

সূতা

ofc

SUDA

রাজ্য নগর উন্নয়ন সংস্থা

STATE URBAN DEVELOPMENT AGENCY

“ইলগাস ভবন”, এইচ-সি ব্লক, সেক্টর-৩, বিধাননগর, কলকাতা ৭০০ ১০৬, পশ্চিমবঙ্গ

“ILGUS BHAVAN”, H-C Block, Sector - III, Bidhannagar, Kolkata - 700 106, West Bengal

ক্রমিক নং..... SUDA-67/2006/ 193

তারিখ..... 29.01.2009

From : Director, SUDA
To : The Manager,
State Bank of India,
Salt Lake City, Kolkata - 700 091.

Sub : Preparation of Account Payee Demand Draft
Current Account No.10836424685.

Community Based Primary Health Care Services

Sir,

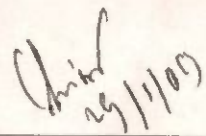
You are requested to kindly arrange for preparation of the following Account Payee Demand Drafts as per details given below, debiting the amount from this office Current Account No.10836424685 lying with your branch in respect of Community Based Primary Health Care Services.

Sl. No.	Name of Payee	Amount (in Rs.)	SBI Branch
587 761925 26	1. Chairman, Diamond Harbour Municipality	4,93,000.00	Diamond Harbour
27	2. Chairman, Dainhat Municipality	4,65,200.00	Dainhat
28	3. Chairman, Chakdah Municipality	3,92,500.00	Chakdah
29	4. Chairman, Baduria Municipality	96,000.00	Baduria
30	5. Chairman, Nalhati Municipality	5,20,900.00	Nalhati
31	6. Chairman, Gobardanga Municipality	90,000.00	Gobardanga
32	7. Chairman, Gushkara Municipality	1,58,800.00	ADB, Itachanda
33	8. Chairman, Santipur Municipality	4,38,300.00	Santipur
at b. 03-02-09	9. Chairman, Haldia Municipality	1,34,000.00	Haldia Port
Total		27,88,700.00	
(Rupees Twenty Seven Lakh Eighty Eight Thousand Seven Hundred only)			



(Debasis Mitra)
Joint Secretary
M.A.Department, GOWB





(C.Sircar)
Director
SUDA

(1)



STD. - 03561
FaX. - 263 312
263 264

OFFICE OF THE COUNCILLORS HALDIBARI MUNICIPALITY

P.O. - Haldibari ● Dist. - Coochbehar
Pin. - 735122

Ref. No. 98/Comm-Health

Date 30.01.09

To
The Director
State Urban Development Agency
Health Wing, ILGUS Bhawan

PO(H)
✓
✓



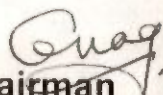
Sub. - Submission of SOE and UC & Requirement in respect fund of Community Based Pry. Health Care Services.

Madam,

In connection with the subject mentioned above I am submitting herewith the SOE and Uc & Requirement of fund in the prescribed proforma along with vouchers for the month of Dec. 2008 and Jan. 2009 for favour of your kind information and taking necessary action please.

Enclosed : As stated.

Yours Faithfully,


Chairman 30.1.09
Haldibari Municipality
Haldibari Municipality

COMMUNITY BASED PRIMARY HEALTH CARE SERVICES

Haldibari Municipality, Dist. - Coochbehar

Monthly Summary sheet on SOE for the December - 2008.

Sl. No.	Item of Expenditure	Amount (Rs.)
Non-Recurring		
1)	Equipment	42,984.00
2)	Furniture	Nil
3)	Construction(Not applicable for the present)	Nil.
4)	I.E.C. & Materials	Nil.
5)	Renovation Works	Nil
6)	Base Line Survey	Nil.
7)	Family Schedule, Training Mannual, HMIS format & HHW Kit Bag.	Nil.
8)	Strengthening of existing Materalty Homes & Dispensaries	Nil.
Recurring		
9)	Honorarium	25,010 /-
10)	Salaries	36,200 /-
11)	Rent	Nil.
12)	Training	Nil.
13)	Drug	Nil.
14)	I.E.C.	Nil.
15)	Operating cost(Sundries, Printing, Postage & telephone)	6,580 /-
TOTAL		1,10,774 /-

Chairman
Haldibari Municipality

Fund received from SUDA	SOE sent upto the month of Nov.08	SOE during the month of Dec.08	Total SOE	Balance
Rs. 13,58,000/-	Rs. 10,59,811/-	1,10,774 /-	Rs. 11,70,585 /-	Rs. 1,87,415 /-

Raju C B K r.
30/1/09

Accounts & Finance Co-ordinator
HALDIBARI MUNICIPALITY
COOCH BEHAR

In 47000/- may be released.
R.F.O.
09/02/09

Chairman
Haldibari Municipality
Chairman
Haldibari Municipality

2

ESTD - 1ST April 1869

**OFFICE OF THE
BOARD OF COUNCILORS, CHANDRAKONA MUNICIPALITY**
P.O.: Chandrakona * Dist.: Paschim Medinipur

Ref. No. 617/CH-M/HW/09

Date: 04.02.09

To

The Director, SUDA (Health Wings)
ILGUS Bhavan, HC Block, Sector - III
Bidhannagar, Kolkata-700091

Sub: Requisition of C.B.P.H.C.S Fund

Sir,

This is for your information that the C.B.P.H.C.S Fund of our Municipality has come down below 30% and presently balance in such Fund is amounted to Rs. 9, 098/- as per Bank Statement.

So, I request you to release the necessary fund at your earliest convenience.

Thanking you.

Enclo.

- 1) Fund requisition List
of Items and Amount.

*In 205000
may be released
05/02/08*

Yours faithfully,

Panchanan Sautra
Vice Chairman 04.2.09
Chandrakona Municipality
Vice-Chairman,
Chandrakona Municipality

Ph. & Fax No. (03225) 266-221

ESTD - 1ST April 1869

Requisition of Fund

(For the period from January' 2009 to March' 2009 for Recurring Expenses)

Sl. No.	Item of Expenditure	Expenditure (Amount in Rs.)
	<i>Non-Recurring</i>	Nil
1	Equipment (For 3 Sub-Centers) Rs. 2,500 X 3	7,500.00
2	Furniture	Nil
3	Construction (Not applicable for the present)	Nil
	a) Sub-Center	Nil
	b) OPD cum Maternity Home	Nil
	c) OPD	Nil
4	IEC & Material	Nil
5	Renovation works	Nil
6	Base Line Survey	Nil
7	Family Schedule, Training Manual, HMIS format & HHW Kit	Nil
8	Strengthening of existing Maternity Homes & Dispensaries (Not applicable for the present)	Nil
	<i>Recurring</i>	
9	Honorarium FTSs :- (Rs. 1,920/- X 3 Staffs) X 2 Months HHWs:- (Rs. 1,750/- X 12 Staffs) X 2 Months	53,520.00
10	Salaries (For 6 staffs of M&S Cell for January , February & March) Rs. 31,500/- X 3 Months	94,500.00
11	Rent (For 2 Sub-centers @ Rs. 1,000/- each for 3 Months)	6,000.00
12	Training	Nil
13	Drug	Nil
14	IEC (Rs. 2,000/-X 3 Months)	6,000.00
15	Operating Cost (Sundries, Printing, postage & telephone, TA / DA etc.) (Rs.15,000/-X 3 Months)	45,000.00
	Total	2, 12, 520.00

53500
94500
6000
6000
45000
2,12,500

Panchanan Sanyal
04.2.09
Vice-Chairman,
Chandrakona Municipality

Ph. & Fax No. (03225) 266-221

यूको बैंक / UCO Bank

यूको बैंक खाता सं. / S.B. Account No.

