	
11	15.9.08	9.15Am	8.10 Pm	10.55mts	1 Hour	34588	34657	69	
12	16.9.08	9.15Am	7.50Pm	10.35mts	1 Hour	34662	34744	82	
13	17.9.08	9.15Am	9.30Pm	12.15mts	2 Hours	34749	34827	78	
14	18.9.08	9.15Am	7.55Pm	10.40mts	1 Hour	34832	34913	81	
15	19.9.08	9.15Am	9.15Pm	12. Hours	2 Hours	34918	35035	117	
16	22.9.08	9.15Am	8.30Pm	11.15mts	1 Hour	35167	35246	79	
17	23.9.08	9.15Am	7.55Pm	10.40mts	1 Hour	35251	35330	79	
18	24.9.08	9.15Am	9.30Pm	12.15mts	2 Hours	35343	35446	103	
19	25.9.08	9.15Am	8.15Pm	11. Hours	1 Hour	35451	35563	112	
20	26.9.08	9.15Am	7.40Pm	10.25mts	X	35568	35641	73	
21	29.9.08	9.15Am	8.30Pm	11.15mts	1 Hour	35646	35728	82	
22	30.9.08	9.15Am	8. Pm	10.45mts	1 Hour	35733	35810	77	
23	23.10.08			24. Hours				1948 Kms	

Signature of the Driver was to
 Agencies of Public Services.

1948
16233.68

- (A) Hire charges for 22 days @ 430/- per day - - Rs. 9460 - 00
- (B) O.T. charges for 24 hours @ 18/- per hour - - Rs. 432 - 00
- (C) Diesel consumed 162.33 litres @ 38.06 per litre - - Rs. 6178 - 27
- (D) M. oil consumed 3.896 litres @ 180/- per litre - - Rs. 701 - 28

RS. 16771 - 55

Remount off - Rs. 16772/-

Sixteen thousand seven hundred seventy one
fifty five Paise only.

Bula Dhar
15/10/08

Passed for Payment of Rs 16,772/-
(Rupees Sixteen Thousand and Seventy one
Only out of HHW Scheme,
DEID, SLDA under sub head Operating cost)

S. Goswami
Dr. S. GOSWAMI
Project Officer,
Health Wing
S. U. D. A.

Bill passed for Rs. 16,772 = 00
Less I.T. deduction " 202 = 00
Net payable Rs. 16,570 = 00

by 16/10

S. Goswami
Dr. S. GOSWAMI
Project Officer,
Health Wing
S. U. D. A.

Received RS. 16570/- by Cheque No 796029 Dated 16/10/08



Bula Dhar
17/10/08

P-96

MONEY RECEIPT

Received the Cheque No. 796098 dt. 3.10.08 from the

Project Officer, Health Wing, SUDA, amounting to Rs. 14,633.00 (Rupees)

Fourteen thousand six hundred thirty three

Pinku Bha. [Signature] 3/10/08



e

To
The Project Officer
Health Wing, SUDA
Salt Lake.

Sub. : Request for Handover Cheque.

Madam,

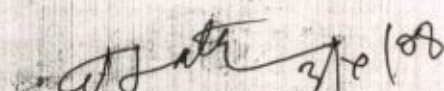
I do hereby authorized Sri Pradip Kr. Bhattacharjee to received the cheque on account of Car Hire Charges of my vehicle no. WB-29 6662 for the month of September, 08 on my behalf

Specimen signature of Sri Pradip Kr. Bhattacharjee is attested below

Thanking you.

Yours faithfully,

Rinku Bhattacharjee.
Rinku Bhattacharjee 3/10/08


Signature of Sri Pradip Kr. Bhattacharjee attested.

Rinku Bhattacharjee.
(Rinku Bhattacharjee) 3/10/08

State Urban Development Agency

ILGUS BHAVAN, HC-BLOCK, SECTOR - III, SALT LAKE CITY,
CALCUTTA - 700 106

Health Wing

Statement of Bill for Car Hiring Charges

of Smt. Reenu Bhattacharjee.

For the Month of September, 2008

Vehicle No. WB 29-6662

Bill for Rs. 14,838/-

(Rupees Fourteen thousand eight
hundred thirty eight) only.

Rs. 14,838 = 00

i) Less I.T. Deduction @ 2.04% on Rs. 9460/- on actual hire charge (-) Rs. 193 = 00

ii) Less I.T. Deduction @ 2.04% on Rs. 594/- on overtime (-) Rs. 12 = 00

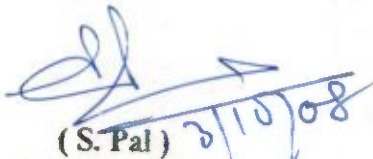
Net Payable

Rs. 14,633 = 00

Passed for payment Rs. 14,633 (Rupees Fourteen thousand
six hundred thirty three) only be cheque to the above person and

Rs. 205/- to be deposited to ^{State} Reserve Bank of India, ^{Salt Lake} Calcutta for I.T. Deduction and the bill

amount may be booked out of HHW-Scheme, DFID under sub-head O & M Car Hire Charges.


(S. Pal)
Finance Officer
Health Wing, SUDA

B-107

	Rs.	P.
(a) Car Hiring Charges for 22 days @ Rs/430/- per day	9460	00
(b) Overtime Charge for 33 hours @ Rs. 18/- per hour	594	00
(c) Cost of 116.25 litres of Diesel @ Rs. 38.20	4249.75	75
(d) Cost of 2.79 litres of Mobil Oil @ Rs. 200	558	00
(e) Gross payment (Total from A to D)	15052.75	75

Rs. 14,837 = 75
 Say Rs. 14,838/-

Passed for Payment of Rs. 14,838/-
 (Rupees Fourteen thousand eight hundred and thirty eight)
 Only out of AHW Scheme, DFID, SIDA under sub head Operating cost.

Pinkey Bhattacharjee
 3/10/88

Bill passed for Rs. 14,838 = 00
 Less I.T. deduction. 205 = 00
 Net payable Rs. 14,633 = 00

Dr. S. GOSWAMI
 Project Officer,
 Health Wing
 S. U. D. A.

Dr. S. GOSWAMI
 Project Officer,
 Health Wing
 S. U. D. A.

1335 kms

[Handwritten signature]
 3/10/88

AMAR SERVICE STATION

277/2, B.T. ROAD. KOL-36.

HSD LIC. NO-64/MS&HSD/BKP/07

HSD/PETRO LIC. NO:2

CASH/BILL

001757

0 SLM- 0 14-09-2008

DESCRIPTION	QTY	RATE	AMOUNT
HI-SPEED	48.560	38.20	1855.00
ITM= 1	48.560		

BL-TOT 1855.00
CASH 1855.00.

PH: (033) 25466615.

THANK YOU VISIT AGAIN. HAPPY JOURNEY & DAY.

C 1

17:10:10

M/C NO.

APPROVAL SLIP (R.F.)

NO. _____

Name _____

Address: _____

Qty	PARTICULARS	Amount	
		Rs.	P.
12	oil	20	
1	oil	15	
1	oil	2	
1 litre	Castrol (CRB) plus	200	
		237	
TOTAL Rs.			

Date... 13/07/2008

Signature _____

1-79

Sub:- Release of payment to Dr. Shibani Goswami,
Project officer, Health Wing, SUDA.

Dr. Shibani Goswami, Project officer,
Health Wing, SUDA has submitted a D.A. bill
for Rs. 702/- for her tour to New Delhi for
attending meeting on NUHM, New Delhi from
01-07-2008 to 03-07-2008 duly ^{supported by Tour Diary &} approved by
Project Director, CMU & Spt. Secy, M.A.D.

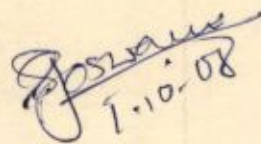
The bill has been checked and placed
below for pay order please.

Another note sheet dt. 23.9.08 for cancellation
charge of Rs. 180/- to be reimbursed to Dr. S.
Goswami, P.O. is placed below for approval pl.

Hence, a cheque for Rs. 882/- (702+180)
(Rupees eight hundred eighty-two) only may
be released in favour of Dr. Shibani
Goswami, P.O. debiting other scheme, DPID,
SUDA under the A/c head - Operating Cost.

Submitted.


1/10/08


1.10.08

~~P.O. ced, SUDA.~~

Name DR. SHIBANI GOSWAMI

Designation & basic pay PROJECT OFFICER, HEALTH, SUDA Rs. 22000/-

Purpose of Journey Official to attend meeting on NUHM at New Delhi

DATE	PLACE OF DEPARTURE	TIME OF DEPARTURE	PLACE OF ARRIVAL	TIME OF ARRIVAL	MODE OF TRANSPORT AND TICKET NO.	CLASS OF ACCOMMODATION	DAILY ALLOWANCE	FARE PAIR (RS.)	REMARKS
17/08	Office	4 pm	Dundoo Airport	4:45 pm	-	-	180/- 70%	AT field provided by DMTM by both way	Certified that: 1. The journey was actually performed by me in the interest of public service. 2. The expenditure incurred was not more than claimed in this bill. 3. No board and lodging was provided free of charge during the tour.
17/08 to 30/08	Stay at New Delhi Bagel Brown and attended workshop at HWF.					260/- 100%	1A-201	DEIA 2023	
30/08	N. Delhi	5 pm	N. Delhi Airport	6:15 pm	-	-	260/- 100%	-	
30/08	Dundoo Airport	11:00 am	Roshni	11:30 am	vehicle provided by DMTM	-	-	-	Based for Payment of Rs. 702/- (Rupees Seven hundred and two/-) Only out of HHW Scheme, DFID, SUDA under sub head <u>Expanding Cost</u> . Dr. S. Goswami Project Officer, Health Wing S. U. D. A.
							702/-		

Signature of incumbent Dr. S. Goswami
 30.09.08

Signature of DDO
 Project Officer
 Health Wing
 S. U. D. A.

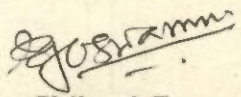


**Sub: National Workshop on Urban Health and Poverty organized on
2-3rd July, 2008 at New Delhi.**

Tour Diary

01.07.2008	Departed for New Delhi at 4 p.m. by IA-201.
	Reached New Delhi Airport at 7.30 p.m.
	Reached Banga Bhawan at 8.15 p.m.
02.07.2008	Attended work shop at WWF Building at Lodhi Road.
03.07.2008	Do
	Reached New Delhi Airport at 7.00 p.m.
	Departed for Kolkata by IA-202.
	Reached Kolkata Airport at 11.00 p.m. and residence at 11.30 p.m.

~~PDCMU &
eosppl. secy,
m.m.s)~~


(Dr. Shibani Goswami)
Health Expert, CMU

Approved
by
19/7

Dr. Goswami

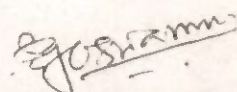


**Sub: National Workshop on Urban Health and Poverty organized on
2-3rd July, 2008 at New Delhi.**

Tour Diary

01.07.2008	Departed for New Delhi at 4 p.m. by IA-201.
	Reached New Delhi Airport at 7.30 p.m.
	Reached Banga Bhawan at 8.15 p.m.
02.07.2008	Attended work shop at WWF Building at Lodhi Road.
03.07.2008	Do
	Reached New Delhi Airport at 7.00 p.m.
	Departed for Kolkata by IA-202.
	Reached Kolkata Airport at 11.00 p.m. and residence at 11.30 p.m.

POC MU 2
20 Sp. Secy,
MAD


(Dr. Shibani Goswami)
Health Expert, CMU

Approved
by
19/7

Dr. Gurnee

Sub: Cancellation of train tickets.
— reimbursement of cancellation fees.

The undersigned was supposed to proceed to Siliguri for attending meeting of MIC on 26.09.08. Accordingly train tickets were purchased by the undersigned. The onward journey ticket was purchased for Director, SUDA also as per her instruction.

Now the journey is cancelled at the instruction of the Authority, as the undersigned would be engaged for other work at SUDA on that day.

Hence, the tickets were refunded. The cancellation fee of Rs. 180/- (Rs. 120/- for ticket no 23957108 and Rs. 60/- for ticket no 23957107) may be reimbursed in cash to the UPS. Cancellation documents in original are enclosed.

[Signature]
23.09.08

Cancellation fee of Rs. 180/- may be paid from HHR Scheme, DFID, SUDA under A/c head - operating cost.

[Signature]
23/9/08

[Signature]
7.10.08

Fd, Health,
SUDA

P.O. c/c, SUDA

06/20

DEP. TIME PRINTED LIABLE TO CHANGE

शुभा यात्रा

HAPPY JOURNEY



150 GLORIOUS

पी. एन. आर. नं०

PNR NO.

गाडी नं०

TRAIN NO.

तिथि

DATE

कि०मी०

K.M.

वयस्क

ADULT

बच्चे

CHILD

TICKET NO.

टिकट नं०

CCCD 11275 145

621-9374780

3150

26-09-2008 568

1

/11275145

CLASS ^{श्रेणी}
CANCELLATION TICKET

उवाता न्यू जलपार्कगुडी

सियालदर

RESV. UPTO कांचनकन्या एकसत्रेस

तक/से
आरक्षित

कोच SEAT/BERTH SEX AGE T. AUTHORITY

रियायत आंशुं शुंशुं शुंशुं वाकवर रुं कुं नकर रुं
CONC. R. FEE S. CH. SF. CH. VOUCH. RS. T. CASH RS.

C A N C E L L E D

669

C A N C E L L E D

RS. SIX SIX NINE ONLY
OLD TICKET NO: 83957107

C A N C E L L E D

CAN FEE = 20 /-
REFUNDS = 649 /-

ORR : 1 Adult Canc : 1 Adult

23-09-2008 12:13 SLK 02 01 17-09 09:04 1 01

ORR PASSENGERS : 1

EASTERN RAILWAY

08/20X

DEP. TIME PRINTED LIABLE TO CHANGE

शुभ यात्रा

HAPPY JOURNEY


 पी.एन.आर. नं०
PNR NO.

 गाड़ी नं०
TRAIN NO.

 तिथि
DATE

 कि०मी०
K.M.

 बयस्क
ADULT

 बच्चे
CHILD

TICKET NO.