CA/GEN/12777

दिनांक Date	विवरण Particulars	चेक संख्या Cheque	चेक तारीख Cheque	निकासी की रकम	जमा की गयी रकम	शेष Balances	अधिकारी के हस्ताक्षर
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CALLER ID LIST

Feb. 05 2009 12:45PM


[NEW]

NO.	NAME	TELEPHONE NUMBER	TIME OF CALL	ANSWER
01	NO NAME RCVD	3462255534	Feb. 04 04:47PM	TAD
02	NO NAME RCVD	3225266221	Feb. 04 03:13PM	FAX
03	NO NAME RCVD	3482265016	Feb. 04 02:21PM	TAD
04	NO NAME RCVD	3473261485	Feb. 04 02:15PM	FAX
05	NO NAME RCVD	3221255098	Feb. 04 02:07PM	FAX
06	NO NAME RCVD	3523259165	Feb. 03 04:36PM	TAD
07	NO NAME RCVD	3454257961	Feb. 03 03:39PM	FAX
08	NO NAME RCVD	3454257961	Feb. 03 03:37PM	FAX
09	NO NAME RCVD	3454257961	Feb. 02 03:41PM	FAX
10	NO NAME RCVD	3225260143	Feb. 02 03:03PM	FAX
11	NO NAME RCVD	3432546472	Feb. 02 11:54AM	FAX
12	NO NAME RCVD	9830638244	Jan. 30 02:08PM	
13	NO NAME RCVD	3217234743	Jan. 30 12:35PM	FAX
14	NO NAME RCVD	3322572681	Jan. 30 11:50AM	FAX
15	NO NAME RCVD	3322572681	Jan. 30 11:32AM	FAX
16	NO NAME RCVD	3322572681	Jan. 30 11:31AM	
17	NO NAME RCVD	9433073631	Jan. 30 10:31AM	TAD

[OLD]

NO.	NAME	TELEPHONE NUMBER	TIME OF CALL	ANSWER
01	NO NAME RCVD	3225266221	Feb. 05 12:43PM	TEL
02	NO NAME RCVD	3462255534	Feb. 04 04:48PM	TEL
03	NO NAME RCVD	3482265016	Feb. 04 02:19PM	TEL
04	NO NAME RCVD	3482265016	Feb. 04 02:18PM	TEL
05	NO NAME RCVD	3323579278	Feb. 04 11:42AM	TEL
06	NO NAME RCVD	3523259165	Feb. 03 04:37PM	FAX
07	NO NAME RCVD	3512260036	Feb. 03 04:15PM	TEL
08	NO NAME RCVD	3583255950	Feb. 03 04:05PM	TEL
09	NO NAME RCVD	3583255950	Feb. 03 04:04PM	TEL
10	NO NAME RCVD	3454257961	Feb. 03 03:43PM	TEL
11	NO NAME RCVD	3454257961	Feb. 03 03:34PM	TEL
12	NO NAME RCVD	3323371244	Jan. 30 04:45PM	TEL
13	NO NAME RCVD	9830638244	Jan. 30 02:09PM	TEL


TO TURN OFF THE AUTO-CALLER LIST, PRESS 'MENU' #26.
THEN SELECT OFF BY USING '+' OR '-'.

		No.	Date	Withdrawals	Deposits	Balance	Officer's Initials
04/2/2008	 <p>TO CASH 107/1000-0139</p>	160427		57698.00		1,05661.90	
03/03/2008		160428	02/02/2008	5900.00		64501.40	
07/02/2009		160429		970.00		4431.40	
03/01/2007		160430		34360.00		10971.40	
00/01/2009		160431	27/01/2009	1375.00		9596.40	

यूको बैंक / UCO BANK

व्यक्तिगत खाता नं. / S.B. Account No.

CA/GEN/17217

दिनांक Date	विवरण Particulars	चेक संख्या Cheque No.	चेक तारीख Cheque Date	निकाली गयी रकम Withdrawals	जमा की गयी रकम Deposits	शेष Balances	अधिकारी के हस्ताक्षर Officers Initials
04/12/2008	 10, 148/1 (R.F./S.D.L. 16/07)	160427		39690.00		1,05,661.40	
13/11/2008		160428	13/11/2008	5980.00		64,581.40 Cr	
22/11/2008		160429		970.00		44,231.40 Cr	
19/12/2008		160430		34,560.00		10,971.40 Cr	
24/12/2008		160431	27/11/2008	1,873.00		2,098.40 Cr	

ESTD - 1ST April 1869**Requisition of Fund****(For the period from January' 2009 to March' 2009 for Recurring Expenses)**

Sl. No.	Item of Expenditure	Expenditure (Amount in Rs.)
	<i>Non-Recurring</i>	Nil
1	Equipment (For 3 Sub-Centers) Rs. 2,500 X 3	7,500.00
2	Furniture	Nil
3	Construction (Not applicable for the present)	Nil
	a) Sub-Center	Nil
	b) OPD cum Maternity Home	Nil
	c) OPD	Nil
4	IEC & Material	Nil
5	Renovation works	Nil
6	Base Line Survey	Nil
7	Family Schedule, Training Manual, HMIS format & HHW Kit	Nil
8	Strengthening of existing Maternity Homes & Dispensaries (Not applicable for the present)	Nil
	<i>Recurring</i>	
9	Honorarium FTSs :- (Rs. 1,920/- X 3 Staffs) X 2 Months HHWs:- (Rs. 1,750/- X 12 Staffs) X 2 Months	53,520.00
10	Salaries (For 6 staffs of M&S Cell for January , February & March) Rs. 31,500/- X 3 Months	94,500.00
11	Rent (For 2 Sub-centers @ Rs. 1,000/- each for 3 Months)	6,000.00
12	Training	Nil
13	Drug	Nil
14	IEC (Rs. 2,000/-X 3 Months)	6,000.00
15	Operating Cost (Sundries, Printing, postage & telephone, TA / DA etc.) (Rs.15,000/-X 3 Months)	45,000.00
	Total	2, 12, 520.00

Panchanan Sankar
04.2.09
Vice-Chairman,
Chandrakona Municipality

ESTD - 1ST April 1869

OFFICE OF THE
BOARD OF COUNCILORS, CHANDRAKONA MUNICIPALITY

P.O.: Chandrakona * Dist.: Paschim Medinipur

Ref. No. 617/CH.M/HW/09.

Date: 04.02.09.

To

The Director, SUDA (Health Wings)

ILGUS Bhavan, HC Block, Sector - III

Bidhannagar, Kolkata-700091

Sub: Requisition of C.B.P.H.C.S Fund

Sir,

This is for your information that the C.B.P.H.C.S Fund of our Municipality has come down below 30% and presently balance in such Fund is amounted to Rs. 9, 098/- as per Bank Statement.

So, I request you to release the necessary fund at your earliest convenience.

Thanking you.

Enclo.

- 1) Fund requisition List of Items and Amount.

Yours faithfully,

Panchanan Sankar
Vice Chairman 04.2.09
Chandrakona Municipality
Vice-Chairman,
Chandrakona Municipality

2

03216-221454

Office of the Councillors
ASHOKENAGAR – KALYANGARH MUNICIPALITY
P.O. ASHOKENAGAR, DIST. NORTH 24-PARGANAS
PIN-743222

Ref.AKM/1491/25A/4 /20086

dt. 28.01.2009

To
The Director
SUDA, (HEALTH WING)
ILGUS BHAVAN
Salt Lake
K O L K A T A – 7 0 0 0 6 4.



Subject - Requirement of Fund.

Madam,

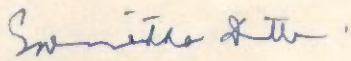
The fund placed in our municipality has already been spent away for payment of honorium till 11,55,830.00 and other articles/accessories.

The purchase of furniture and other accessories cannot be made due to lack of fund.

I therefore request you to send and place fund immediately. Requirement is enclosed herewith.

Thanking you,

Yours faithfully,


(Sarmistha Dutta)
Chairman

Ashokenagar-Kalyangarh Municipality.

SARMISTHA DUTTA
Chairman
ASHOKENAGAR-KALYANGARH MUNICIPALITY

OFFICE OF THE COUNCILLOR
ASHOKE NAGAR KALYANGARH MUNICIPALITY
 P.O. & P.S. Ashokenagar, North 24 parganas. Phone : (03216) 221454
 [Estd - 1968]

Date...28.01.09

Ref. No.....

Requisition of fund for the period <i>Janu - 2009.....to March....., 2009</i>					
Sl. No	Item of Expenditure	Expenditure (Amount Rs.)	Sl. No	Item of Expenditure	Expenditure (Amount Rs.)
	Non-Recurring			Recurring	
1	Equipment	1,50,000.00	9	Honourum	RS 2,40,330.00
2	Furniture	1,40,000.00	10	Salaries	RS. 1,12,500.00
3	Construction; (Not applicable for the present)		11	Rent	RS. 24,000.00
	a. Sub-Centre		12	Training	RS. 3,84,000.00
	b. OPD cum maternity Home.		13	Drug	
	c. OPD		14	I.E.C.	
4	I.E.C. & Materials		15	Operating cost (Sundries, printing, postage & Telephone, TA/DA etc.	RS. 45,000.00
5	Renovation Works	60,000.00			
6	Base Line Survey				
7	Family Schedule Training manual, HMS format & HHW Kit				
8	Strengthening of existing maternity Home & Dispensaries (Not applicable for the present)				
				TOTAL	11,55,830.00

S. Sarmistha Dutta

Signature of Chairman/ Vice-Chairman

SARMISTHA DUTTA
 Chairman
 ASHOKENAGAR-KALYANGARH MUNICIPALITY



*In Rs 397000 / may
 be released
 09/02/2009*

Office of the Councillors
ASHOKENAGAR – KALYANGARH MUNICIPALITY
 P.O. ASHOKENAGAR, DIST. NORTH 24-PARGANAS
 PIN-743222

Ref.AKM/ / 2SA/4 /2008/6

dt. 28.01.09

Requisition of fund for Doctors and Staff salary for the period of January 2009 to March 2009 (three months).

Sl.No.	Staff's	Amount
1.	Doctor's = 6,000/- x 2 x 3	36000.00
2.	Sanitary Inspector = 5500/- x 1 x 3	16500.00
3.	Staff = 5000/- x 4 x 3	60000.00
	Rs.	1,12,500.00



(Rs. One lakh twelve thousand and five hundred) only.

Requisition of fund for 37 HHW's and 8 Nos. F.T.S. honorarium for the period of January '09 to March '09 (3 months).

Sl.No.	Particulars	No.	Rate	Amount	
				For one Month	For three months
1.	HHW	37	1750/-	64,750/-	1,94,250.00
2.	FTS	8	1920/-	15,360/-	46,080.00
			Rs.	2,40,330.00	

(Rupees two lakh's forty thousand three hundred and thirty) only.

Sarmista Dutta
 (Sarmista Dutta)
 Chairman

Ashokenagar-Kalyangarh Municipality

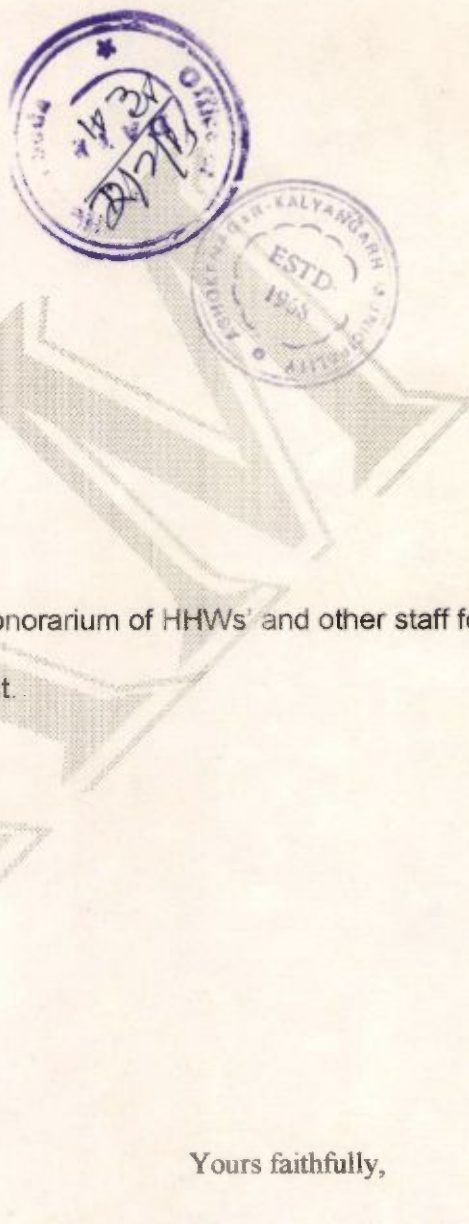
SARMISTHA DUTTA
 Chairman
 ASHOKENAGAR-KALYANGARH MUNICIPALITY

Office of the Councillors
ASHOKENAGAR – KALYANGARH MUNICIPALITY
P.O. ASHOKENAGAR, DIST. NORTH 24-PARGANAS
PIN-743222

Ref. AKM/ 1473/2SA/ 4 /20086

dt. 28-01-09

To
The Director,
SUDA
Health Wing, 'ILGUS BHAVAN',
H-C Block, Sector-III
Bidhannagar,
KOLKATA-700 091.



Madam,

I am enclosing the bill for payment of arrear Honorarium of HHWs' and other staff for according sanction and remittance of the billed amount.

Early Action is solicited.

Thanking you,

Yours faithfully,


(Sarmistha Dutta)

Chairman,
Ashokenagar- Kalyangarh Municipality

SARMISTHA DUTTA
Chairman
ASHOKENAGAR-KALYANGARH MUNICIPALITY

Office of the Councillors

ASHOKENAGAR – KALYANGARH MUNICIPALITY
P.O. ASHOKENAGAR, DIST. NORTH 24-PARGANAS

PIN-743222

Ref.AKM/

/ 254/4 /2008/6

dt. 28.01.09



Arrear Bill for H.H.Ws

Sl.No.	No. of H.H.Ws	Sanction Honorarium for H.H.W G.O. No. Suda Health/63UIBs 08/16/209(63) dt. 15.09.08	Honorarium drawn/paid for the period of 01.07.07 to 30.09.08	Arrear to be paid now	Arrear to be Sanctioned now for payment of the arrear amount for H.H.W.
A	B	C	D	E	F
1	37	01.07.07 to 31.03.08 Rs. 1,250.00 X 37 X 9 = Rs. 4,16,250.00	Rs. 1,000.00 X 37 X 9 = 3,33,000.00	C-D Rs. 83,250.00	Rs. 83,250.00
2	37	From 01.04.08 to 31.12.08 Rs. 1750.00 X 37 X 9 = Rs. 5,82,750.00	Rs. 1000.00 X 37 X 9 = Rs. 3,33,000.00	C-D Rs. 5,82,750.00 - Rs.3,33,000. 00 = Rs. 2,49,750.00	Rs. 2,49,750.00

Yours faithfully,

Sarmista Dutta

(Sarmista Dutta)

Chairman,

Ashokenagar- Kalyangarh Municipality

SARMISTHA DUTTA

Chairman

ASHOKENAGAR-KALYANGARH MUNICIPALITY

Office of the Councillors

ASHOKENAGAR – KALYANGARH MUNICIPALITY

P.O. ASHOKENAGAR, DIST. NORTH 24-PARGANAS

PIN-743222

Ref.AKM/ / ZSA/4 /2008/6

dt. 28.01.09

**F.T.S Arrear Bill From Sept'08 to Oct. 08 in the C.B.P.H.C.S.**

Sl. No.	No. of F.T.S.	Sanctioned Honorarium vide G.O. No. Suda Health/63ULBs/08/16/209(63),	Honorarium drawn/paid	Arrear to be paid now	Arrear to be Sanctioned now for payment of the arrear amount
A	B	C	D	E	F
1	8	Rs. 1920.00 per month per head Honarium due <i>Sept</i> -08 to <i>Oct</i> -08 Rs. 1920.00 X 8 X 2 = Rs. 30,720.00	Rs. 1170.00 Per month per head for 2 month <i>Sept</i> -08 to <i>Oct</i> -08 that is the 1170.00 X 8 X 2 Rs. 18,720.00	C - D Rs. 30,720.00 Rs. 18,720.00 = Rs. 12,000.00	Rs. 12,000.00

Yours faithfully,

(Sarmistha Dutta)
Chairman,

Ashokenagar- Kalyangarh Municipality

SARMISTHA DUTTA
Chairman

ASHOKENAGAR, KALYANGARH MUNICIPALITY

Office of the Councillors
ASHOKENAGAR – KALYANGARH MUNICIPALITY
P.O. ASHOKENAGAR, DIST. NORTH 24-PARGANAS
PIN-743222

Ref.AKM/

/2SA/4

/2008/6

dt. 28-01-09

To
The Director,
SUDA
Health Wing, ' ILGUS BHAVAN' ,
H-C Block, Sector-III
Bidhannagar,
KOLKATA-700 091.



Madam,

Please find the enclosed bill for payment towards ex-gratia of the HHWs' and staff.

This payment is due since last autumn festival.

Early action insolicited.