 डिप्ट नं०
COCCD

621-9374840

3149 25-09-2008 569

2 0

/11275144

 CLASS श्रेणी
CANCELLATION TICKET

उवाता सिधालदर

स्व. जलपार्श्वती

RESV. UPTO कांघनकन्या एवसत्रेस

 तक्र/से
आतिशत

 कोच SEAT/BERTH SEX AGE यात्रा AUTHORITY CONC. आ०शु० सु०शु० सु०शु० बाऊवर रु०कु० नकर रु०
R. FEE S. CH. SF. CH. VOUCH. RS. T. CASH RS.

C A N C E L L E D

1308

C A N C E L L E D

 RS. ONE THREE ZERO EIGHT ONLY
OLD TICKET NO: 83957108

C A N C E L L E D

 CAN FEE = 120 /-
REFUNDS = 1188 /-

ORR : 2 Adult Canc : 2 Adult

25-09-2008 12:15 BLK 02 01 17-09 09:05 1 01

URG PASSENGERS : 2

EASTERN RAILWAY

HINDON FORMS N.O. PH. 25867550

Rational Business Corporation

DEP. TIME PRINTED IS LIABLE TO CHANGE

शुभ यात्रा		HAPPY JOURNEY	
पी.एन.आर.नं. PNR NO.	गाड़ी नं. TRAIN NO.	तिथि DATE	कि.मी. K.M.
वयस्क ADULT	बच्चे CHILD	TICKET NO. टिकट नं.	
621-9374848	3149	25-09-2008	569
2	0	KKKC 83957108	
CLASS श्रेणी		JOURNEY CUM RESERVATION TICKET	
उवाता सियालदह SEALDAH	न्यू जलपाईगुरी NEW JALPAIGURI	कांचनकन्या एक्सप्रेस KANCHANKANYA EXP	
RESV. UPTO		228	
कोच COACH	सीट/बर्थ SEAT/BERTH	लिंग SEX	आयु AGE
यात्रा अधिकार पत्र T. AUTHORITY	रियायत CONC.	आ. शु. R.FEE	स. शु. S.CH.
सु. शु. SF.CH.	वाउचर रू. VOUCH. RS.	कु. नकद रू. T. CASH RS.	
B1	13 MB	F	57
B1	11 UB	F	52
58		1388	
Rs. ONE THREE ZERO EIGHT ONLY			
KANCHANKANYA EXP BRD SEALDAH		SCH DEP 25-09 19:35 ARR 26-09 07:00	
228 17-09-2008 09:05 BLY 1 VIA DKAE-BWN-NRH-MLDT			

EASTERN RAILWAY

Rational Business Corporation

DEP. TIME PRINTED IS LIABLE TO CHANGE

शुभ यात्रा		HAPPY JOURNEY	
पी.एन.आर.नं. PNR NO.	गाड़ी नं. TRAIN NO.	तिथि DATE	कि.मी. K.M.
वयस्क ADULT	बच्चे CHILD	TICKET NO. टिकट नं.	
621-9374788	3158	26-09-2008	568
1	0	KKKC 83957107	
CLASS श्रेणी		JOURNEY CUM RESERVATION TICKET	
उवाता न्यू जलपाईगुरी NEW JALPAIGURI	सियालदह SEALDAH	कांचनकन्या एक्सप्रेस KANCHANKANYA EXP	
RESV. UPTO		345	
कोच COACH	सीट/बर्थ SEAT/BERTH	लिंग SEX	आयु AGE
यात्रा अधिकार पत्र T. AUTHORITY	रियायत CONC.	आ. शु. R.FEE	स. शु. S.CH.
सु. शु. SF.CH.	वाउचर रू. VOUCH. RS.	कु. नकद रू. T. CASH RS.	
RLWL/7	RLWL/6	F	52
48		669	
Rs. SIX SIX NINE ONLY			
KANCHANKANYA EXP BRD NEW JALPAIGURI		SCH DEP 26-09 20:30 ARR 27-09 08:15	
345 17-09-2008 09:04 BLY 1 VIA MLDT-NRH-BWN-DKAE			

EASTERN RAILWAY

STATE URBAN DEVELOPMENT AGENCY
OFFICE OF THE ADVISOR (HEALTH)

P-94

DEBIT VOUCHER

Voucher No. P-94
Date. 30-9-2008

HKW Scheme, DFID

PARTICULARS OF PAYMENT	AMOUNT	
	Rs.	P.
Being the amount spent for contingent charges for the month of September, of from Parliament Advance as per vouchers attached.	922 =	00
Rupees Nine hundred twenty two only.	922 =	00

Prepared by: _____ Checked by: _____ Pay order given by: _____

- 1) Rs. 62 = 00
- 2) " 58 = 00
- 3) " 24 = 00
- 4) " 80 = 00
- 5) " 400 = 00
- 6) " 58 = 00
- 7) " 56 = 00
- 8) " 52 = 00
- 9) " 48 = 00
- 10) " 84 = 00

Total Rs 922 = 00

[Signature]
30/9/08

[Signature]
Dr. S. GOSWAMI
Project Officer,
Health Wing
S. U. D. A.

Money Receipt

Received Rs. 62/- (Rupees Sixty two) only
from Health Wing, SUDA; UGUS BHAVAN, HE-Block, Sector-III
Salt Lake, Kolkata - 700 106 for supply of tea & snacks
to Health Wing, SUDA during meeting on 4-9-2008

PAYED

①

Signature with date

Sir,

Money Receipt

Received Rs. 58/- (Rupees Fifty eight) only
from Health Wing, SUDA; UGUS BHAVAN, HE-Block, Sector-III
Salt Lake, Kolkata - 700 106 for supply of tea & snacks
to Health Wing, SUDA during meeting on 5-9-2008

PAYED & CANCELLED

②

Signature with date

③

B.N.IB MARKET PO <700106>
 SP-FOOD EW1.13737004 IN
 Counter No:1, OP-Code:PAI
 To: SHRI. SAMIR AHMED JUDICIAL COURT
 Kolkata, PIN: 700004
 From: PROJECT OFFICER, HEALTH WING KOL106
 Wt: 20 grams
 Amt: 24 / 12/09/2008, 12:53
 Taxes: Rs. 3.31 <<Have a nice day>>

भारतीय डाक
 INDIA POST

Contd. to P-2.

Sl. No. 208 Phone : 23352635

monginis CAKE SHOP

EXCLUSIVE DEALER : M/S. KPS International
IA 265, Salt Lake, Kolkata -91, Sector - III

4

Name

Address

Quantity	DESCRIPTION	Rate	Rs.	P.
1	snacks		80	
		Total	80	

Date No. 3/9/08
Signature

ed representative to collect the drafts along with
mmunication.
erox copy of bills vouchers duly authenticated

Money Receipt.

Received Rs. 400/- (Rupees Four hundred)
from Health Wing, SUDA, UGUS BHAVAN, HC-Block, Sector III
Salt Lake, Kolkata -700 106 for supply of drinking
water to Health Wing, SUDA on August, 08 (01-8-08)

PAID & CANCELLED

5

Rajesh Rajake
11-9-2008

Money Receipt.

Received Rs. 58/- (Rupees Fifty eight) only
from Health Wing, SUDA, UGUS BHAVAN, HC-Block, Sector III
Salt Lake, Kolkata -700 106 for supply of tea & snacks to
Health Wing, SUDA during meeting on 2-9-2008

PAID & CANCELLED

6

Signature with date
2.9.08
(Signature with date.)

Money Receipt:

Received Rs. 56/- (Rupees fifty six) only
from Health Wing, SUDA, "GUS BHAVAN", HZ-Block, Sector
Salt Lake, Kolkata - 700 106 for supply of tea and snacks
to Health Wing, SUDA for meeting on 1-9-2008

7

PAID & CANCELLED

(Signature with date)

thousand) only for arrear honorarium from 01.04.08 to 30.09.08 i.e for 6 (six) months.

Ref: Your no: SUDA-Health/DFID/08/61(11) Date: 01.09.08

Money Receipt:

Received Rs. 52/- (Rupees fifty two) only
from Health Wing, SUDA, "GUS BHAVAN", HZ-Block, Sector
Salt Lake, Kolkata - 700 106 for supply of tea & snacks
to Health Wing, SUDA during meeting on 11-9-2008

8

PAID & CANCELLED

Signature with date

(Signature with date)

11-9-08

Money Receipt

Received Rs. 48/- (Rupees forty eight) only
from Health Wing, SUDA, LGUS BHAVAN, HE-Block, Sector III
Salt Lake, Kolkata - 700 106 for supply of tea & snacks
to Health wing, SUDA during meeting on 16-9-2008

9

PAID & CANCELLED

Signature
(Signature with date.)
19-9-2008

Sl. No. **353** Phone : 233526352
monginis CAKE SHOP
EXCLUSIVE DEALER : M/S. KPS International
IA 265, Salt Lake, Kolkata -91, Sector - III

Name
Address

Quantity	DESCRIPTION	Rate	Rs.	P.
6	CHICKEN PATTIES	14	84	00
		Total	84	00

Vat No.
Date 24/9/08

Signature

10

PAID & CANCELLED

State Urban Development Agency

Office of the Project Officer (Health)


Central co-ordinating Cell, SUDA


Month : September, 2008

Bill No. : CCC/SUDA/Remu/54 dated 29-09-2008

Sl. No.	Name	Designation	Contractual Remuneration	Gross Pay	Professional Tax	Income Tax	Net amount Payable
1	Dr. N.G. Gangopadhyay	Health Adviser, SUDA	10000.00	10000.00	110.00	0.00	9890.00
2	Dr. Gargi De	Medical Specialist	10000.00	10000.00	110.00	0.00	9890.00
3	Sri Sukhantoy Pal	Accounts Officer CCC, SUDA	8000.00	8000.00	50.00	0.00	7950.00
4	Sri Sahil Kumar Lahiri	MIES Officer	8000.00	8000.00	50.00	0.00	7950.00
5	Sri Pratiba Ranjan Majumder	Clerk-cum-Store Keeper	3350.00	3350.00	30.00	0.00	3320.00
6	Sri Sasanka Sekhar Marik	Data Entry Operator	5000.00	5000.00	30.00	0.00	4970.00
TOTAL			44350.00	44350.00	380.00	0.00	43970.00

(Rupees Forty three thousand nine hundred seventy) only


 (S. Pradyumn) 29/9/08
 Finance Officer
 Health Wing, SUDA


 (Dr. S. Goswami)
 Project Officer
 Health Wing, SUDA

 29/9/08
 29/9/08
 29/9/08
 29/9/08
 29/9/08
 Saranta Sekhar Marik
 29/9/08

8-93

State Urban Development Agency

Office of the Project Officer (Health)

Central co-ordinating Cell, SUDA

Month : September, 2008

Bill No. : CCC/SUDA/Remu/54 dated 29-09-2008

Sl. No.	Name	Designation	Contractual Remuneration	Gross Pay	Professional Tax	Income Tax	Net amount Payable
1	Dr. N.G. Gangopadhyay	Health Adviser, SUDA	10000.00	10000.00	110.00	0.00	9890.00
2	Dr. Gargi De	Medical Specialist	10000.00	10000.00	110.00	0.00	9890.00
3	Sri Sukhamoy Pal	Accounts Officer CCC, SUDA	8000.00	8000.00	50.00	0.00	7950.00
4	Sri Salil Kumar Lahiri	MIES Officer	8000.00	8000.00	50.00	0.00	7950.00
5	Sri Pratiba Ranjan Majumder	Clerk-cum-Store Keeper	3350.00	3350.00	30.00	0.00	3320.00
6	Sri Sasanka Sekhar Marik	Data Entry Operator	5000.00	5000.00	30.00	0.00	4970.00
TOTAL			44350.00	44350.00	380.00	0.00	43970.00

(Rupees Forty three thousand nine hundred seventy) only

[Signature]
(S. Pal) 29/9/08
Finance Officer
Health Wing, SUDA

[Signature]
(Dr. S. Goswami)
Project Officer
Health Wing, SUDA

11 am 29/9/08
20.08
29/9/08
Savitri 29/9/08
Sarasanta Sekhar Marik 29/9/08

P-92

No. 8075

Date 11.11.2008

NANDI ENTERPRISE

(COURIER DIVISION)

AJ-118, SECTOR-II, (NEAR -206, BUS STAND) SALT LAKE CITY, KOLKATA - 700 091

PH : 2359-5560 / MB: 98306 33895.

P-91

Received with thanks from

PROSAR OFFER HEALTH SUPP.

the sum of Rupees Rs 3000 THREE THOUSAND HUNDRED SIXTY ONLY.

by Cash / ~~Cheque~~ / Draft 296094 IN 26.9.08

on account of PROSAR OFFER HEALTH SUPP.

for NANDI ENTERPRISE

Rs.

1609-

[Signature]
Signature

BILL STATEMENT

PH : 2359-5560
MB: 98306 33895

NANDI ENTERPRISE
(COURIER DIVISION)

AJ-118, SECTOR-II, (NEAR 206, BUS STAND)
SALT LAKE CIY, KOLKATA - 700 091.

To SUDA
HC BLOCK
SECTOR
SALT LAKE
KOC: 700/06



Bill No. 1773 Bill for the month of JULY 2008 Date 12/08/2008

SI No.	Page No.	DESCRIPTION	AMOUNT Rs.	P	REMARKS
1	1	TOTAL Rs -	140 =	2	

Passed for Payment of Rs 160/-
(Rupees one hundred and sixty)
Only out of HHW Scheme,
DFID, SUDA under sub head ... operating cost

Goswami
Dr. S. GOSWAMI
Project Officer,
Health Wing
S. U. D. A.

Rs 140/-
20
Total Rs 160/-

11/11/08
11/11/08

TOTAL Rs. 140 = 2

Rupees ONE HUNDRED FORTY ONLY E.&O.E.

NOTE: Please pay by A/c. Payee Cheque on Calcutta Bank.