Yours faithfully,

(Sarmistha Dutta)

Chairman,

Ashokenagar- Kalyangarh Municipality

SARMISTHA DUTTA
Chairman
ASHOKENAGAR-KALYANGARH MUNICIPALITY

Office of the Councillors
ASHOKENAGAR – KALYANGARH MUNICIPALITY
 P.O. ASHOKENAGAR, DIST. NORTH 24-PARGANAS
 PIN-743222

Ref. AKM/ 12SA/4 /2008 6

dt. 28-01-09



PUJA Ex-gratia of C.B.P.H.C.S. Bonus Bill for H.H.Ws 2007-08

Sl. No.	No. of H.H.W.	Sanctioned Bonus vide G.O. No. Suda Health/08/13/220(61), dt. 19.09.08	Bonus to be paid now as per Joining dt. Of H.H.w. 01.07.07 to 31.03.08	Arrear Bonus to be paid now	Arrear Bonus to be Sanctioned now for payment of arrear Bonus amount
A	B	C	D	E	F
1	37	1000.00 per head for 01.04.07 to 31.03.08	Rs. 938.00 per head X 37 = Rs. 34,706.00	Rs. 34,706.00	Rs. 34,706.00

Smt. The Dto
SARMISTHA DUTTA
 Chairman
 ASHOKENAGAR-KALYANGARH MUNICIPALITY

OFFICE OF THE COUNCILLORS
Chakdaha Municipality
P.O- CHAKDAHA, NADIA
(WEST BENGAL)

MEMO NO: 24/CM

DATE: 07/01/09

To
The Director
State Urban Development Agency
Health wing
ILGUS Bhavan
HC Block, Sector-3.,
Kolkata 700 106



Sub: Requisition for further C.B.P.H.C.S Fund

Madam,

Our H.H.W Fund position stands an amount of Rs. 17,187/- (Seventeen thousand & One hundred Eighty Seven only), which is less than Rs. 5,04,600/- (30% of fund received). For smooth running of our Community Based Primary Health Care Services Programme, please send our next allotment of Rs. 3,92,790.00/- (Three lack Ninety Two thousand Seven hundred Ninety only) for coming three month i.e. December 08 to February 09 as per enclosed sheet.

Thanking You.

Yours Truly,

A. Sen
Chairman 7.1.09

Chakdaha Municipality
Chairman
Chakdaha Municipality
Chakdaha, Nadia

Enclosed: Requisition sheet as per your format.

Requisition of Fund for the Period January 09 to Marce 09

SI No.	Item of Expenditure	Expenditur SI.No. (Amount in Rs.)	Item of Expenditure	Expenditure (Amount in Rs.)
	Non-Recurring		Recurring	
1	Equipment	NIL	9 Honorarium	133290.00
2	Furniture	NIL	10 Salaries	94500.00
3	Construction		11 Rent	12000.00
	(Not applicable for the present)		12 Training	Nil
	a) Sub-Centre		13 Drug	96000.00
	b) OPD cum Maternity Home		14 I.E.C.	12000.00
	c) OPD		15 Operating Cost (Sundries, printing, postage & tele phone, TA/DA etc.)	45000.00
4	I.E.C. & Materials	NIL		
5	Renovation Works	Nil		
6	Base Line Survey	Nil		
7	Family Schedule, Training manual, HMS format & HHW Kit	Nil		
8	Strengthening of existing Maternity Homes & Dispensaries (Not applicable for the present)			
			TOTAL	392790.00

Surf 23/10/09

Medical Officer
C.B.P.H.C.S.
Chakdaha Municipality

Signature of Chairman
Chakdaha Municipality
Chakdaha, Nadia

Chairman 3.1.09



133290

392790

He have already released for 392500 for renovation work. otherwise there is not shortfall of fund. under different head.

23/10/09

(1)

STD 953217 : 238-460/237-636(O)
243-086 (R)

Office of the Municipal Councillors of Baduria
NORTH 24 PARGANAS.

Kashinath Chakraborty

Residence

CHAIRMAN
BADURIA MUNICIPALITY
24 PARGANAS (N)

P.O. & VILL.-KHORGACHI
DIST: - 24 PARGANAS (N)
PIN: - 743427

Ref No.....**807**.....

Dated, Baduria the...**22/12/2008**

To
The Director
SUDA, Ilguas Bhaban
HC-Block, Sector-III, Bidhanagar,
Kolkata -



(H)
23/12
F.O. H2S.
24.12.08

Sub.:- Requisition of Fund.

Madam,

With due respect it is to inform you that we have issued and work order regarding purchase of medicine (Vide order no - 741, Dt-3/12/2008, Xerox copy of the work order is attached along with the letter.) amounting Rs. 1,00,000.00 (Rupees one lakh only) for community based primary health care service. (C.B.P.H.C.S.) I would there fore request you to release the said amount to meet up the programme smoothly in due course. (Copy of the budget in prescribed format is attached along with this letter).

Thanking you

Yours faithfully

Kashinath Chakraborty
Chairman
Baduria Municipality
North 24 Parganas.

Component of balance lying with us on 29/12/08

(1) Equipment	- 77834
(2) Medicine	135492
3(A) Subcentre	---
3(B) OPD	---
3c OPD	---
4 F.B.C	---
4 honorarium work	---
Subtotal	44140
	46857
	24350
	10751
	12547
	60680
	<u>407427</u>

SECRET

Requisition of fund for the period to

Sl no.	Item of Expenditure	Expenditure (Amt. in Rs.)
	Non-Recurring	
1	Equipment	
2	Furniture	
3	Construction	
	a) Sub-Centre	
	b) OPD cum Maternity Home	
	c) OPD	
4	I.E.C. & Materials	
5	Renovation Works	
6	Base Line Survey	
7	Family Schedule, Training manual, HMIS format & HHW kit	
8	Strengthening of existing Maternity Homes & Dispensaries	
	Recurring	
9	Honorarium	
10	Salaries	
11	Rent	
12	Training	
13	Drug	100,000.00
14	I.E.C.	
15	Operating Cost (sundries, Printing, Postage & telephone, TA/DA etc.)	
	Total (In words Rs. One Lakh only.)	100,000.00

Washi nely Choudhary

Chairman
Baduria Municipality
 North 24 Parganas.

OFFICE OF THE MUNICIPAL COUNCILLORS OF BADURIA

NORTH 24 PARGANAS

Shri Kashinath Chakrabarty

Chairman
BADURIA MUNICIPALITY
24 PARGANAS (N)

Residence :

P.O. & Vill. :- Khorgachi
Dist. - 24 PARGANAS (N)
Pin Code No. - 743401

Ref No.....*741*

Dated, Baduria the.....*3/1/2008*

To
HALL PHARMACEUTICAL DISTRIBUTOR,
97/99, Sri Arabinda Road,
Howrah - 711 106

SUPPLY ORDER

Sub : - Purchasing of Drug C.B.P.H.C.S. for Sub-Centre

Sir,

You are requested to supply the medicine as per rate of your quotation. The supply order has been placed to you as per attached sheet. Validity of this order will be one month from the receipt of this letter.

Thanking you.

Yours faithfully,

Kashinath Chakrabarty

Put on
Baduria Municipality
North 24 Parganas

MEDICINE LIST - SUDA

BADURIA MUNICIPALTY

Sl No.	PRODUCT	STRENGTH	Formulation Unit	Reqd Quantity
1	Combined gastric antacid	Aluminium Hydroxide & Magnesium Hydroxide total salt being not less than 500mg	10 Tablet strip (Aluminium foil)	2000 Strips
2	Ranitidine	150 mg	Do	2000 Strips
3	Domperidone	10 mg/Tab	Do	300 Strips
4	Bromhexine Hydrochloride	8mg/Tab	Do	500 Strips
5	Chlorpheniramine Maleate	4 mg/Tab	Do	1000 Strips
6	Tablet IFA(Large)	Ferrous sulphate 180 mg& Folic Acid 0.5mg/Tab	Do	2000 Strips
7	Tablet IFA (Small)	Ferrous sulphate 60 mg & Folic Acid 0.1 mg /Tab	Do	200 Strips
8	Vit A Solution	2 lac/ IU 5 ml	60 ml bottle	100 Bott
9	Albendazole	400mg/Tab	1 Tab/Strip	1000 Strips
10	Metronidazole	400mg/Tab	10Tab/Strip	1000 Strips
11	ORS Citrate	Each sachet of 28.5 gm containing sodium chloride 12.3% Dextrose 70.2% pot.Chloride 5.3% Sodium citrate 10.2%.	Sachet	500 Pkts.
12	Dicyclomine	20 mg Tab	10 Tab/Strip	300 Strips
13	Paracetamol	500 mg Tab	Do	2000 Strips
14	Ibuprofen	400 mg Tab	Do	1000 Strips
15	Co Trimoxazole (Adult)	Sulphamethoxazole 400 mg& Trimethoprim 80 mg/Tab	Do	1000 Strips
16	Co- Trimoxazole (Paediatric)	Suphamethoxazole 200 mg & Trimethoprim40 mg/Tab	Do	500 Strips
17	Benzyl benzoate lotion	25% 100 ml	100 ml bottle	200 Bott
18	Povidone Iodine oint.	5%	15 gm tube	200 Tube

Nash Nath Chandra

Chairman
Baduria Municipality
North 24 Parganas

18

Additional sheet
Given by Baduria Municipality
for release of further fund

MEDICINE LIST - SUDA

BADURIA MUNICIPALTY

SI No.	PRODUCT	STRENGTH	Formulation Unit	Reqd. Quantity	Unit Rate	Amount
1	Combined gastric antacid	Aluminium Hydroxide & Magnesium Hydroxide total salt being not less than 500mg	10 Tablet strip (Aluminium foil)	2000 Strips	4.80	9600.00
2	Ranitidine	150 mg	Do	2000 Strips	4.40	8800.00
3	Domperidone	10 mg/Tab	Do	300 Strips	18.70	5610.00
4	Bromhexine Hydrochloride	8mg/Tab	Do	500 Strips	5.00	2500.00
5	Chlorpheniramine Maleate	4 mg/Tab	Do	1000 Strips	1.90	1900.00
6	Tablet IFA(Large)	Ferrous sulphate 180 mg & Folic Acid 0.5mg/Tab	Do	2000 Strips	5.00	10000.00
7	Tablet IFA (Small)	Ferrous sulphate 60 mg & Folic Acid 0.1 mg /Tab	Do	200 Strips	3.50	700.00
8	Vit A Solution	2 lac/ IU 5 ml	60 ml bottle	100 Bott.	62.00	6200.00
9	Albendazole	400mg/Tab	1 Tab/Strip	1000 Strips	3.75	3750.00
10	Metronidazole	400mg/Tab	10Tab/Strip	1000 Strips	6.50	6500.00
11	ORS Citrate	Each sachet of 28.5 gm containing sodium chloride 12.3% Dextrose 70.2% pot.Chloride 5.3% Sodium citrate 10.2%.	Sachet	500 Pkts.	7.60	3800.00
12	Dicyclomine	20 mg Tab	10 Tab/Strip	300 Strips	3.75	1125.00
13	Paracetamol	500 mg Tab	Do	2000 Strips	4.00	8000.00
14	Ibuprofen	400 mg Tab	Do	1000 Strips	7.00	7000.00
15	Co Trimoxazole (Adult)	Sulphamethoxazole 400 mg & Trimethoprim 80 mg/Tab	Do	1000 Strips	6.80	6800.00
16	Co- Trimoxazole (Paediatric)	Suphamethoxazole 200 mg & Trimethoprim 40 mg/Tab	Do	500 Strips	2.50	1250.00
17	Benzyl benzoate lotion	25% 100 ml	100 ml bottle	200 Bott.	28.00	5600.00
18	Povidone Iodine oint.	5%	15 gm tube	200 Tube	16.00	3200.00
Total						92335.00

Add! Vat. 4%

3693.4
96028.4

Rashi Nath Chatterjee

Chairman
BADURIA MUNICIPALITY
NORTH 24 PARGANAS

In 0.90 lakh
may be released
22/10/09

রাজ্য নগর উন্নয়ন সংস্থা

STATE URBAN DEVELOPMENT AGENCY

“ইলগাস ভবন”, এইচ-সি ব্লক, সেক্টর-৩, বিধাননগর, কলকাতা ৭০০ ১০৬, পশ্চিমবঙ্গ
 “ILGUS BHAVAN”, H-C Block, Sector - III, Bidhannagar, Kolkata - 700 106, West Bengal

ক্রমিক নং..... SUDA-67/2006/ 193

তারিখ..... 29.01.2009

From : Director, SUDA
 To : The Manager,
 State Bank of India,
 Salt Lake City, Kolkata - 700 091.

**Sub : Preparation of Account Payee Demand Draft
 Current Account No.10836424685.**

Community Based Primary Health Care Services

Sir,

You are requested to kindly arrange for preparation of the following Account Payee Demand Drafts as per details given below, debiting the amount from this office Current Account No.10836424685 lying with your branch in respect of Community Based Primary Health Care Services.

Sl. No.	Name of Payee	Amount (in Rs.)	SBI Branch
1.	Chairman, Diamond Harbour Municipality	4,93,000.00	Diamond Harbour
2.	Chairman, Dainhat Municipality	4,65,200.00	Dainhat
3.	Chairman, Chakdah Municipality	3,92,500.00	Chakdah
4.	Chairman, Baduria Municipality	96,000.00	Baduria
5.	Chairman, Nalhati Municipality	5,20,900.00	Nalhati
6.	Chairman, Gobardanga Municipality	90,000.00	Gobardanga
7.	Chairman, Gushkara Municipality	1,58,800.00	ADB, Itachanda
8.	Chairman, Santipur Municipality	4,38,300.00	Santipur
9.	Chairman, Haldia Municipality	1,34,000.00	Haldia Port
Total		27,88,700.00	
(Rupees Twenty Seven Lakh Eighty Eight Thousand Seven Hundred only)			

(Debasis Mitra)

Joint Secretary

M.A.Department, GOWB

(C.Sircar)

Director

SUDA

Requisition for the period of NOVEMBER '2008 & to MURCH '2009.



SL. No.	Item of Expenditure	Expenditure (Amount in Rs.)	SL. No.	Item of Expenditure	Expenditure (Amount in Rs.)
	NON - RECURRING			RECURRING	
1.	Equipment		9.	Honorarium (16 no. of health workers) Rs. 1,750/- per head per month Rs. 1,750 x 16 field workers = 28,000/- Rs. 28,000 x 5 months = <u>1,40,000/-</u> (4,240 FTS) 1,920 per month per head Rs. 1,920 x 4 FTS = Rs. 7,680/- Rs. 7,680 x 5 months = <u>Rs. 38,400/-</u> (PERIOD FROM NOVEMBER 08 TO MURCH 09)	Rs. 1,40,000/-
2.	Furniture		10.	Salaries (under 16 health staff) (6,20,000 per month) 31,500 x 4 = <u>1,26,000/-</u> (PERIOD FROM DECEMBER 08 TO MARCH 09)	Rs. 1,26,000/-
3.	Construction (Not applicable at present)		11.	Rent	
	a) Sub-Centre		12.	Training	
	b) OPD cum Maternity Home		13.	Drug cost under and Bill one attached with	Rs. 1,42,945/-
	c) OPD		14.	IEC Rs. 1,000/- per sub-centre + 1,000 x 4 sub-centre Rs. 4,000 x 4 months = <u>Rs. 16,000/-</u>	Rs. 16,000/-
4.	LEC & Materials		15.	Operating Cost (sundries, Printing, Postage & Telephone, TA/DA etc.)	Rs. 50,000/-
5.	Renovation works				
6.	Base line survey				
7.	Family schedule, Training Manual, HMIS Format & HHW kit				
8.	Strengthening of existing maternity Home & Dispensaries (Not Applicable at present)				
				Total =	Rs. 4,98,345.00 only

10-11-2008
17/10/08
 Vice Chairman
 Diamond Harbour Municipality

Prepared by me
17/10/08

Dr. S. K. Ghosh
 Chairman
 Diamond Harbour Municipality

FO CBRH CS
12.1.09



Memo-52 D.M/ Health.

Office- 244-228 STD-03453
Resi- 244-856 Fax No- 244-228

Office of the Councillors of Dainhat Municipality

P.O. – Dainhat • Dist. - Burdwan

From:-

Bidyut Baran Bhakta

Chairman

Dainhat Municipality

Dated, Dainhat the 06-01-2008

To,
The Director
SUDA (Health wing)
SUDA Bhavan
H.C.Block , Sector -III
Bidhannagar ,Kol-91



Sub :- Requisition of fund for C.B.P.H.C.S under Dainhat Municipality

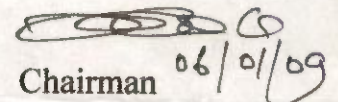
Madam,

For smoothly running of Community Based Primary Health Care Service Centre as well as three (3) Sub -Center we are required fund for non -recurring and recurring purpose which are mentioned in your given format (attached -herewith).