Checked by

Accountant

for NANDI ENTERPRISE

M. S. Ghosh

BILL STATEMENT

B-103

PHONE : 2359-5560

NANDI ENTERPRISE

**(COURIER DIVISION)
SALT LAKE BRANCH
AJ-118, SECTOR - II, (NEAR 206 BUS STAND)
SALT LAKE CITY, KOLKATA - 700 091**

To Syda Health
KOL. 700 091

BILL NO.: NE-1773 Date: 12/8/2008 Bill for the month of JULY-2008

Sl. No.	Cong. No.	Date	DESCRIPTION	Weight	Amount		Remarks
					Rs.	P.	
①	40815/1	18-7-08	Durgapur ✓		5	00	
	< 2	✓	Talpaiguri ✓		5	00	RS 6/-
	< 3	✓	Burdwan ✓		5	00	
	< 4	✓	Talpaiguri ✓		5	00	RS 6/-
	< 5	✓	Dairgaching ✓		5	00	RS 6/-
	< 6	✓	Balunghat ✓		5	00	RS 6/-
	< 7	✓	Malda ✓		5	00	RS 6/-
	< 8	✓	Raiguri ✓		5	00	RS 6/-
	< 9	✓	Khargapur ✓		5	00	
	< 10	✓	Siliguri ✓		5	00	RS 6/-
	40816/1	22-7-08	Midnapur ✓		5	00	
	< 2	✓	Siliguri ✓		5	00	RS 6/-
	< 3	✓	Midnapur ✓		5	00	
	< 4	✓	Dairgaching ✓		5	00	RS 6/-
	< 5	✓	Durgapur ✓		5	00	
	< 6	✓	Kannoghara ✓		5	00	
	< 7	✓	Burdwan ✓		5	00	
	< 8	✓	Ajijpur ✓		5	00	RS 6/-
	< 9	✓	Englishbazar ✓		5	00	RS 6/-
	40817/1	✓	Midnapur ✓		5	00	
	< 2	✓	Balunghat ✓		5	00	RS 6/-
	< 3	✓	Talpaiguri ✓		5	00	RS 6/-
	< 4	29-7-08	Dairgaching ✓		5	00	RS 6/-
	< 5	✓	Dairgaching ✓		5	00	RS 6/-
②	40818/1	31-7-08	Car. 84		5	00	

140=10 ✓

Rupees

Note : Please pay by A/c. Payee Cheque on Kolkata Bank.

For NANDI ENTERPRISE

Checked by

Accountant

E. & O. E.

[Signature]

No.

CHEQUE RECEIPT

8537

Mega Trade Centre

63, BLOCK 'D' NEW ALIPORE, KOLKATA - 700 053

1990
Date 10.08

Received with thanks from M/s. Project Office, Health Wing, S.U.D.A

by Cheque/Draft/No.

Drawee Bank ... Dated ... 96.5.08 Rs. 278/-

Rupees ... on account of following bills.

Customer Code	Bill No.	Date	Bill Amount		TDS		Net Amount		Collector Code
			Rs.	P.	Rs.	P.	Rs.	P.	
	5870808/6888	16.7.08					278	00	
TOTAL							278	00	

VALID ONLY FOR CHEQUES/D'S
CASH NOT ACCEPTED ON THIS RECEIPT

For MEGA TRADE CENTRE

Cheques subject to Realisation
Regd. Office : MEGA TRADE CENTRE
63, Block 'D' New Alipore
Kolkata 700 053

[Signature]



MEGA TRADE CENTRE

63, BLOCK 'D', NEW ALIPORE
Kolkata - 700 053

Phone(s) : For Tonner Req. : 2498 9683
For Service Call Log. : 2498 9680 / 81 / 82
Board Line : 2498 9684
Fax : 2498 9685

xerox
Authorised
Service Provider



Collector Code : 11

INVOICE / BILL No. FSA/0808/6568	Date : 16/9/08.
M / C Serial No. : 2903899932 Model :	5834
A / C No. : M/3288 Installation No. :	Customer TIN No. : IF/28
Customer : STATE URBAN DEV AGENCY	PAN : AAGFM3064L
Installation Address : BLOCK, SECTOR III, 2nd FLOOR, ADVISER HE, SALT LAKE CITY VILGUS BHAWAN, BIDHANNAGAR KOLKATA N	VAT No. : 19200372061 CST No. : 19200372255 SRVTAX : 111 / MRS / SB-03 / KOL/04-05 Dt. 22/12/04

Meter Reading	Date	NOTE					
Current 234429	16/9/08	PLEASE DO NOT MAKE PAYMENT IN CASH. ONLY CHEQUE / DD PAYMENT ACCEPTED					
Previous 233686	21/08/08	Subject to the terms and conditions of the above agreement, Payment Received beyond the due date shall be subject to interest @ 24% P.A. From the due date to the date of payment.					
Gross 743							
Less 1%	Per Copy Charge	Gross	AMC	Sales Tax/ WCT/CST/ VAT @ 4% on 15% of Gross	Sales Tax/ WCT/CST/ VAT @ 12.5% on 65% of Gross	Service Tax @ 12.24% on value of taxable service (20% of Gross)	Net
7	0.34		0.00				
Billable Copies 736		250.24		1.50	20.33	6.12	278/-

Customer Acceptance :
Signature & Date with Seal



Passed for Payment of Rs. 278/-
(Two hundred seventy eight)
Only out of HHW Scheme.
SLDA under sub head ... operating cost

For Mega Trade Centre

Authorized Signatory

XEROX Premium Partner



Dr. S. GOBWADE
Project Officer,
Health Wing
S. S. A.
Complete range of Documentation Solution
Analog / Digital Copiers & Copier / Printer - 10 to 90 CPM / PPM
Color Copiers / Printers - 12 to 60 CPM
Scanners - up to A0 Size, Laser Printers - 10 to 180 PPM
FAX - Thermal paper & Plain Paper,
Multi-Function devices, Engineering Copiers & Printers etc.
Call - 2498 9684

Lowest Price * Exchange offer * Rental Scheme * DGS & D Rate Contract

**COPIERS
AVAILABLE
ON ATTRACTIVE
RENTAL SCHEMES**

Ph. : 2494 0486
31003067

JANA ENTERPRISE

59/D, Hem Chandra Road, Barisha (Behala)
Kolkata - 700 008

Date 200

No. **62**

Receipt

Received with thanks from Messrs Project Officer

Rupees one thousand four hundred eighty

six only.

On account of _____

by Cash/Cheque / D. D. No. 796092 date 26/9/08
Subject to realisation

RS. 1486.00

For Jana Enterprise

A. P. S.



189

Sub:- Release of payment to M/s. Jana Enterprise for supply of tea, tiffin etc. to the participants of meeting at SUDA.


Apropos verbal order, M/s. Jana Enterprise supplied tea, lunch etc. to the participants during meeting held at SUDA during ~~20~~ July, 08 and August, 08.

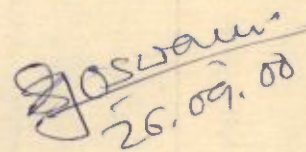
After comply with the above supply the firm submitted a bill for Rs. 1486/- for payment.

The bill has been checked and submitted below for pay order.

Hence, the amount of Rs. 1486/- (Rupees one thousand four hundred eighty six) only may be released in favour of M/s. Jana Enterprise through A/c payee cheque debiting A/c Scheme, DFID, SUDA under A/c head - Operating ~~and~~ Cost.

Submitted


26/9/08


26.09.08

P.O. c/c SUDA

B-105

Bill

Ph. : 494 0486

Mobile : 9830058169

M/s.

Project officer (Health)

salt lake, Kat-106

Dr.

To **JANA ENTERPRISE**

All kinds of Maintenance work of Guest House or Office Canteen or Garden
(General Order Suppliers)

59/D, Hemchandra Mukherjee Road, Kolkata- 700 008

Bill No. JE 2037/08-03 Order No. _____ Date _____

Date 3/2/08 Challan No. _____ Date _____

Item	Quantity	PARTICULARS	Rate	Amount	
				Rs.	P.
<u>Month of July-08</u>					
	296	cup Tea	2.00	592	00
	6	heads lunch	35.00	210	00
<u>Month of August-08</u>					
	272	cup Tea	2.00	544	00
	4	heads lunch	35.00	140	00
(One thousand four hundred Eighty six only.)				TOTAL Rs. 1486	

Interest will be charged @ 12% if the bill is not paid within 30 days.

E. & O. E.

For **JANA ENTERPRISE**

(P.T.O)

[Signature]

No.

Date: 24.11.2008

064
ELECTRICAL MEASURING INSTRUMENTS

12/1, SUREN SARKER ROAD, KOLKATA-700 010

1288

Received with thanks from

The Project Officer, State Urban

Development Agency, Sagar Bhawan, Salt Lake

the sum of Rupees

Seven hundred twenty eight

against our Bill No.

EM/09 (05) 2008


Date 11.09.2008

By Cash/ ~~DD~~ Cheque No. 796091

Date 26.09.08

FOR ELECTRICAL MEASURING INSTRUMENTS

RS. (728)



Partner

9



ELECTRICAL MEASURING INSTRUMENTS

MANUFACTURERS ● EXPORTERS ● IMPORTERS

12/1, SUREN SARKAR ROAD, KOLKATA-700 010

Phone : 2350-0878, Fax : 23531433, Email : pkbcil @vsnl.net

2370

04.11.2008

The Project Officer,
State Urban Development Agency
Jlgus Bhawan,
Salt Lake

Sub: Payment against our bill no. EM1/09(05)2008
for Rs. 728/-
dt. 11-09-2011

Dear Sir/Madam

We would request you to kindly handover
the cheque to our representative Shri K. K. Rajan
whose specimen signature is attested below.


Thanking you.

Yours faithfully,

ELECTRICAL MEASURING INSTRUMENTS

Suman Sh

Partner


a Hested signature
of Shri K. K. Rajan

ELECTRICAL MEASURING INSTRUMENTS

Suman Sh

Partner

Sub:- Release of payment to M/s. Electrical Measuring Instruments for supply of Cartridge HP-21.


Apropos verbal order, M/s Electrical Measuring Instruments supplied one Cartridge HP-21 for our office.

After causing supply, the firm submitted a bill for Rs. 728/- duly supported by a Chalan in original for payment.

The bill has been checked and placed below for pay order.

Hence, the amount of Rs. 728/- (Rupees Seven hundred twenty eight) only may be released through A/c Payee Cheque debiting HPW Scheme, DFID, SUDA under A/c head - Operating Cost.

Submitted.


25/9/08

Goswami
26.9.08

P.O. cee/SUDA

B-104

TAX INVOICE

BUYER'S COPY

ELECTRICAL MEASURING INSTRUMENTS

12/1, SUREN SARKAR ROAD, KOLKATA-700 010

PHONE NO. : 2350-0878 E-mail : pkbcal@vsnl.net



Buyer's Name & Address :

The Project Officer,
State Urban Development
Agency, Durgas Bhawan
Salt Lake, Kol-9

Tax Invoice No. : 2011/09(05)2008

Date : 11-09-2008

Challan No. : 09(05)2008

Date : 11-19-2008

Buyer's Vat Registration No.

Sl. No.	Qty.	Description of Goods	Price per Unit		Value		VAT Rate	Tax Amount		Total Amount	
			Rs.	P.	Rs.	P.		Rs.	P.	Rs.	P.
1)	one	Cartridge HP21	700/-		700/-		4%	28/-		728/-	
<p>Passed for Payment of Rs. 728/- (Rupees Seven hundred twenty eight) Only out of HHW Scheme, DFID, SUDA under sub head .. <i>Operating cost</i></p> <p><i>Received in good Condition</i> <i>as per specification and</i> <i>entered in Stock Ledger Page</i> <i>No. 2011/09(05)2008</i> <i>Sanjay</i> <i>11/09/08</i></p> <p>Dr. S. GOSWAMI Project Officer Health Wing S. U. D. A.</p> <p>Rs. Seven hundred twenty eight only</p> <p><i>Recd payment</i> <i>by cheque</i> <i>25/11/2008</i></p>											
TOTAL										728-00	

VAT Registration No. 19400914129 032

CST Registration No. 2011A (BE) C

PAYMENT SHOULD BE MADE WITHIN 7 DAYS.

On Presentation of Bill otherwise 21% Interest

will be Charged on Total Amount.

For ELECTRICAL MEASURING INSTRUMENTS

Sanjay

AUTHORISED SIGNATORY

No. 09(05)2008

DELIVERY CHALLAN

Date 11.09.2008

ELECTRICAL MEASURING INSTRUMENTS

12/1, Suren Sarkar Road, Kolkata-700010

Phone : 2370-0878

To

The Project Officer
Health Wing, SUDA
Salt Lake, Kol-91

Your Ref.

Dated.



Please receive the following goods in good order and condition.

Quantity	PARTICULARS	RATE
one	HP Cartridge 21	

Received one HP Cartridge 21



VAT No. 19400914129 032

C.S.T. No. 2011A (BE) C

Received the above goods in good order & condition.

E. & O. E.

For Electrical Measuring Instruments

Signature of the Party

DEPT/PARTY'S COPY

P-87

Sub:- Release of payment to M/s. Loknath Enterprise for supply of stationery articles.

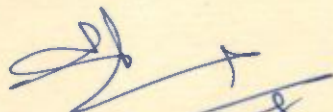
Apropos order of this office, M/s. Loknath Enterprise supplied stationery articles to Health Wing, SUDA as per this office requirement.

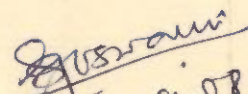
After comply with the above supply, the firm submitted a bill for Rs. 2061/- for payment.

The bill has been checked and placed below for pay order please.

Hence, the amount of Rs. 2061/- (Rupees Two thousand and sixty-one) only may be released in favour of M/s. Loknath Enterprise debiting H/W Scheme, DF ID, SUDA under the head - Operating Cost.

Submitted.


23/9/08


23.9.08

P.O. CEE, SUDA.

No. 678

CASH MEMO

Date 22/09/2008

LOKENATH ENTERPRISE

General Order Supplier
20, K. B. SARANI, DUM DUM MALL ROAD,
KOLKATA-700 080

Name Project Officer
SUDA
Address

Qnty.	DESCRIPTION	Rate	Rs.	P.
10 Rim	K.era Paper-A4	@160/-	1600	00 ✓
1 pc.	Gum		45	00 ✓
20 u	Eraser	@3/-	60	00 ✓
12 u	Supper.	@3/-	36	00 ✓
20 Dist	White paper	@10/-	20	00 ✓
50 pes.	Courier Cover (16x12)		175	00 ✓
50 u	Courier Cover. (13x10)		125	00 ✓
<p>(Rupees Two Thousand Sixty One Only)</p> <p>(Received in full)</p> <p><u>Order</u> 22/09/08</p> <p>Received in good condi Han 2 entan. in stock ledger py no. (11)</p>				
TOTAL			2061	00 ✓

(P.T.O)

Signature
[Signature]
22/09/08

Passed for Payment of Rs 2061/-
(Rupees Two thousand and
one)
Only out of HHW Scheme,
DFID, SUDA under sub head "Operating Cost"

Goswami


20/9

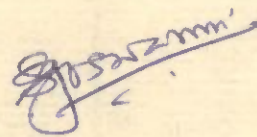
Dr. S. GOSWAMI
Project Officer,
Health Wing
S. U. D. A.