Therefore, you are requested to release Rs.6,32,528/- (Rupees six lakes thirty-two thousand five-hundred twenty-eight only)as early as possible.

Thanking you,

Yours Faithfully,


Chairman 06/01/09

Dainhat Municipality

S. Datta



Dainhat Municipality

Dainhat . Burdwan
Submission of Requisition of Fund for C.B.P.H.C.S. Under Dainhat Municipality

Requisition of Fund for the Period October -2008 to December -2008

Sl. No.	Items	Requisitioned Amount in Rs.
	Non-Recurring	0.00
1	Equipment	0.00
2	Furniture	0.00
3	Construction : (Not applicable for the present)	0.00
	a) sub-center	0.00
	b)OPD cum Maternity Home	0.00
	c)OPD	0.00
4	I.E.C. & Materials :Signboard 1000 x3	3000.00
5	Renovation works	0.00
6	Base Line sarvey	0.00
7	Family Scheduling, Training manual, HMIS format & H H W Kit bag.	0.00
8	Strengthening of existing Maternity Homes &Dispensaries (Not applicable for the present)	0.00
	Recurring	0.00
9	Honorarium :(HHW &FTS) & Arrear up to september [(1750 x14) +(1920 x3)x3] +102548 /-	193328.00
10	Salaries :(25,500X3)	76500.00
11	Rent : (1000x3x3)	9000.00
12	Training :	0.00
13	Drug : 96000/- x3	288000.00
14	I.E.C. :(2,000X3)	6000.00
15	Operating Cost (sundries, printing, postage &telephone, T.A./D.A etc ,Honorarium of M.O :(15000X3)+(3900X3)	56700.00
Total		632528.00
(Rupees six lakhs thirtytwo thousand fivehundred twentyeight only)		

*In 485200/-
may be released
28/01/09*



06/01/09
Chairman
Dainhat Municipality

S. K. Saha

☎03465-255300/255268

Fax:-03465-255300

OFFICE OF THE
NALHATI MUNICIPALITY
NALHATI * BIRBHUM

Memo No:-28/Nal/Muni

Dated:-13/01/2009

To
The Director of SUDA
Govt. of West-Bengal
"Health Wing" "ILGUS Bhavan"
H.C Block, Sector-III, Bidhannagar,
Kolkata-700091


Sub: Requisition of Fund against Community Based Primary Health Care Service

Sir,

With due respect, I beg to draw your kind attention that an amounting to Rs.2.22 lakhs has been received by this end vide DD.No.-760373. Accordingly balance as on 12.01.2009, Rs 23376.08, It is stated that the present bank balance is appeared as on 12.01.2009 Rs. 25839.08. against the said fund. Upto date Statement of Expenditure, Voucher details, Work order of Drugs and computer are attached herewith.

In view of the above you are requested to extend your kind grant towards further fund in favour of the programme. Your early co-operation in this regard is solicited.

Your faithfully


Chairman
Nalhati Municipality
Birbhum Municipality


COMMUNITY BASED PRIMARY HEALTH CARE SERVICES

Requisition of fund for the period from Jan. 2009 to March. 2009

Sl. No.	Item of Expenditure	Expenditure (Amount in Rs.)
	<u>Non-Recurring</u>	
1.	Equipment (Computer) 2 Nos.	120000=00
2.	Furniture	
3.	Construction : (Not applicable for the present)	
	a) Sub-Centre	
	b) OPD cum Maternity Home	
	c) OPD	
4.	I.E.C & Materials	
5.	Renovation Works	
6.	Base Line Survey	
7.	Family Schedule, Training manual, HMAS format & HHW Kit bag.	
	<u>Recurring</u>	
9.	Honorarium including Arrear	156000=00
10.	Salaries	76500=00
11.	Rent (From June'2008 to Jan'2009)	32000=00
12.	Training	
13.	Drug	192000=00
14.	I.E.C.	8000=00
	Operating Cost (Health Officer Honorarium, FTS Honorarium including arrear, Sundries, Printing, Postage & Telephone, and TA/DA etc.)	84400=00
	TOTAL	668900=00

*In 520,900/-
may be released.*

Signature of Chairman/ Vice- Chairman


Chairman,
Walhat Municipality

11

FO (B)W.C.
31/12.08

GOBARDANGA MUNICIPALITY

OFFICE OF THE BOARD OF COUNCILORS OF GOBARDANGA

P.O :- Gobardanga, P.S. :- Habra , Dist :- North 24 Parganas , Pin:- 743252

Tel : (03216) - 249436 / 248273

Fax : 03216-249436

MEMO NO. 591/SH/HHW/08

Date 09.12.08

From :Bapi Bhattacharya
Chairman
Gobardanga Municipality



To : The Director , SUDA
Health wing
Ilgus Bhabon
Bidhan Nagar
Kolkata - 91

Sub:- Requisition of Fund under H.H.W. ,Gobardanga Municipality

Madam,

I am enclosing here with Requisition of Fund which will be urgent required for purchase of other accessories as mended under HHW scheme.

In this connection, I would request you kindly to expedite the matter and release the fund as early as possible

Thanking you.

Yours faithfully

Chairman
Gobardanga Municipality



Thomson

Requisition of fund 2008 -09

Salaries		
Honorarium		
Drug		70,000.00 ✓ <i>*Including xerox copy of work order</i>
Furniture		
Operating cost		20,000.00 ✓
Equipment		
Total		90,000.00 ✓

*to 0.70 lakhs
may be released
28/01/09
[Signature]*



**Chairman
Gobardanga Municipality**

Chommalakshy

**Office of The Municipal Councillors of Gobardanga**

P. O.—Gobardanga, P. S.—Habra, Dist.—North 24 Parganas. Pin—743252 West Bengal.
(Estd.—26.4.1870 : Baisakh 1277 B. S.)

From, Sree Bapi Bhattacharya,
Chairman

Gobardanga Municipality

To The Proprietor,
Eastern Enterprise,
35E, Raja Dinendra Street,
Kolkata- 700 006.

Date, Gobardanga the _____ 200

Sub :- Supply of Drugs for 4 (four) Sub-Centres
under C.B.P.H.C System.

Sir,

The drugs, as listed below, are required by this Municipality
at present.

Sl.No.	Name of drug	Quantity required
1.	Antacid	10,000 tabs.
2.	Ranitidine (Rantac)	10,000 tabs.
3.	Domperidone	1,000 tabs.
4.	Chlorpheniramine maleate	5,000 tabs.
5.	Ferrous Sulphate (Big) I.F.A (Larg)	5,000 tabs.
6.	Ferrous Sulphate (Small) I.F.A (Small)	2,000 tabs.
7.	Albendazole	2,000 tabs.
8.	Dicyclomine	1,000 tabs.
9.	Paracetamol	5,000 tabs.
10.	Metronidazole	5,000 tabs.
11.	Cotrimoxazole (Adult) (400/80 mg)	5,000 tabs.
12.	Cotrimoxazole (Paediatric)	4,000 tabs.
13.	Benzyl Benzoate Lotion (25%/100ml)	40 Bottles.
14.	Providone Iodine Ointment (5%)	100 tablets (of 5gm)
15.	Antibiotic Powder	40 Pack (of 10gm)
16.	Absorbent cotton	20 packets (of 100gm)
17.	Absorbent Gauge	20 Sets (of 10Pcs each)
18.	Bromhexine	2,000 tabs.
19.	Microspore (of 1/2" width)	16 Reels.

You are requested to supply the drugs as per strength approved
by the Health Wing, SUDA immediately.

Thanking you,

Yours faithfully,

Chairman
GOBARDANGA MUNICIPALITY



Amrinder
18/12/08



OFFICE OF THE

GUSKARA MUNICIPALITY

P.O. - Guskara, Dist. - Burdwan, Pin - 713128, W.B.

ESTD : 1988

Phone : (03452) 255164/255767

FAX : (03452) 256600

E-mail : guskaramunicipal@yahoo.com

guskara.municipality@yahoo.com

Memo No. : 1280/G.M.

Dated, Guskara, the 19.12.2008.

To

The Director.

State Urban Development Agency(SUDA)

Health Wings

ILGUS Bhavan HcBlock Sector -111

Bidhan Nagar Kolkata -700106.

Sub;- Release of fund to wards procurement of furniture in C.B.P.H.C.S.
Ref memo no- Suda Health/ 63 ULBs/Acct/08/275

Sir,

In response to the memo cited above this office has already issued work order to wards purchase of furniture for Management & Supervision (M&S) cell under C.B.P.H.C.S upon M/S Maa Laxmi Engineering Works, Dharapara, Guskara Dt. Burdwan.

Now you are here by requested to realease a fund Rupees 80000-00 +78800-00=158800 at an early date. So that we can make payment to the said agency accordingly.

Thanking you.

19.12.08.

Rajai 19.12.08

Chairman.

Guskara Municipality





☎ : (03452) 255 164
255 767
FAX : 256-600

OFFICE OF THE GUSKARA MUNICIPALITY

P.O. - Guskara, Dist. - Burdwan, Pin - 713128, W.B.

ESTD : 1988

Memo No. : 564 IG.M.

Dated, Guskara, the 16.07.2008

To
Maa Laxmi Engineering Works,
Dharapara, Guskara,
Burdwan.

Sub :- Work order for supply of Furniture for Management & Supervision (M & S) Cell under
Community Based Primary Health Care Services of Guskara Municipality.

Ref : - The office Memo No- SUDA-Health/63/ULBs/07/101(11) dated- 06.06.2007

Sir,

Your are directed to supply the Furniture for Management & Supervision (M & S) Cell as per approved Quotation by you to the Chairman of Guskara Municipality within 2 (Two) Months from the date of order

Sl. No.	Brief Description of item	Technical Specification	Reqd. No.	Unite Rate Rs.	Total Amount Rs.
01	Half Secretariat Table	Encl as per specification sent by SUDA	1	2500.00	2500.00
02	Office Table Steel	Do	5	2500.00	12500.00
03	Chair	Do	4	900.00	3600.00
04	Almirah without Locker	Do	3	8000.00	24000.00
05	File Cabinet	Do	3	8500.00	25300.00
06	Table for Computer	Do	1	4200.00	4200.00
07	Chair for Computer	Do	1	2400.00	2400.00
08	Liter Bin	Do	4	250.00	1000.00
09	Notice Board	Do	1	2200.00	2200.00
10	Display Board.(Documentation Soft Board)	Do	1	2100.00	2100.00
				Total =	80000.00

(Rupees Sixty nine thousand six hundred)Only.

Bill induplicate along with the supply may be sent for necessary payment through A/C payee cheque.

Terms and Conditions :

- 1) Delivery : Within a period of 2 (two) Months from the date of this order.
- 2) Payment : After delivery and submission of the bill.
- 3) Taxes/ Charges : The above rate is inclusive of all taxes / Charges.
- 4) Delivery : Free
- 5) Warranty : 2 (two) Years
- 6) I.T Deduction at Source : As per rules.

- Yours faithfully,

Chairman

Guskara Municipality.

Dated, Guskara, 16.07.2008.

Memo No. 564/11/14/G.M.

Copy forwarded for information and taking necessary action to :

- 1) The Executive Officer, Guskara Municipality.
- 2) The Accountant, Guskara Municipality, this may chargeble to HHW Fund.
- 3) Dr. Subrata Ghosh, Medical Officer, CBPHCS, Guskara Municipality.
- 4) Sri Alok Deb, M.O.(Homoeo), Guskara Municipality.

A. K. Deb
Executive Officer
Guskara Municipality
16.12.08

B. K. Deb
Chairman 16.7-8
Guskara Municipality.



☎ : (03452) 255 164
255 767
FAX : 256-600

OFFICE OF THE GUSKARA MUNICIPALITY

P.O. - Guskara, Dist. - Burdwan, Pin - 713128, W.B.

ESTD : 1988

Memo No. : 562 IG.M.

Dated, Guskara, the 16.07.2008

To
Maa Laxmi Engineering Works,
Dharapara, Guskara,
Burdwan.

Sub :- Work order for supply of Furniture for 4 (Four) Nos. Sub-Centres under Community Based Primary Health Care Services of Guskara Municipality.

Ref : - The office Memo No- SUDA-Health/63/ULBs/07/101(11) dated- 06.06.2007

Sir,

Your are directed to supply the Furniture for 4 (Four) Nos. Sub-Centres as per approved Quotation by you to the Chairman of Guskara Municipality within 2 (Two) Months from the date of order

Sl. No.	Brief Description of item	Technical Specification	Reqd. No.	Unite Rate Rs.	Total Amount Rs.
01	Steel Almirah without Locker	Encl as per specification sent by SUDA	1 x 4 Nos	8000.00	32000.00
02	Steel Office Table	Do	2 x 4 Nos.	2500.00	20000.00
03	Steel Chair without arm	Do	2 x 4 Nos.	900.00	7200.00
04	Plastic moulded Chair without arms	Do	6 x 4 Nos.	350.00	8400.00
05	Revolving Stool Steel	Do	1 x 4 Nos.	1400.00	5600.00
06	Sataranji (Dari)	Do	1 x 4 Nos.	1400.00	5600.00
				Total =	78800.00

(Rupees Seventy eight thousand eight hundred)Only.

Bill induplicate along with the supply may be sent for necessary payment through A/C payee cheque.

Terms and Conditions :

- 1) Delivery : Within a period of 2 (two) Months from the date of this order.
- 2) Payment : After delivery and submission of the bill.
- 3) Taxes/ Charges : The above rate is inclusive of all taxes / Charges.
- 4) Delivery : Free
- 5) Warranty : 2 (two) Years
- 6) I.T Deduction at Source : As per rules.

Yours faithfully,

Bidhi
Chairman 16.7.08

Guskara Municipality.

Dated, Guskara, 16.07.2008.

Memo No. 562 /1(5)/G.M.

Copy forwarded for information and taking necessary action to :

- 1) The Executive Officer, Guskara Municipality.
- 2) The Accountant, Guskara Municipality, this may chargeable to HHW Fund
- 3) Dr. Subrata Ghosh, Medical Officer, CBPHCS, Guskara Municipality
- 4) Sri Alok Deb, M.O.(Homoeo), Guskara Municipality.
- 5) The Store Keeper, Guskara Municipality

Accepted
Amey
19.12.08
Executive Officer
Guskara Municipality

Chairman
Guskara 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/54(Accounts)/08/363**Date **06.01.2009****From : Director, SUDA****To : The Chairman
Gobardanga Municipality****Sub. : Release of 3rd installment of fund of FY 2008-09 worth Rs. 1,42,000.00
towards expenditure in connection with Community Based Primary Health
Care Service.****Ref. : Your requisition submitted under memo no. 491/GM/HHW/08 dt.
26.11.2008.****Sir,**

With reference to above, an A/C payee demand draft bearing no. 761220 dt. 03.01.2009, on SBI, Salt Lake for an amount of Rs. 1,42,000/- (Rupees One lakhs forty two thousand) only is released to meet up concomitant expenditure in connection with Community Based Primary Health Care service in your ULB. The said fund is released under the following A/C heads :

Item of Expenditure	Amount released (in Rs.)
Honorarium	63,000.00
Equipment	78,000.00
Total	1,42,000.00

You are requested kindly to send your authorized representative along with money receipt to collect the said draft from the A/C section of SUDA.

You are also requested kindly to submit monthly Statement of Expenditure (SOE) along with receipted copies of bills & vouchers and quarterly Utilisation Certificate (UC) as laid down in the Financial Guideline.

Yours faithfully,

Director, SUDA**Date :-06.01.2009****SUDA-Health/54(Accounts)/08/363(1)****Cashier, SUDA****Director, SUDA**

Ajoy De

Member, W.B. Legislative Assembly
Chairman, Santipur, Municipality



Fo, CBP etc.
31.12.08

Code : 953472
Phone : Office - 278029
Fax : 277170
Resi. 278262
Chamber - 278111

Ref. No. - 4141/4/24

Date : 29/12/08

To
The Director,
State Urban Development Agency (SUDA).
Health Wing, "ILGUS BHAVAN"
H-C Block, Sector-III, Bidhannagar,
Kolkata-700 091.



Sub: Submission of Requisition of fund as per prescribed format for the period from 01.10.2008 to 31.12.2008 under Community Based Primary Health Care Service in Santipur Municipality.