P-86(A)

It is seen from the Bank Statement for the month of September, 08 in respect of A/c no. 30255770088 of SBI, Saltlake Branch that a sum of Rs. 36/- (Rupees Thirty six) only has been debited as Inter Branch fee shown in the Bank Statement (Xerox copy enclosed).

The said amount of Rs. 36/- (Rupees Thirty six) only may be booked in the A/c Code head - "operating cost" submitted for approval phase.


13/10/08



P.O. c/c, SUDA.

1619967.00Cr
 18/09/08 18/09/08 Paid to GANGA BASIAT
 WDL TFR
 1109967.00Cr
 19/09/08 19/09/08 TRF TO 0098524016122
 DR THRU CHQ
 736967.00Cr
 19/09/08 19/09/08 CLG C/A CH PAID
 CAS CHQ XFER WD
 736610.00Cr
 19/09/08 19/09/08 TRF TO 0011334494045
 CAS CHQ XFER WD
 736230.00Cr
 STATE URBAN DEV
 22/09/08 22/09/08 TRF TO 0011334494170
 DEBIT
 700230.00Cr
 796085
 22/09/08 22/09/08 INTER BRCH FEE
 700194.00Cr

510000.00 ✓
 796086 ✓ 373000.00 ✓
 796088 ✓ 357.00 ✓
 796087 ✓ 380.00 ✓
 36000.00 ✓
 36.00

CARRIED FORWARD :
 7,00,194.00Cr

Statement Summary
Dr. Count 18

Cr. Count 0

9,83,709.00

In Case Your Account Is Operated By A Letter Of Authority/Power Of Attorney Holder, Please Check The Transaction With Extra Care.

P-86

HHW Scheme

Office of the Councillors of
Suri Municipality : Birbhum.

Sri Tapan Kr. Sukul.
Chairman,
Suri Municipality.

Ph.- 03462-255534
M.- 9434064902
Fax.- 03462-257308

Memo No.- 1105 /SM. Date :- 24.9.2008.

To
Sri Somnath Das,
Accounts Clerk,
Suri Municipality, Birbhum.

You are directed to go to SUDA, Salt Lake, for submission of SOE, collection of Bank Draft and Government Orders, if any, relating to HHW Scheme, from Health Wing, SUDA.

If necessary, you may hire a taxi for your journey from Howrah to SUDA, Salt Lake, and vice versa.

S. Sukul
24.9.08
Chairman
Suri Municipality
Suri Municipality.

Somnath Das

Signature of Sri Somnath Das
Attested

Chairman,
Suri Municipality.



STATE URBAN DEVELOPMENT AGENCY**HEALTH WING****"ILGUS BHAVAN"****H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091
West Bengal**

SUDA-Health/DFID/08/78

Ref No.

22.09.2008

Date

From : Dr. Shibani Goswami
Project Officer
Health Wing, SUDATo : The Chairman
Suri Municipality**Sub. : Release of fund worth Rs. 2,43,000/- towards expenditure in
connection with DFID assisted Honorary Health Worker Scheme.**

Sir,


Apropos your communication bearing no. 1052 dt. 16.09.2008, an Account Payee Demand Draft bearing no. 759581 dt. 18.09.2008 on State Bank of India, Salt Lake Branch for an amount of Rs.2,43,000/- (Rupees Two lakhs forty three thousand) only is released for payment towards Salary Honorarium including arrear and IEC, Contingency.

The balance amount may be utilized for which it was allotted.

You are requested kindly to send your authorized representative to collect the Demand Draft along with money receipt. Kindly acknowledge receipt of this communication.

You are also requested kindly to submit the Utilisation Certificate, Monthly Statement of Expenditure as laid down in the Financial Guideline.

Yours faithfully,


Project Officer
SUDA-Health/DFID/08/78(1)
CC

Dt .. 22.09.2008

The Project Director, HHW Scheme - DFID, Suri Municipality
- for kind information and necessary action.

Recd. a bank draft for Rs 2,43,000/- (Two lakh forty -
three thousand) only vide no:- 759581 dt. 18/9/08.


Project Officer

Some with OM
25/9/08.

कम्प्यूटर द्वारा मुद्रित होने पर ही वैध
VALID ONLY IF COMPUTER PRINTED VALID FOR SIX MONTHS ONLY

जारी करने वाली शाखा
ISSUING BRANCH

LAKE (SECTOR-1) CALCUTTA.
No.: 33000-335216 KEY : TOLFUY

कोटि सं. CODE NO

0 01612

₹. 50,000- एवं अधिक के निमित्त दो अधिकारियों द्वारा हस्ताक्षरित होने पर ही वैध है।
INSTRUMENT FOR ₹S. 50,000- AND OVER IS VALID ONLY WHEN SIGNED BY TWO OFFICERS

DATE
18/09/2008

मांगे जानेपर ON DEMAND PAY CHAIRMAN, HHW SCHEME, DFID SURIMUNICIPALIT
*****CHAIRMAN, HHW SCHEME, DFID SURIMUNICIPALITY*****

या उनके आदेश पर OR ORDER

रुपये RUPEES

TWO	FOUR	THREE	ZERO	ZERO	ZERO
LAKHS	T'TSD	THSDS	HNDRS	TENS	UNITS

₹. 2 4 3 0 0 0 Ps00

SBI AMOUNT BELOW 243001 (2/6)

अदा करें। मूल प्राप्त VALUE RECEIVED

कोटि सं. CODE NO
KO/OL
KO/TL

PAISE ZERO ONLY
Sr. No.: 949288
KEY : TOLFUY

भारतीय स्टेट बैंक
STATE BANK OF INDIA

प्राधिकृत हस्ताक्षरकर्ता AUTHORIZED SIGNATORY
(हस्ताक्षर नमूना क्र०/B.S. NO. MY 6 78)

शाखा प्रबंधक / BRANCH MANAGER

(हस्ताक्षर) SAHAWATI SAHA

0157

हस्ताक्षर शाखा / DRAWEE BRANCH

SURI 0 00191

0157000000000759581

S-16407

⑈ 759581 ⑈ 000002000⑈ 000157 ⑈ 16

9
8
7
6
5
4
3
2
1

SUDA**STATE URBAN DEVELOPMENT AGENCY****HEALTH WING****"ILGUS BHAVAN"**

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

West Bengal

Ref No. SUDA-Health/DFID/08/76

Date16-09-2008

To : The Manager
State Bank of India
Salt Lake City
Kolkata- 700 064



Sub : Issue of Demand Draft in connection with
DFID assisted Honorary Health Worker Scheme

Sir,

We would request you to prepare Account Payee Demand Draft debiting our Current Account
HHW Scheme - DFID, SUDA (A C No. 30255770088) as mentioned below :

Sl. No.	In favour of	Payable at	Amount (in Rs.)
1.	Chairman HHW Scheme, DFID Purulia Municipality	Purulia	1,11,000. 00 (Rupees One lakh eleven thousand) only
2.	Chairman HHW Scheme, DFID Bolpur Municipality	Bolpur	51,000. 00 (Rupees Fifty one thousand) only
3.	Chairman HHW Scheme, DFID Bankura Municipality	Bankura	1,05,000. 00 (Rupees One lakh five thousand) only
4.	Chairman HHW Scheme, DFID Suri Municipality	Suri	2,43,000. 00 (Rupees Two lakhs forty three thousand) only

Yours faithfully,

S. Pal
Finance Officer
HHW Scheme - DFID, SUDA
Health Wing, SUDA

Dr. S. Goswami
Project Officer
HHW Scheme - DFID, SUDA
Health Wing, SUDA

HHW Scheme

**Office of the Councillors of
Suri Municipality : Birbhum.**

Sri Tapan Kr. Sukul
Chairman,
Suri Municipality.

Ph.- 03462-255534
M.- 9434064902
Fax.- 03462-257308

Memo No.- 1052 /SM. Date :- 16.9.2008 .

To
The Project Officer, Health
'Health Wing' SUDA
ILGUS BHAVAN
H-C Block, Sector III
Bidhan Nagar, Kolkata -700106.

DDno-759581
dt. 18.9.08

Sub:- Requirement of fund

*Rs. 2.43 Lakhs
may be released
Thru D.D.
17.09.08.*

Madam,

Following is the requirement of fund for the present, for the HHW Scheme, assisted by DFID.

1.	Salary and honorarium, from August 08, to October 08	Rs 1,66,530/-
2.	IEC, Aug '08 to Oct '08	Rs. 6,300/-
3.	Contingency	Rs. 25,170/-
4.	Arrear for HHWs, FTSs & ANM	Rs. 45,000/-
Total		Rs. 2,43,000/-

(Total Rupees Two laces forty three thousand only)

Please make arrangement to hand over the bank draft to our messenger who will go to Health Wing, SUDA, in a very short time.

*HHW 11x
FTS- 3
ANM - 1
18x500x5
= 45,000/-*

*Fund Released - 388,968
w/c Recd upto Aug, 08 = 3,08,921*

80,047

79/0



Yours faithfully,

[Signature]
Chairman
Suri Municipality

*Sl - 17,000
Hm - 39,000
56,000 x 3
168,000*

D.F.I.D. ASSISTED H.H.W. PROJECT
BANKURA MUNICIPALITY

185

PRESIDENT :
Smt. Siuli Midya
Chairperson, Bankura Municipality
Phone : 250367 (O)

Secretary :
Dr. Abir Banerjee
H.O Bankura Municipality
Phone : 259269/257751/254406
Mobile : 9434183427

Memo No. A/9/Vou/DFID/108

Date 22-09-08

TO
THE PROJECT OFFICER
HEALTH WING, SUDA
KOLKATA-700091.

Sub: Authorization letter.

Madam,

I do herewith authorize Sri Subrata Kumar Dey, Accounts Assistant of D.F.I.D. Assisted HHW Project, Bankura Municipality to receive Demand draft against requisition of placement of fund vide no: A/5/Gen/DFID/103 dt: 10.09.2008 on my behalf. Signature of Sri Subrata Kumar Dey, Accounts Assistant of DFID Assisted HHW Project, Bankura Municipality is attested below.

Subrata Kumar Dey
Signature of Sri Subrata Kumar Dey,
Accounts Assistant of D.F.I.D. Assisted
HHW Project, Bankura Municipality.

Siuli Midya
Chairman 22/9/08
Bankura Municipality
Chairman
Bankura Municipality

Siuli Midya
Chairman 22/9/08
Bankura Municipality
Chairman
Bankura Municipality

SUDA HEALTH WING

Bankura Municipality

Miscellaneous Receipt

West Bengal Municipal (Finance and Accounting)

Form No.39

No.....

Date 27.09.2008

Received from Project Officer, Health , SUDA the sum of Rupees 1,05,000/- (Rupees One lakh five thousand) only on account of expenditure in connection with DFID assisted Honorary Health Worker Scheme.

Vide Demand Draft No. 759580

Dt. 18.09.2008

Rs. 1,05,000/-



Seidul miya
Chairman 27/9/08.

Bankura Municipality
Chairman
Bankura Municipality

SUDA

STATE URBAN DEVELOPMENT AGENCY

**HEALTH WING
"ILGUS BHAVAN"**

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

SUDA-Health/DFID/08/80

Ref No.

Date 22.09.2008

From : Dr. Shibani Goswami
Project Officer
Health Wing, SUDA

To : The Chairman
Bankura Municipality

Sub. : Release of fund worth Rs. 1,05,000/- towards expenditure in
connection with DFID assisted Honorary Health Worker Scheme.

Sir,

Apropos your communication bearing no. A 5 en DFID.103 dt. 10.09.2008, an Account Payee Demand Draft bearing no. 759580 dt. 18.09.2008 on State Bank of India. Salt Lake Branch for an amount of Rs.1.05.000/- (Rupees One lakh five thousand) only is released for payment towards Arrear.

The balance amount may be utilized for which it was allotted.

You are requested kindly to send your authorized representative to collect the Demand Draft along with money receipt. Kindly acknowledge receipt of this communication.

You are also requested kindly to submit the Utilisation Certificate, Monthly Statement of Expenditure as laid down in the Financial Guideline.

Yours faithfully,


Project Officer

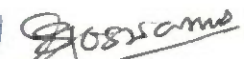
Dt .. 22.09.2008

SUDA-Health/DFID/08/80(1)

CC

The Project Director, HHW Scheme - DFID, Bankura Municipality
- for kind information and necessary action.

Received Rs. 1,05,000/-
Rupees one lakh five thousand only
vide D.D. no: 759580 dt: 18-09-08
Subrata Kumar Deb
23-09-08


Project Officer

D.F.I.D. ASSISTED H.H.W. PROJECT

BANKURA MUNICIPALITY

PRESIDENT :

Smt. Siuli Midya
 Chairperson, Bankura Municipality
 Phone : 250367 (O)

Secretary :

Dr. Abir Banerjee
 H.O Bankura Municipality
 Phone : 259269/257751/254406
 Mobile : 9434183427

F.O.
S.A.

Memo No. A/5/Gen/DFID/103

Date 10-09-08

To
 The Project Officer
 Health Wing, SUDA



Sub: Placement of fund to the tune of Rs. 1,06,000.00 (Rupees One lakh six thousand) only for arrear honorarium from 01.04.08 to 30.09.08 i.e for 6 (six) months.

Ref: Your no: SUDA-Health/DFID/08/61(11) **Date:** 01.09.08

Madam,

As per above noted reference I would like to request you to kindly place a fund to the tune of Rs.1,06,000.00 (One lakh six thousand) only for arrear honorarium of HHWs, FTSs and ANMs from 01.04.08 to 30.09.08.

DDM-759580
 Ar. 18.9.08

Sl no.	Nature of Expenditure	Expected Expenditure
1.	Arrear Honorarium of HHWs, FTSs and ANMs (From 01.04.08 to 30.09.08) i.e For 6 (Six) months	Rs. 1,06,000.00
Total		Rs. 1,06,000.00

ANM - 1 x 6 x 500 = 3000
 FTS - 6 x 6 x 500 = 18,000
 HHW - 28 x 6 x 500 = 84,000
Total is 1,05,000
 Rs. 1.05 Lakhs
 may be released
 [Signature]

Rupees One lakh six thousand only.

Yours faithfully

Abir Banerjee
 Health Officer
 Bankura Municipality

Health Officer
 Bankura Municipality

Siuli Midya
 Chairman
 Bankura Municipality

Chairman
 Bankura Municipality

P-84

Bolpur Municipality

Miscellaneous Receipt

West Bengal Municipal (Finance and Accounting)

Form No. 39

No. 17.

Date. 24.09.58

Receive from Project Officer, Health, SUDA the sum of Rs. 51,000/-

(Rupees. Fifty one thousand.....) only on account of expenditure in connection with D.F.I.D Assisted Honorary Health Worker Scheme.

Vide Demand Draft No. 759579 Dt. 18.09.58

Rs. 51,000/-



[Handwritten signature]
24.09.58

Chairman,
Bolpur Municipality

SUDA

STATE URBAN DEVELOPMENT AGENCY

**HEALTH WING
"ILGUS BHAVAN"**

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

SUDA-Health/DFID/08/79

Ref No.

Date 22.09.2008

From : Dr. Shibani Goswami
Project Officer
Health Wing, SUDA

To : The Chairman
Bolpur Municipality

Sub. : Release of fund worth Rs. 51,000/- towards expenditure in connection with DFID assisted Honorary Health Worker Scheme.

Sir,

Apropos your communication bearing no. 57(DFID)08 dt. 15.09.2008. an Account Payee Demand Draft bearing no. 759579 dt. 18.09.2008 on State Bank of India. Salt Lake Branch for an amount of Rs.51,000/- (Rupees Fifty one thousand) only is released for payment towards Arrear.

The balance amount may be utilized for which it was allotted.

You are requested kindly to send your authorized representative to collect the Demand Draft along with money receipt. Kindly acknowledge receipt of this communication.

You are also requested kindly to submit the Utilisation Certificate, Monthly Statement of Expenditure as laid down in the Financial Guideline.

Received Demand Draft no. 759579 dated 18.09.08 amounting to Rs. 51,000/- (Rupees Fifty one thousand only).

Harshab Ch. Saha
24.09.08.

Yours faithfully,

Project Officer

Dt .. 22.09.2008

SUDA-Health/DFID/08/79(1)
CC

The Project Director, HHW Scheme - DFID, Bolpur Municipality
- for kind information and necessary action.

Project Officer

OFFICE OF THE BOLPUR MUNICIPALITY
(MUNICIPAL LEVEL HEALTH & FAMILY WELFARE COMMITTEE)
UNDER D.F.I.D ASSISTED H.H.W SCHEME

Memo no. 60/(DFID)/08

Dated. 24.09.08

To
Dr. Shibani Goswami
Project Officer,
SUDA, Health Wing
ILGUS BHAWAN, KOLKATA

Subject: Authorization letter.

Sir,
I do hereby authorize Sri. Madhab Chandra Saha, Account Assistant of DFID assisted HHW Scheme, Bolpur Municipality to receive the draft No. 759579, dated 18.09.08... amounting Rs. 51,000/- (~~Rs. 51,000/-~~ ~~Five one thousand~~) on my behalf. The signature of Sri. Madhab Chandra Saha is attested below.

Signature of Madhab Chandra Saha

Madhab Chandra Saha
23.09.08.

Is attested

[Signature]
23.09.08
President

H.H.P.W. Committee
Under D.F.I.D. assisted H.H.W. Scheme
&
Chairman
Bolpur Municipality



Yours faithfully,

[Signature] 23.09.08
President
H.H.P.W. Committee
Under D.F.I.D. assisted H.H.W.
&
Chairman
Bolpur Municipality

OFFICE OF THE BOLPUR MUNICIPALITY

Fax: 252501 (03463)

MUNICIPAL LEVEL HEALTH & FAMILY WELFARE COMMITTEE
DFID ASSISTED H.H.W. SCHEME

Memo No. 57(DFID)/08

Dated... 15.09.2008

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



Sub: - Requirement of fund for payment of honorarium to HHWs at the revised rate.

Ref: - No: SUDA-Health/DFID/08/61(11), Dated 01.09.2008.

Madam,

This is to inform you that we have already received the fund for payment of honorarium to HHWs and FTSS up to September'08. But due to revision of rate of honorarium of HHWs and FTSS as per order under reference an additional fund of Rs.8500/- will be required for payment of Honorarium at the revised rate. More over Rs.42, 500/- will be required for payment of arrear from April'08 to August'08. Thus Rs.51, 000/- will be required for payment of Honorarium for the month of September '08 and arrear up to August'08.

I would, therefore request you to kindly allot a sum of Rs.51, 000/- for the above stated purpose.

Thanking you.

Yours faithfully

*DDM. 759579
dt. 18.9.08*

1) ANM - _____

2) FTS - 3x6x500/- = 9,000

3) HHW - 14x6x500/- = 42,000



*Rs. 0.51 lakhs -
may be released*

[Signature]
15.9.08
President,
M.H.P.W. Committee
Under D.F.I.D. assisted H H W S. Bolpur
&
Chairman
Bolpur Municipality

STATE URBAN DEVELOPMENT AGENCY**HEALTH WING****"ILGUS BHAVAN"****H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091
West Bengal**

SUDA-Health/DFID/08/81

Ref No.

Date 22.09.2008

From : **Dr. Shibani Goswami**
Project Officer
Health Wing, SUDATo : **The Chairman**
Purulia Municipality*gc*Sub. : **Release of fund worth Rs. 1,11,000/- towards expenditure in
connection with DFID assisted Honorary Health Worker Scheme.**

Sir,

Apropos your communication bearing no. PMDFID/HHW/56 dt. 16.09.2008, an Account Payee Demand Draft bearing no. 759578 dt. 18.09.2008 on State Bank of India, Salt Lake Branch for an amount of Rs.1,11,000 - (Rupees One lakh eleven thousand) only is released for payment towards Arrear.

The balance amount may be utilized for which it was allotted.

You are requested kindly to send your authorized representative to collect the Demand Draft along with money receipt. Kindly acknowledge receipt of this communication.

You are also requested kindly to submit the Utilisation Certificate, Monthly Statement of Expenditure as laid down in the Financial Guideline.

Received Rs- 1,11,000 = 00 by D.D no 759578 dt. 18/9/08
Yours faithfully,*Law clerk- Purulia Municipality**Tapas Mukherjee*
*25/9/08**[Signature]*
Project Officer

Dt .. 21.09.2008

[Signature]
Project OfficerSUDA-Health/DFID/08/81(1)
CCThe Project Director, HHW Scheme - DFID, Purulia Municipality
- for kind information and necessary action.

F ONS SUDA
16.10.08

DFID - ASSISTED HONORARY HEALTH WORKERS
SCHEME
PURULIA MUNICIPALITY
PURULIA



Memo No: - PM/DFID/HHW/59

Date: - 25.09.08

To
Dr. S. Goswami
The Project Officer
Health Wing, SUDA
Kolkata

Sub: - Authorization letter.

Madam,

I, the undersigned do hereby authorized Sri. Tapas Mukherjee one of the office employee in our Purulia Municipality department to receive fund from your good office on my behalf. His signature is given in the document below and duly attested by me.

This is for your kind information & necessary action.

With Thanks

Tapas Mukherjee
(Signature of the authorized person)

Chairman
Purulia Municipality

D.F.I.D. ASSISTED H.H.W. SCHEME
PURULIA MUNICIPALITY
PURULIA.

Memo No - PM/DFID/HHW/56

Date - 16/9/08

To
Dr. Goswami
The Project Officer
Health wings SUDA
Kolkata (W.B)

Sub:- Requisition of fund for arrears of
D.F.I.D. Assisted H.H.Ws scheme.

Madam,

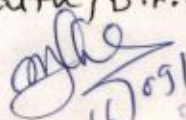
The following amount is required for
arrears which effect from 1 April 08 to Sep 08,
of our D.F.I.D. scheme under Purulia Municipality.
(Details arrears given are below)

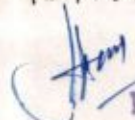
Estimation of fund requirement for six month arrears

> H.H.Ws	-	84,000 = 00
> F.T.S.	-	18,000 = 00
> A.N.M	-	8,661 = 00

1,10,661 = 00

TOTAL arrears requirement of Rs. 1,10,661 = 00 as Ref
NO - SUPA - Health/D.F.I.D/08/01 (ii) dt 1.9.08.


16/09/08
Health Officer
Purulia Municipality


CHAIRMAN
PURULIA MUNICIPALITY

D.F.I.D. ASSISTED H.H.W. SCHEME

PURULIA MUNICIPALITY

PURULIA.

Memo No - 14/DTID/HHW/56

Date - 16/9/08

To
 Dr. Goswami
 The Project Officer.
 Health Wings SUPA :-
 Kolkata (W.B)

Rs. 11 Lakhs
 may be released

DD no. 759578
 dt. 18.9.08

Sub:- Requisition of fund for arrears of
 D.F.I.D. Assisted H.H.Ws Scheme.

Madam,

The following amount is required for
 arrears which effect from 1 April 08 to Sep 08,
 of our D.F.I.D. scheme under Purulia Municipality.
 (Details arrears given are below)

Estimation of fund requirements for six month arrears

1) H.H.Ws	84,000 = 00	H.H.Ws - 28 x 6 x 500 = 84,000
2) F.T.S.	18,000 = 00	F.T.S - 6 x 6 x 500 = 18,000
3) A.N.M	8,661 = 00	A.N.M - 3 x 6 x 500 = 9,000
	<u>1,10,661 = 00</u>	Total Rs <u>1,10,000</u>

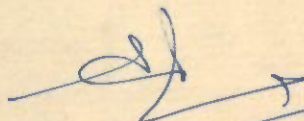
Total arrears requirement of Rs. 1,10,661 = 00 as Ref.
 NO. SUPA-Health/D.F.I.D/08/CI (ii) dt 1.9.08.

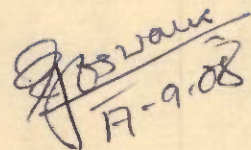
Sub:- Encashment of Rs. 2000/- for payment of Ad-hoc Bonus for the year 2007-08.

An amount of Rs. 2000/- only will be required for payment of Ad-hoc Bonus for the F.Y. 2007-2008 to Dr. Gargi De, Medical Specialist and Sri Sasank Sekhar Marik, Data Entry operator @ Rs. 1000/- each as per Govt. Order no. 6060F dt. 29.8.08.

Hence, the amount of Rs. 2000/- (Rupees Two thousand) only may be drawn from Bank for disbursement of Ad-hoc Bonus to the abovenamed officer and staff of CEE, SUDA debiting HHR Scheme, DFID, SUDA under A/c head - "Salary".

Submitted.


17/9/08


A-9.08

P.O. CEE, SUDA

Ad hoc bonus for the year 2007-2008

West Bengal Form No. 2432

Bill No. ccc/SUDA/Bonus/02

[T.R. Form No. 26] P
(S.B. 205 (i))

Detailed Pay Bill of the Permanent/Temporary Establishment of the Health Wing, SUDA
for the month of September 08 1919 District

Voucher No. of List	for	19																																							
<p>Space for classification Stamp or manuscript entries of classification to be filled in by Drawing Officer Names of detailed heads and corresponding amounts should be recovered by him in adjacent columns (See S R 92 (v))</p> <p>Major head—</p> <p>Minor head—</p> <p>Sub-head—</p> <p>Detailed head—</p>																																									
<p>1. Hold over amounts should be entered in red ink in the appropriate columns (3), (4), (5) or (6) as the case may be and ignored in totalling Leave salary the amount of which is not known should similarly be entered in red ink in column (4) at the same rate as per pay if he had remained on duty (S. R. 206)</p> <p>2. In the remarks column (16) should be recorded all unusual permanent events such as deaths, retirements, permanent transfers and first appointments which find no place in the increments certificates or absentee statement.</p> <p>3. When an increment claimed operates to carry a Government servant over an efficiency bar it should be supported by a declaration that the Government servant in question is fit to pass the bar, (S. R. 214).</p> <p>4. Names of Government servants in inferior service as well as the mentioned in S.R.208 may be omitted from fair copies of pay bills provided that full details of the names of the persons concerned and the emoluments drawn for them working upto the total included in fair copy have been duly shown in the office copy.</p> <p>5. Certified that all persons whose names are omitted from, but whose pay has been drawn in this bill have actually been employed during the month and that full details of the persons concerned and the emoluments drawn for them working upto the total included in this bill have been duly shown in the office copy (S.R.208 (i)).</p> <p>5A. Certified that all class IV Government servants for whom increments have been claimed in the bill have rendered the required period of service entitling them to the increased pay drawn in the bills.</p> <p>6. In case where the amount of leave salary is based on average pay, a separate statement showing the calculations of average pay duly attested by drawing officer should be attached to this bill (S.R.209).</p> <p>7. The names of menholding posts substantive should be entered in order of seniority as measured by substantive pay drawn and below those will be shown the posts left vacant and the men officiating in the vacancies.</p> <p>8. Officiating pay should be recorded in the section of the bill appropriate to that in which the Government servant officiates and transit pay should be recorded in the same section as that in which the duty pay of the Government servant after transfer is recorded.</p> <p>9. The following abbreviations should be used in this and in all other documents submitted with pay bills :—</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Leave on average pay</td> <td style="width: 20%;">LAP</td> <td style="width: 30%;">House Rent</td> </tr> <tr> <td>Leave on Half Average pay</td> <td>LHP</td> <td>Income Tax</td> </tr> <tr> <td>Leave on Quarter Average pay</td> <td>LIP</td> <td>Attachment orders of Court...</td> </tr> <tr> <td>On other duty</td> <td>OD</td> <td>Recoveries of Advances...</td> </tr> <tr> <td>Leave Salary</td> <td>LS</td> <td>Recoveries of overdrawals..</td> </tr> <tr> <td>Conveyance Allowance</td> <td>CA</td> <td>Total Deductions...</td> </tr> <tr> <td>Under Suspension</td> <td>SP</td> <td>Net Total</td> </tr> <tr> <td>On Foreign Service</td> <td>FS</td> <td></td> </tr> <tr> <td>Vacant</td> <td>Vac</td> <td></td> </tr> <tr> <td>Postal Life Insurance</td> <td>PLI</td> <td></td> </tr> <tr> <td>Last Pay Certificate</td> <td>LPC</td> <td></td> </tr> <tr> <td>Subsistence Grant</td> <td>Sub-Grant</td> <td></td> </tr> <tr> <td>Transit Pay</td> <td>TP</td> <td></td> </tr> </table> <p>10. In case where any fund deductions are included in a pay bill, separate schedule showing the particulars of deductions relating to each fund should accompany that bill (S.R.395).</p>			Leave on average pay	LAP	House Rent	Leave on Half Average pay	LHP	Income Tax	Leave on Quarter Average pay	LIP	Attachment orders of Court...	On other duty	OD	Recoveries of Advances...	Leave Salary	LS	Recoveries of overdrawals..	Conveyance Allowance	CA	Total Deductions...	Under Suspension	SP	Net Total	On Foreign Service	FS		Vacant	Vac		Postal Life Insurance	PLI		Last Pay Certificate	LPC		Subsistence Grant	Sub-Grant		Transit Pay	TP	
Leave on average pay	LAP	House Rent																																							
Leave on Half Average pay	LHP	Income Tax																																							
Leave on Quarter Average pay	LIP	Attachment orders of Court...																																							
On other duty	OD	Recoveries of Advances...																																							
Leave Salary	LS	Recoveries of overdrawals..																																							
Conveyance Allowance	CA	Total Deductions...																																							
Under Suspension	SP	Net Total																																							
On Foreign Service	FS																																								
Vacant	Vac																																								
Postal Life Insurance	PLI																																								
Last Pay Certificate	LPC																																								
Subsistence Grant	Sub-Grant																																								
Transit Pay	TP																																								
BONUS		Rs. 2000 = 00																																							
Total		Rs. 2000 = 00																																							
Deduct- G. P. Fund P. L. I. Fund Fund Fund Fund	Separate Separate Attached																																								

(Space for the use of the Accountant—General's Office.)

Admitted Rs.

Objected Rs.

Auditor.

Superintendent.

Gazetted Officer.

Deduct—		Total (column 7).....		Rs.	P.
Undisbursed pay as detailed below:					
General Provident Funds (column 9)					
Postal L.I.Premia (column 10)					
Other Fund deductions (column 11)					
Income—tax (column 13)					
In adjustment of advances recoverable as detailed in statement....(attached)					
Recoveries on account of house rent, etc., as detailed in Statement.... (attached)	(column 14)				
Total Deduction				2000	00
Net amount required for payment (in words)					
Rupees <u>Two thousand only</u>					

1. Received contents, and certified that I have satisfied myself that all emoluments included in bills drawn. *1 month / 2 months / 3 months previous to this date with the exception of those detailed below (of which the total has been refunded by deductions from this bill) have been disbursed to the proper persons and that their acquittances have been taken and filed in my office with receipt stamps duly cancelled for every payment in excess of Rs. 20

*One line should be used and others scored out

2. Certified that no person in superior service has been absent either on other duty or suspension with or without leave (except on casual leave) during the month of....
Note—When an absentee statement accompanies the bill this certificate should be struck out.

3. Certified that no leave has been granted until by reference to the applicant's service Book leave accounts and to the leave rules applicable to him. I had satisfied myself that it was admissible and that all grants of leave and departures on, and return from and all period of suspension and other duty and other events which are required under the rules to be so recorded have been recorded in the Service Book and have accounts under my attestation.

4. Certified that all appointments and substantive promotion and such of the officiating promotions as have to be entered in the Service Books as per columns in Standard Form No F.R.10 have been entered in the Service Books of the person concerned under my attestation.

5. Certified that all persons whose names are omitted from but whose pay has drawn in this bill have actually been employed during the month and that full details of the names of the persons concerned and the emoluments drawn for them working up to the total included in the bill have been duly shown in the office copy (S.R.208 (1)).

6. Certified that the men for whom pay at a rate exceeding the minimum pay of the time scale has been drawn have rendered the usual period of approved service entitling them to the increased rate of the pay drawn (Para 117 (21). B.A.Manual).

7. Certified that the officiating appointment involves the assumption of duties or responsibilities of greater importance within the meaning of Rule 54 of West Bengal Service Rules Part 1.

8. Certified that no person for whom house rent allowance has been drawn in this bill has been in occupation of rent fee

*In respect of subscribers to the Sterling Branch it should be noted on the bill and in the Fund Schedules attached to the bill that the recoveries relate to the Sterling Branch.

Details of pay of absentees refunded.

Section of establishment	Name of incumbent	Period	Amount	
			Rs.	P.
/				
NIL				
TOTAL				

Government quarters during the period for which the allowance has been drawn.

9. Certified that in cases where compensatory allowances have been claimed during leave / temporary transfer the likely hood of the officers returning to the same or similar posts was recorded in the original orders sanctioning leave temporary transfer and that individual certificates required to be furnished under the relevant rules in the West Bengal Service Rules, Part II have been obtained and recorded in my office.

10. Certified that the leave salary of the following non gazetted Government Servants is based on the pay of the permanent post held substantively by them at the time of taking leave and that they were in permanent service on 11th January, 1928 (S. R. 209 (2)).

1	4
2	5
3	6

11. Certified that no leave salary for any Government servant (except following in whose Service Books a note regarding allocation has been recorded) drawn in this bill is debitable to any Government etc. other than the Government of West Bengal.

1	4
2	5
3	6

12. Certified that Government Servants for whom the old rates of pay have been drawn fall under the categories of persons mentioned in rule 5 of the West Bengal Services (revision of Pay) Rule, 1934.
Station. Saltlake
Dated. 17.9.08

S. Goswami
Dr. S. GOSWAMI
Signature
Project Officer
Health Wing
S. U. D. A.

Pay (Rs. 2000/-) Rupees Two thousand only as follows

in cash Rs. 2000/-
Deduct—by transfer credit to personal Deposit Rs.
IV—Taxes on Income Rs.
XXXIX—Civil Work Rs.

Examined and entered
Treasury Accountant
Dated.....19 .

Treasury Officer

करदाता का प्रतिपत्र / Taxpayers Counterfoil (करदाता द्वारा भरा जाना) (to be filled up by tax payer)

करदाता की लेखा सं. (टैन) / TAN

E A L S 1 2 4 3 7 F S, U. D. A.

Health Wing

A.

Received from

Project Officer, Health Wing, SUDA.

(नाम) Name

से नकद खाते से डेबिट / बक सं.

796088

₹. For Rs.

357/-

₹. (शब्दों में)

RS. (in words)

Three hundred fifty-seven only.

अदाकर्ता / drawn on State Bank of India, (Sector) S Athlaha Bx

कटौतिदाता/ Deductees

द्वारा से स्वोत्त पर कर संग्रहण (टीसीएस) कटौती (टि.डी.एस.)

कम्पनी/Company

शेयर कम्पनी/Share Company

on account of Tax deducted at Source (TDS)/ Tax Collected at source (TCS) from ... 94C ... (Fill up Code)

(जो लागू था उसे कट दें) / (Strike out whichever is not applicable)

क रूप में निर्धारण वर्ष / for the Assessment Year के लिए प्राप्त हुआ

2009 - 10

बैंक की मोहर के लिए स्थान

SPACE FOR BANK SEAL

STATE BANK OF INDIA

BIKASH BHAV

BGR CODE 0007 016

TENDER DATE

SEP 2008

DEPOSIT DATE

SEP 2008

SERIAL NO.

40371

₹. / RS. 357

RECEIVED. RS.

RBm

281

करने के लिए अलग चालान का प्रयोग किया जाना है।

PLEASE TICK THE RELEVANT BOX AT THE TOP OF THE CHALLAN. SEPARATE CHALLANS SHOULD BE USED FOR DEPOSITING TAX DEDUCTED AT SOURCE FROM COMPANY DEDUCTEES AND FROM NON-COMPANY DEDUCTEES.

कृपया आच करें कि बैंक पाघती में निम्नलिखित सूना उपलब्ध है।

1. बैंक शाखा का 7 अंक की बी एस आर कोड
2. चालान जमा करने की तारीख (दिन, माह, वर्ष)
3. चालान क्रम संख्या।

आपका इसका आय की विवरणी में उल्लेख करना होगा।

KINDLY ENSURE THAT THE BANK'S ACKNOWLEDGMENT CONTAINS THE FOLLOWING :

1. 7 DIGIT BSR CODE OF THE BANK BRANCH
2. DATE OF DEPOSIT OF CHALLAN (DD MM YY)
3. CHALLAN SERIAL NUMBER

THESE WILL HAVE TO BE QUOTED IN YOUR RETURN OF INCOME.

TDS for Car hire charge for August, 08

1) Smt. Bula Dhar - 172 = IN

2) " R. Bhatta charge - 185 = IN

Total Rs 357 = IN

P-80

Original/Duplicate/Triplicate/Quarduplicate

CHALLAN

Challan No.

0028-00-107-001-03

THE WEST BENGAL STATE TAX ON PROFESSIONS, TRADES, CALLINGS AND EMPLOYMENTS ACT, 1979

0028—Other Taxes On Income & Expenditure—00—107—Taxes on Professions, Trades, Callings & Employments

Name of the Tax Payer **STATE URBAN DEVELOPMENT AGENCY**
 Address **1 LGUS BHAVAN, HC-BLOCK, SECTOR-III**
SALT LAKE CITY, KOLKATA-700106.
 CODE-P4

P. Tax Registration/Enrolment No.

R C S 1 1 6 5 1 4 3

Period from				Period to			
MM	YY	YY	YY	MM	YY	YY	YY
08	20	08	08	08	20	08	08

Particulars of Coins & Notes/Cheque

ch. no. 796087 dt. 17-9-08 on
 SRI, (Sector-3) Saltlake Branch,
 Kolkata-64.

	Rs.	Paise
Tax	380	= 00
Interest		
Penalty		
Comp. Money		
Total Amount	380	= 00

Goswami
DR. S. GOSWAMI
 Project Officer
 Health Wing
 S. U. D. A.

(In words) Rupees **Three hundred eighty only**

Signature of the Depositor

Year end

Case No. if the Payment Relates to assessed dues

Y Y Y Y P.T.O. Number Code

Bank/Treasury/Code

FOR BANK/TREASURY USE

Date of Entry

11 SEP 2008
20452
70
 Initials

Received Rs. _____ (Rupees _____)

Treasurer

Accountant

Treasury Officer/Agent or Manager

For Instructions see overleaf

88-9

INSTRUCTIONS

1) Dr. N. G. G —	110 = w
2) Dr. G. Da —	110 = w
3) Sri S. P. —	50 = w
4) S.K.L —	50 = w
5) P.R.M —	30 = w
6) S.S.M —	30 = w
<hr/>	
Total	Rs. 380 = w

A. For depositors :

1. In the boxes for Prof. Tax Registration/Enrolment No. note correctly all letters and numerals of such number.
2. in the column 'Period from/Period to' the letters M and Y refer to the month and year respectively of the period in respect of which the tax is being paid. The first month of a Calendar Year i.e., January should be indicated as 01 in the two boxes meant for noting M and February should be written as 02 and so on. In the two boxes for Y the last two letters of the year should be described after omitting the earlier letters 19 i.e., the Year 1992 should be noted as 92 in the two boxes. Thus if the tax is is being paid for the month of June, 92 the eight boxes should be filled in for as 0 6 9 2 0 6 9 2 but if the tax is for 3 months ending June, 92 the entries should be 0 4 9 2 0 6 9 2
3. If the payment relates to as amount due after an assessment, the Case No. (noted on the demand notice) should invariably be correctly noted in the appropriate boxes.

B. For Bank/Treasury accepting the deposit :

1. The Code No. of the Bank should be noted in the six boxes. If the Code No. is 124, the entries in the six boxes should be 00024 if the Code No. is 1124, the entries will be 001124 and, so on i.e. if the Code No. contain less than six digits zero(s) shall be mentioned in all the preceding boxes to have six digits in all.
2. Similarly, the Challan Nos. should be noted in the five boxes as under. If the Challan Nos. is 1, the entry should be 00001, if the Challan No. is 10. the noting should be 00010 and so on. _
3. In the colum for Date of entry the letter 'D' refers to the date of the month. The date shall be filled up as 01, 02.....31. The boxes for Month and Year shall be filled up as stated in Paragraph 2 for depositors

To
Dr. Shibani Goswami
Project Officer,
Health Wing, SUDA, ILGUS, BHAVAN
Bidhannagar, Kol-700091

8-79

KRISHNAGAR MUNICIPALITY

MISCELLANEOUS RECEIPT

WEST BENGAL MUNICIPAL (FINANCE & ACCOUNTING)
FORM NO. 39

Memo No. 86/DFID/18-1(A)08 Dated: 16.09.08

Received from Project Officer, Health Wing SUDA, the sum
of Rs. 3,73,000/- (Rupees Three Lakhs Seventy Three
thousand.....) only on account of expenditure in connection with
DFID Assisted honorary Health Worker Scheme.

Vide Demand Draft / Cheque No. 796086 Dated: 16.9.08

Rs. 3,73,000/-



W. Jayanti

Chairman
Krishnagar Municipality
&

President, Municipal Level Health &
Family Welfare Committee
Krishnagar Municipality



STATE URBAN DEVELOPMENT AGENCY

HEALTH WING
"ILGUS BHAVAN"

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

Ref No. SUDA-Health/DFID/08/75

Date 16.09.2008

From : Dr. ~~Sudani~~ Goswami
Project Officer
Health Wing, SUDA

To : The Chairman
Krishnagar Municipality

Sub. : Release of fund worth Rs. 3,73,000/- towards expenditure in connection with DFID assisted Honorary Health Worker Scheme.

Sir,

Apropos ~~our~~ communication bearing no. 85.DFID/18-1(A)08 dt. 10.09.2008, an Account Payee Cheque bearing no. 796086 dt. 16.09.2008 on State Bank of India, Salt Lake Branch for an amount of Rs.3,73,000 - (~~Rs.~~ Three lakhs seventy three thousand) only is released for payment towards Salary Honorarium, Rent IEC and Operating Cost for 3 months.

The balance amount may be utilized for which it was allotted.

You are requested kindly to send your authorized representative to collect the Cheque along with money receipt. Kindly acknowledge receipt of this communication.

You are also requested kindly to submit the Utilisation Certificate, Monthly Statement of Expenditure as laid down in the Financial Guideline.

Yours faithfully,


Project Officer

Dt .. 16.09.2008

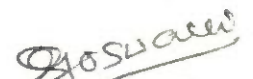
O/C



SUDA-Health/DFID/08/75(1)
CC

The Project Director, HHW Scheme - DFID, Krishnagar Municipality
- for kind information and necessary action.

Received Rs. 3,73,000/- vide
Chq. no. 796086 Dt. 16.9.08


Project Officer

Somnath Roy,

Tel/Fax No.: 359-3184

16/9/08

Acct. Amt.
DFID, K.M

A/c. Payee Only

दिनांक / Date 16 / 09 / 2008

PAY Chairman, HHW Scheme, DFID,

Keshnagar Municipality

रुपये RUPEES ~~Three~~ lakhs seventy three thousand ~~only~~

या धारक को OR BEARER

₹.Rs. 3,73,000/-

बैंक अ/c. No. 30255770000

भारतीय स्टेट बैंक
State Bank of India SBIN0001612
SALT LAKE (SECTOR-1) CALCUTTA,
DB-2, SECTOR-1, CALCUTTA,
KOLKATA
DT:24 PARGANAS, W. BENGAL 700064

[Signature]
B. PAL
Finance Officer,
Health Wing
E. U. D. A.

[Signature]
DR. S. GOSWAMI
Project Officer,
Health Wing
E. U. D. A.

HHW SCHEME, DFID, SUDA

⑆ 796086⑆ 700002145⑆ 000080⑆ 11



KRISHNAGAR MUNICIPALITY

KRISHNAGAR - 741101

STD : (95)03472
 Office : 252926
 Office (Account Sec.) : 258134
 Chairman Resi : 254111
 Water Works : 252985
 Tourist Lodge : 252080
 Chairman's Office }
 Chamber & } 252455
 Fax No. }

CHAIRMAN IN COUNCIL

Chairman

UDAY KUMAR MITRA

Vice - Chairman

ASHIM SAHA

Members :

SAJAL BIKASH BHADAR

DILIP SARMA

SUPRAVAT GHOSH

Resi : 254111 & 253596

Resi : 224111

Off. - 252240

9434129345 (M)

Resi : 252989

Memo No. **85/DFID/18-1(A)08**

Date **10.9.08**

ch. no. 796086 dt. 16.9.08
for Rs. 3,73,000/- for 3 months.
Sal/Hon, Rent, IEC, & o.p. chg.

To
Dr. Shibani Goswami
 Project Officer
 Health Wing, SUDA, Ilgues Bhawan, HC Block, Sector - V
 Bidhannagar, Kolkata-700091

Sub:- For further allotment of Rs. 8,04,000 (Rupees Eight Lakhs Four Thousand.) only.

Respected Madam,

This is to inform you that we have received Rs.14,59,605/- (Rs.13,08,098/- + bal. as on 1st April 2008 Rs.1,51,507/-) (Rupees Fourteen Lakhs Fifty Nine Thousand Six Hundred Five) only for DFID Assisted HHW Scheme, Krishnagar Municipality up to August 2008 for the FY 2008-09.

I have already submitted the Utilization Certificate for the expenditure up to August 2008 of Rs.13,09,666/- (Rupees Thirteen Lakhs Nine Thousand Six Hundred Sixty Six) only.

So, I request you to place further allotment of fund for Rs. 8,04,000 (Rupees Eight Lakhs Four Thousand.) only for onwards work (FY- 2008-09) of DFID Assisted HHW Scheme, Krishnagar Municipality. Details of the requisition are given below.

Sl No.	Accounts Heads	Amount (In Rs.)
1.	Salaries (Oct. 08 to Dec-08 ^{March 09}) [Rs.16,350/- x 6 months]	98,100
2.	Honorarium (Oct. 08 to March 09 ^{March 09}) [Rs.92,140/- x 6 months]	5,52,840
3.	Operating Cost (Oct. 08 to March 09 ^{March 09}) [Rs.10,000/- x 6 months]	60,000
4.	Rent (up to March 09 ^{March 09})	13,060
5.	IEC	10,000
6.	Renovation work	70,000
Total		8,04,000

49,050
 2,76,420
 30,000
 7,000
 10,000
 3,72,470

Fund Released = 14,59,605 = w
 We Recd. up to Aug. 08 = 13,09,666 = w
 Bal - Rs. 1,49,939 = w

Thanking you,

90%

Rs. 3.73 lacs
 Yours faithfully
 Cheque
 16.09.08

Chairman
 Krishnagar Municipality

Memo **85(2)/DFID/18-1(A)08** Dated **10.9.08**

Copy forwarded for information and to take necessary action to:-

- 1) Project Director, DFID Assisted HHW Scheme, Krishnagar Municipality & ADM(G), Nadia.
- 2) Sri Somnath Roy Accounts' Assistant, DFID Assisted HHW Scheme, Krishnagar Municipality with an instruction to meet the project officer, Health Wing, SUDA, Kol - 91 to collect the cheque or demand draft.

Chairman
 Krishnagar Municipality

.....Jangipur..... Municipality

Miscellaneous Receipt

West Bengal Municipal (Finance and Accounting)

Form No. 39

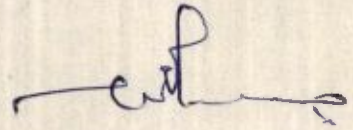
No.

Date :

Received from Project Officer, Health, SUDA the sum of Rupees
36,000.../- (Rupees *Thirty...six...thousand...*) only on account of
expenditure in connection with DFID assisted Honorary Health Worker Scheme.

Vide Demand Draft No. *796085*..... Dt. *15.09.08*.

Rs. *36,000=00/-*



Chairman,



.....Jangipur..... Municipality

SUDA

P-78

STATE URBAN DEVELOPMENT AGENCY

**HEALTH WING
"ILGUS BHAVAN"**

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

Ref No. SUDA-Health/DFID/08/73

Date 15.09.2008

From : Dr. Shibani Goswami
Project Officer
Health Wing, SUDA



To : The Chairman
Jangipur Municipality

Sub. : Release of fund worth Rs. 36,000/- towards expenditure in connection with DFID assisted Honorary Health Worker Scheme.

Sir,

Apropos your communication bearing no. JMD/DFID 497 08 dt. 10.09.2008. an Account Payee Cheque bearing no. 796085 dt. 15.09.2008 on State Bank of India, Salt Lake Branch for an amount of Rs.36,000/- (Rupees Thirty six thousand) only is released for payment towards arrear Honorarium for HHW's FTSs and ANM, as accounted for.

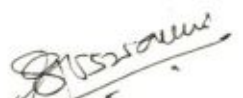
The balance amount may be utilized for which it was allotted.

You are requested kindly to send your authorized representative to collect the Cheque along with money receipt. Kindly acknowledge receipt of this communication.

You are also requested kindly to submit the Utilisation Certificate, Monthly Statement of Expenditure as laid down in the Financial Guideline.

Received the cheque of Rs 36,000/-
Ch. no 796085, dt- 15-09-08.
Masrul Hossain.
15-09-08. Jangipur municipality,

Yours faithfully

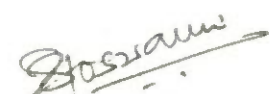

Project Officer

DL .. 15.09.2008

SUDA-Health/DFID/08/73(1)

CC

The Project Director, HHW Scheme - DFID, Jangipur Municipality
- for kind information and necessary action.


Project Officer

OFFICE OF THE COUNCILLORS

JANGIPUR MUNICIPALITY

P.O. – Raghunathganj ❖ Dist. – Murshidabad

Memo No.: JM/DFID/497 /08

Dated: 10.09. 2008

From : The Chairman / Vice Chairman, Jangipur Municipality

To : The Project Officer, Health wing,
SUDA,
"ILGUS BHAVAN",
H-C Block, Sector – III,
Bidhannagar, Kolkata – 700 106.

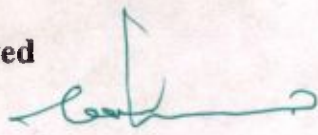
Subject : Authorization to collect Draft / Cheque .

I do hereby authorize Nasirul Hossain, Accounts Assistant, DFID assisted HHW Scheme, Jangipur Municipality to collect the Demand Draft / Cheque [bearing No. 726085 dt. 15.09.08] for an amount of Rs. 36,000.00 (Rupees Thirty six thousand only) only on my behalf. The Demand Draft/ Cheque is in connection with DFID assisted H.H.W scheme Jangipur Municipality.

Signature of NASIRUL HOSSAIN

1. Nasirul Hossain
2.
3.

Attested



Chairman
Jangipur Municipality

OFFICE OF THE COUNCILLORS**JANGIPUR MUNICIPALITY****P.O. - Raghunathganj ❖ Dist. - Murshidabad**

Memo No.: JM/DFID/497/08

Dated: 16.09.2008

To
The Project Officer,
Health-Wing, SUDA,
ILGUS BHAVAN,
H-C Block, Sector - III,
Kolkata - 700 106.

ch no ~~796085~~ 796085
dt - 15/09/08

Sub: Requisition for finance.

Madam,

This is to inform you that Under DFID assisted HHW scheme, Jangipur Municipality the arrears of HHW, FTS & ANM all staffs for three months (April 2008 to June 2008) are urgently required. The details are given below.

No. of Staffs	Rs. Increased per month	No of Months for 34 staffs	Amount (Rs.)
34 24 Hossain =	Rs. 500.00	34 x 3 = 102 24 x 3 = 72 Hossain =	51000.00 36000 = 0 Hossain =

This is for your kind information and taking necessary action.

Thanking you.

Rs. 0.36 lakhs
may be released
Thru A/C proce
cheque.
15.09.08

Yours faithfully,

[Signature]
Chairman,
Jangipur Municipality

HHW - 19
FTS - 4
ANM - 1
24

PAY Chairman, HHW Scheme, DFID,

Jangipur Municipality

या धारक को OR BEARER

रुपये RUPEES Thirty-six thousand only.

₹.Rs. 36,000/-

अदा करें

भा.सं.

30255770088

A/c. No.



भारतीय स्टेट बैंक

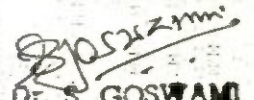
State Bank of India SBIN0001612

SALT LAKE(SECTOR-1)CALCUTTA
DB-2,SECTOR-1, CALCUTTA,
KOLKATAPrefix
0523700003

DT:24 PARGANAS (N), W. BENGAL 700064


E. P. A. A.
Finance Officer,
Health Wing
E. U. D. A.

HHW SCHEME, DFID, SUDA


Dr. S. GOSWAMI
Project Officer,
Health Wing
S. U. D. A.

⑈796085⑈ 700002145⑈ 000080⑈ 11

State Urban Development Agency

ILGUS BHAVAN, HC-BLOCK, SECTOR - III, SALT LAKE CITY
CALCUTTA - 700 106

P-77

Health Wing

Statement of Bill for Car Hiring Charges

of Smt. Paula Dhar

For the Month of August, 2008

Vehicle No. WB04B0704

Bill for Rs. 13,778/-

(Rupees Thirteen thousand seven hundred seventy eight -) only.

Rs. 13,778 = 00

i) Less I.T. Deduction @ 2.04% on Rs. 8170/- on actual hire charge (-) Rs. 167 = 00

ii) Less I.T. Deduction @ 2.04% on Rs. 234/- on overtime (-) Rs. 5 = 00

Net Payable

Rs. 13,606 = 00

Passed for payment Rs. 13,606/- (Rupees Thirteen thousand six hundred six) only be cheque to the above person and

Rs. 172/- to be deposited to Reserve Bank of India, Calcutta for I.T. Deduction and the bill amount may be booked out of HHW-Scheme, DFID under sub-head O & M Car Hire Charges.

(S. Pal)

Finance Officer
Health Wing, SUDA

10. 4306

CASH MEMO

Phone : 2371 0012



DELUXE SERVICE STATION

P- 256 / 257 , C. I. T. ROAD ,
KOLKATA - 700010

DEALER : INDIAN OIL

Exide Make Car Battery Available Here

Date: 5/2/2000

Tax Paid on M.R.P.

VAT No - 19400084003

Received in good condition

SUPER DIESEL

M. OIL

Total Rs./-

Litres	Rs.	P.
5	190	30
	190	30

CAR No.

Maruti Authorised Serviced Station

BILL

Bill For Car Hiring Charges For Hired
 Car No. - WB04B0704
 Bula Dhar
 61/B, Suren Sarkar Road, Kolkata-700010

Name - Bula Dhar
 Car No. - WB04B0704
 For The Month of August. 2008
 Date. - 4/9/08

Sl No	Date	Reporting		Releasing		Total Duty Hrs	OT Hours	Reporting		Releasing		Total Kms. Run	Remarks
		Time	Time	Time	Time			K.M.S	K.M.S				
1.	1.8.08	9.15Am	8.20Pm	11.05mts	1 Hour	32926	32997	71					
2.	4.8.08	9.15Am	9.15Pm	12 Hours	2 Hours	81684	81776	92					
3.	5.8.08	9.15Am	8.1Pm	10.45mts	1 Hour	81781	81848	67					
4.	6.8.08	9.15Am	8.30Pm	11.15mts	1 Hour	81853	81932	79					
5.	7.8.08	9.15Am	7.1Pm	9.45mts	X	81937	82011	74					
6.	8.8.08	9.15Am	7.30Pm	10.15mts	X	82016	82102	86					
7.	11.8.08	9.15Am	8.1Pm	10.45mts	1 Hour	82196	82293	97					
8.	12.8.08	9.15Am	8.45Am	11.30mts	1 Hour	82298	82390	92					
9.	13.8.08	9.15Am	8.10Pm	10.55mts	1 Hour	82395	82487	92					
10.	14.8.08	9.15Am	7.50Pm	10.35mts	1 Hour	82492	82577	85					
11.	18.8.08	9.15Am	8.1Pm	10.45mts	1 Hour	82882	82956	74					
12.	19.8.08	9.15Am	7.50Pm	10.35mts	1 Hour	82971	83048	77					
13.	21.8.08	9.15Am	8.05Pm	10.50mts	1 Hour	83053	83146	93					
14.	22.8.08	9.15Am	7.35Pm	10.20mts	X	83151	83233	82					
15.	25.8.08	9.15Am	7.20Pm	10.05mts	X	83085	83148	157					
16.	26.8.08	9.15Am	7.15Pm	10.10mts	X	33163	33242	79					
17.	27.8.08	9.15Am	6.30Pm	9.15mts	X	33247	33321	74					
18.	28.8.08	9.15Am	8.30Pm	11.15mts	1 Hour	33326	33412	86					
19.	29.8.08	9.15Am	7.40Pm	10.25mts	X	33417	33468	51					127.00 Int. Diesel
19 days					13 Hours			1608					3.00 Int. Diesel
								1524					

certified that the driver's report is true and correct and that the driver has been duly paid for the services rendered by him.

[Signature]

- ① Car Hiring charges for 19 days @ 430/- per day RS. 8170-00 ✓
- ② Over Time charges for 13 Hours @ 18/- per Hour RS. 234-00 ✓
- ③ Diesel consumed ^{127.60} 134 litres @ 38.06 per litre - RS. 5100-09 ✓ 4834.00 ✓
- ④ Mobil oil consumed ^{3.60} 3.216 @ 180/- per litre - RS. 578-88 ✓ 540.00 ✓

RS 14082-92

Thirteen seven hundred thirteen seven hundred eighty two = 13778 = 50
forteen thousand eighty two and paise Ninty two only

Bill amount for Rs. 13,778 = 50

- Less I.T. = 172-00

Net payable Rs 13,606 = 50

Bula Dea

4/9/08

Passed for Payment of Rs. 13,778/-
 (13 pieces Thirteen thousand seven hundred and seven only out of HHW scheme, U/D, St DA under sub head .. Operating Cost.

[Signature]
 Dr. S. GOSWAMI
 Project Officer
 Health Wing
 S. U. D. A.

Received H/13606/ Joye Ledger
 No 796083 dated 10/9/08

[Signature]
 Dr. S. GOSWAMI
 Project Officer
 Health Wing
 S. U. D. A.

Bula Dea

10/9/08



Sub. : Deployment of vehicle on holiday - approval thereof.

The undersigned had to attend office on 19.07.2008 & 16.08.2008 (holiday) in connection with office work at SUDA. The vehicles bearing no. WB29 6662 was utilized for the purpose on both the days.

Under the circumstances stated above, kind approval may be granted for deployment of the vehicle during holidays as mentioned above.

Submitted.

~~Director, SUDA~~
PO(H)

~~Goswami~~
15.09.08
V. K. S. S. S.
19/9/08

P-76

MONEY RECEIPT

Received the Cheque No. 796082 dt. 10.09.08 from the

Project Officer, Health Wing, SUDA, amounting to Rs. 13,310/- (Rupees

Thirteen thousand three hundred Ten only
) on 11/9/08


Kinna Bhatta chargee
11/9/08

To
The Project Officer
Health Wing, SUDA
Salt Lake.

Sub. : Request for Handover Cheque.

Madam,

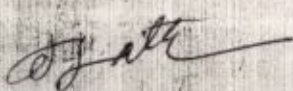
I do hereby authorized Sri Pradip Kr. Bhattacharjee to received the cheque on account of Car Hire Charges of my vehicle no. WB-29 6662 for the month of August on my behalf

Specimen signature of Sri Pradip Kr. Bhattacharjee is attested below

Thanking you.

Yours faithfully,

Rinku Bhattacharjee
Rinku Bhattacharjee 11/9/08


Signature of Sri Pradip Kr. Bhattacharjee attested.

Rinku Bhattacharjee
(Rinku Bhattacharjee) 11/9/08

State Urban Development Agency

ILGUS BHAVAN, HC-BLOCK, SECTOR - III, SALT LAKE CITY,
CALCUTTA - 700 106

Health Wing

Statement of Bill for Car Hiring Charges

of Smt. Rinke Bhattacharjee

For the Month of August, 2008

Vehicle No. WB 29-6662

Bill for Rs. 13,495/-

(Rupees Thirteen thousand four hundred ninety five) only. Rs. 13,495 = 00

i) Less I.T. Deduction @ 2.04% on Rs. 8,600/- on actual hire charge (-) Rs. 175 = 00

ii) Less I.T. Deduction @ 2.04% on Rs. 486/- on overtime (-) Rs. 10 = 00

Net Payable

Rs. 13,310 = 00

Passed for payment Rs. 13,310/- (Rupees Thirteen thousand - three hundred ten) only be cheque to the above person and

Rs. 185/- to be deposited to Reserve Bank of India, Calcutta for I.T. Deduction and the bill amount may be booked out of HHW-Scheme, DFID under sub-head O & M Car Hire Charges.



(S. Pal)

Finance Officer
Health Wing, SUDA

	Rs.	P.
(a) Car Hiring Charges for 20 days @ Rs/ 430/- per day	8600	00
(b) Overtime Charge for 27 hours @ Rs. 18/- per hour	486	00
(c) Cost of 104.37 litres of Diesel @ Rs. 38.06 per litre	3970	80
(d) Cost of 2504 litres of Mobil Oil @ Rs. 175/- per litre	438	20
(e) Gross payment (Total from A to D)	13,495	00

Passed for Payment of Rs. 13,495/-
 (Success Thirteen thousand and four
 Only out of HHW schedule)
 L-IID, SUDA under sub head ... Operating cost.

S. U. D. A.
 Dr. S. GOSWAMI
 Project Officer,
 Health Wing
 S. U. D. A.

Pinku Bhalachariye
 09.09.08

Bill passed for Rs. 13,495 = 00
 Less I.T. Deduction 185 = 00
 Net payable Rs. 13,310 = 00

S. U. D. A.
 Dr. S. GOSWAMI
 Project Officer,
 Health Wing
 S. U. D. A.

Received
 11/9/08

Bill for Car Hiring Charge in respect of Car No. W3.29 6662 for the month of

BILL

August '08

Rinke 13 Hotala...

Sl. No.	Date on which the car place	Reporting time of the car	Releasing time of the car	Total duration of the car for the days	Excess hour of O.T.	Reporting K.M.	Releasing K.M.	Total Distance Run	Diesel	Mobil Oil	Remarks
1.	1.8.08	9-15	9-45	621533	2	621533	622077	54			
2.	4.8.08	9-15	8-35	11h.20m	1	622222	62285	63			
3.	5.8.08	9-15	8-00	10h.45m	1	623077	62344	37			
4.	6.8.08	9-15	10-00	12h.45m	3	623677	623977	30			
5.	7.8.08	9-15	9-30	10h.15m	1	62419	62460	41			
6.	8.8.08	9-15	7-00	9h.45m	1	62482	62546	64			
7.	11.8.08	9-15	9-20	12h.05m	2	62564	62642	78			
8.	12.8.08	8-45	8-35	11h.50m	2	62664	62722	58			
9.	13.8.08	9-15	7-40	10h.25m	1	62744	62796	52			
10.	14.8.08	9-15	9-50	12h.35m	3	62819	62847	28			
11.	16.8.08	9-15	8-20	11h.05m	1	62861	62917	56			
12.	18.8.08	9-15	9-30	12h.15m	2	62940	63015	75			
13.	19.8.08	9-15	9-35	12h.20m	2	63036	63095	59			
14.	21.8.08	9-15	7-40	10h.25m	1	63118	63185	67			
15.	22.8.08	9-15	7-45	10h.30m	1	63208	63298	90			
16.	25.8.08	9-15	7-50	10h.35m	1	63320	63397	77			
17.	26.8.08	9-15	7-55	10h.40m	1	63421	63527	106			
18.	27.8.08	9-15	12-40am	15h.35m	5	63547	63670	123			
19.	28.8.08	9-15	7-00	9h.45m	1	63691	63736	45			
20.	29.8.08	9-15	8-00	10h.45m	1	63761	63810	49			

20 days

27h.

1252 km

Certified that the statement daily reporting and releasing time of car No. W3.29-6662 and by the driver was duly been checked and found correct and that the driver was in possession of Public Service.

[Signature]

~~...~~

MEMO

No.

96869

Car No. *W.B-29 6662*

Phone : 2334-9853

SALT LAKE SERVICE STATION

(Indian Oil)

DD-29, Salt Lake, Kolkata-64

Against.....Bank Cards

Charge Slip No.....

Quantity	Description	Rs.	P.
	PETROL		
<i>4 1/2 gal</i>	DIESEL	<i>1683</i>	<i>02</i>
<i>1 1/2 gal</i>	ENGINE OIL	<i>175</i>	<i>00</i>
Thanking you!		Total	<i>1858 02</i>

Date...*22.8.08*

1858 02
Signature *[Signature]*



ELECTRICAL MEASURING INSTRUMENTS

MANUFACTURERS ● EXPORTERS ● IMPORTERS

12/1, SUREN SARKAR ROAD, KOLKATA-700 010

Phone : 2350-0878, Fax : 23531433, Email : pkbcal @vsnl.net

2370

11.09.2008

The Project Officer
State Urban Development Agency,
Salt Lake, Kol-91

sub: Payment
Dear Sir

Our MR. Prasan Das is authorised to receive the payment of our following bills. The specimen signature of MR. Prasan Das is attested below. Please handover the cheque and oblige.

1) EM1/07(02)08 for Rs. 728-00
at 11.7.08

2) EM1/08(02)08 for Rs. 3666-00
at 29.08.08

3) EM1/08(15)08 for Rs. 2137-00
at 21.08.08

Thanking you

Yours faithfully,
for Electrical Measuring Instruments



Signature
attested signature
of MR. P. Das




Sub:- Release of payment for M/S. Electrical Measuring Instruments for supply of HP Cartridge, cartridge HP 852, 855 and HP Laserjet cartridge 07553A.

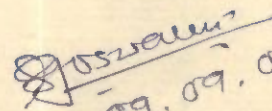
Apropos order of this office, M/S Electrical Measuring Instruments supplied the above-mentioned cartridges and Laserjet Cartridge on 10.07.2008, 24.08.2008 and 29.8.08 respectively and after causing supply, the firm submitted three bills for Rs. 728/-, Rs. 2137/- and Rs. 3666/- vide bill no. EM1/07 (02) 2008 dt. 11.7.08, EM1/08 (05) 2008, and EM1/08 (02) 2008 dt. 29.8.08. respectively duly supported by Chittans in original for payment.

The bills have been checked and placed below for pay order phase.

Hence, the amount of Rs. 6,531/- (728 + 2137 + 3666) (Rupees Six thousand five hundred thirty one) only may be released through a payee cheque in favour of M/S Electrical Measuring Instruments debiting HHW Scheme, DPID, SUDA under A/c head - "Operating Cost".

Submitted.


9/9/08


09.09.08.

P.O. CEE, SUDA.

B-102

TAX INVOICE

BUYER'S COPY

ELECTRICAL MEASURING INSTRUMENTS

12/1, SUREN SARKAR ROAD, KOLKATA-700 010

PHONE NO. : 2350-0878 E-mail : pkbcal@vsnl.net



Buyer's Name & Address :

The Project-Officer,
State Urban Development
Agency, 9 Jyoti Bhawan
Salt Lake

Tax Invoice No. : EM1/08(02) 2008

Date : 29-08-2008

Challan No. : 08(03) 2008

Date : 29-08-2008

Buyer's Vat Registration No.

Sl. No.	Qty.	Description of Goods	Price per Unit		Value		VAT Rate	Tax Amount		Total Amount		
			Rs.	P.	Rs.	P.		Rs.	P.	Rs.	P.	
1)	one	HL Laserjet Cartridge 07553A	3525/-		3525/-		4%	141/-		3666-00		
<p>Received in good Condition as per specification and entered in Stock Ledger Page No... 2722... 19/9/08</p> <p>Major 19/9/08</p> <p>Rs. Three thousand six hundred sixty-six only</p> <p>Received Payment in full. Sum of 11/9/08</p> <p>Passed for Payment of Rs. 3,666/- (Rupees Three thousand six hundred sixty-six) Only out of HRW Scheme, DFID/SEDA under sub head... operating cost</p> <p>Dr. S. GOSWAMI Project Officer, Health Wing S. U. D. A.</p>												
									TOTAL		3666=00	

VAT Registration No. 19400914129

CST Registration No. 2011A (BE) C

PAYMENT SHOULD BE MADE WITHIN 7 DAYS.

On Presentation of Bill otherwise 21% Interest

will be Charged on Total Amount.

For ELECTRICAL MEASURING INSTRUMENTS

AUTHORISED SIGNATORY

No. 08(03) 2008

DELIVERY CHALLAN

Date 29.08.2008



ELECTRICAL MEASURING INSTRUMENTS

12/1, SUREN SARKAR ROAD, KOLKATA - 700 010
PHONE : 23700878

To

The Project Officer

State Urban Development Agency

Old Bus Station, Salt Lake

Your Ref.

Dated



Please receive the following goods in good order and condition.

Qty.	PARTICULARS	RATE
one	HP Laserjet Print Cartridge 07553A	

Received
Sumit
01/09/08

VAT No. : 19400914032
C.S.T. No. : 19400914226

E. & O. E.

Received the above goods in good order & condition.

Signature of the Party
DEPT./PARTY'S COPY

For ELECTRICAL MEASURING INSTRUMENTS

ELECTRICAL MEASURING INSTRUMENTS

12/1, SUREN SARKAR ROAD, KOLKATA-700 010

PHONE NO. : 2350-0878 E-mail : pkbcal@vsnl.net



<p>Buyer's Name & Address :</p> <p style="font-size: 1.2em;">The Project Officer S. U. D. A. Salt Lake, Kolkata 700091</p> <p>Buyer's Vat Registration No.</p>	<p>Tax Invoice No. : <i>EMI/08(05) 2008</i></p> <p>Date : <i>21.08.2008</i></p> <p>Challan No. : <i>08(05) 2008</i></p> <p>Date : <i>21-08-2008</i></p>
--	---

Sl. No.	Qty.	Description of Goods	Price per Unit		Value		VAT Rate	Tax Amount		Total Amount	
			Rs.	P.	Rs.	P.		Rs.	P.	Rs.	P.
1)	one	Cartridge HP852	950/-		950/-		4%	38/-		988-00	
2)	one	Cartridge HP855	1105/-		1105/-		4%	44/-		1149-00	
										2137-00	

Passed for Payment of Rs *2137/-*
 (Rupees *Two thousand one hundred thirty seven*)
 Only out of HHW Scheme
 IHD, SUDA under sub head *operating cost*

S. Goswami
 Dr. S. GOSWAMI
 Project Officer
 Health Wing
 S. U. D. A.

Received in good Condition
 as per specification and
 entered in SUDA Register Page
 No... *DF-12*

21/08/08

Rs. Two thousand one hundred thirty seven.

Received in full
 Payment *S. Goswami*
4/9/08

TOTAL 2137-00

VAT Registration No. 19400914129
 CST Registration No. 2011A (BE) C
 PAYMENT SHOULD BE MADE WITHIN 7 DAYS.
 On Presentation of Bill otherwise 21% Interest
 will be Charged on Total Amount.

For **ELECTRICAL MEASURING INSTRUMENTS**

 AUTHORISED SIGNATORY