Madam,

With reference to above, please find enclosed herewith Requisition of fund as per prescribed format for the period from 01.10.2008 to 31.12.2008 under Community Based Primary Health Care Service in Santipur Municipality.

Hope you will find the same in order.

Thanking you.

Yours faithfully

Ajoy De
27/12/08

Chairman
Santipur Municipality.

Encl: As Stated.

Ajoy De

Member, W.B. Legislative Assembly
Chairman, Santipur, Municipality



Code : 953472
Phone : Office - 278029
Fax : 277170
Resi. 278262
Chamber - 278111

Ref. No.-

Date :

To
The Director,
State Urban Development Agency (SUDA),
Health Wing, "ILGUS BHAVAN"
H-C Block, Sector-III, Bidhannagar,
Kolkata-700 091.

Madam,

I am sending Statement of expenditure as on 23/12/08 for considering the grant under C.B.P.H.C.S in Santipur Municipality for your kind perusal.

CBPHCS				
As on 23/12/2008				
A/C HEAD	FUND RECEIVED	EXPENSES	PROVISIONAL CLOSING BALANCE	% OF EXPENDITURE
Honorarium	4,37,000.00	4,31,008.00	5,992.00	98.63
Salaries	60,000.00	57,635.00	2,365.00	96.06
Rent	27,000.00	15,000.00	12,000.00	55.56
Drug	30,000.00	26,906.00	3094.00	89.68
Operating cost	15,000.00	14,169.00	831.00	94.46
	5,69,000.00	5,44,718.00	24,282.00	95.73


Chairman 27/12/08
Santipur Municipality


Community Based Primary Health Care Services in 63 NON-KMA ULBs

Name of the Municipality : SANTIPUR

Requisition of fund for the period from 01.10.2008 to 31.12.2008

Sl. No.	Item of Expenditure	Expenditure (Amount in Rs.)	Sl. No.	Item of Expenditure	Expenditure (Amount in Rs.)
	Non-Recurring			Recurring	
1.	Equipment		9.	Honorarium A. Rs.1750/x46x3 (HHW) B. Rs.1920/x9x3(FTS)	2,41,500.00 ✓ 51840.00 (51840)
2.	Furniture		10.	Salaries Rs.20,000/x3	60,000.00 ✓
3.	Construction:(Not applicable for present)		11.	Rent	15,000.00 ✓
	a) Sub-Centre		12.	Training	
	b) OPD cum Maternity Home		13.	Drug	50,000.00 ✓
	c) OPD		14.	I.E.C	5000.00 ✓
4.	I.E.C. & Materials		15.	Operating Cost (Sundries, printing, postage & telephone, TA/DA etc)	15,000.00 ✓
5.	Renovation Works				
6.	Base Line Survey				
7.	Family Schedule, Training manual, HMS format & HHW kit.				
8.	Strengthening of existing Maternity Home & Dispensaries (Not applicable for the present)				
				TOTAL	4,38,340.00

In 4,38,300 may
be released
28/11/08


27/12/08

Chairman.
Santipur Municipality



Office of the
Haldia Municipality

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

FO, C.B.P.H.C.S.
31-12-08

☎ : 03224-252996 / 252997
252644 / 253410 / 252718
Fax : 252154

Memo No. : 3541/HM/C.B.P.H.C.S/08

Date : 26-12-2008

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



Sub – Release of fund for the project under C.B.P.H.C.S.

Madam,

With reference to the above subject I am to inform that an amount of Rs. 5,02,830.00 (Rupees five lakhs two thousand eight hundred thirty) only are required for running the Community Based Primary Health Care Service under this Municipality in respect of Bonus & arrear Salaries & cost of medicine (Requisition enclosed) .

In view of the position I would request you to kindly release the amount of Rs. 5,02,830.00 (Rupees five lakhs two thousand eight hundred thirty) at an early date so as to enable us for smooth running the project.

Thanking you,

Yours faithfully,

Chairperson
Haldia Municipality.

Handwritten signature
22/12





Office of the Haldia Municipality

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

☎ : 03224-252996 / 252997
252644 / 253410 / 252718
Fax : 252154

Memo No. : 3542/HM/08

Date : 26.12.2008

M/S. Sefali Medical Stores,
Brajalalchak,
P.O - Dakshinchawk,
Purba Medinipur.

Sub : Supply order of drugs in connection with Community Based Primary Health Care Service to the office of Haldia Municipality.

Sir,

With reference to our letter no.5046/H/M2008 dated - 25.3.08 on the above subject and to request you kindly supply the following drugs to this Municipality at an early date.

Sl. No.	Product	Quantity	Rs
1	Combined Gastric Antacid	2180 Strip	4360.00
2	Ranitidine	1090 Strip	4065.70
3	Dom peridone	272 Strip	892.16
4	Bromhexine Hydrochloride	1090 Strip	1951.10
5	Chlorpheniramine Malcate	544 Strip	652.80
6	Tablet IFA (Large)	2180 Strip	2267.20
7	Tablet IFA (Small)	2180 Strip	1744.00
8	Vit.'A' Solution	750 Bottle	37500.00
9	Albendazole	1728 Strip	2332.80
10	Metronidazole	2180 Strip	11401.40
11	O R S Citrate	2576 Sached	7290.08
12	Dicyclomin	272 Strip	769.76
13	Paracetamol	2180 Strip	5210.20
14	Ibuprofen	244 Strip	1166.32
15	Co Trimoxazol (Adult)	1090 Strip	5700.70
16	Co Trimoxazol (Peadiatric)	1090 Strip	3084.70
17	Chloramphenicol Eye Aplicap	1516 Aplicap	6822.00
18	Absorbent Cotton	152 Pkt.	1988.16
19	Absorbent Gauze Sterilised in Pkts	244 Set	10943.40
20	Benzyl Benzoate Lotion	124 Bottle	1667.80
21	Povidone Iodine Oint.	1320 Tube	7893.60
22	Antibiotic Powder	1360 Pack	8132.80
23	Microspore	124 Rell	1582.24
Total			129418.92
Vat. 4%			5176.75
Grant Total			134595.67

Thanking You,

Enco : Requirement List.

Yours faithfully,

Sdt
Chairperson
Haldia Municipality

*In 1.34 lakh
be released
25/11/09.*

Memo No. 3542(1)/HM/08

Date : 26.12.2008

Copy for information & taking necessary action to:-

1 Director of SUDA



Chairperson
Haldia Municipality

*at
28/12*

Requisition of fund for Bonus and Arrear Amount

Sl. No.	Item of Expenditure	Expenditure (Amount in Rs.)
Non-Recurring		
1	Equipment For Sub Centre-Rs.225000 (9 Sub Centre @ Rs.25000/-each)	
2	Furniture For Sub Centre-Rs. 180000 (9 Sub Centre @ Rs.20000/-each)	
3	Construction (Not Applicable for the present)	0
	a) Sub-Centre	0
	b) OPD cum Maternity Home	0
	c) OPD	0
4	I.E.C & Meterials	0
5	Renovation works	0
6	Base Line Survey	0
7	Family Schedule Training manual, HMIS format & HHW Kit	0
8	Strengthening of existing Maternity Homes & Dispensaries (not applicable for the present)	0
SUB TOTAL (NON-RECURRING)		0
Recurring		
9	Honorarium	
10	Salaries For M&S Cell from Jan' 08 to June' 08	
11	Rent	0
12	Training	0
13	Drug (9 Sub centre -@ Rs. 96000/- each)	134595*
14	I.E.C.	0
15	Operating Cost (Sundries, Printing, Postage & Telephone, T.A. / D.A. etc)	
SUB TOTAL (RECURRING)		134595
GRAND TOTAL (NON-RECURRING + RECURRING)		134595

i) Bonus of HHW's for the period 2007-2008	39195
ii) Arrear of HHW's (New) from 01-07-08 to 30-09-08	20250
iii) Arrear of HHW's from 18-05-07 to 30-06-08	207540
iv) Arrear of HHW's from 01-07-08 to 30-09-08	81000
v) Arrear of FTS from 01-07-08 to 30-09-08	20250
Total	502830

* As per order placed at M/S Sefali Medical Stores.
(Copy Enclosed)



Chairperson
Haldia Municipality

[Handwritten Signature]

STATE URBAN DEVELOPMENT AGENCY

HEALTH WING

"ILGUS BHAVAN"

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

Ref No.SUDA-Health/53(Accounts)/08/368

Date ..06.01.2009

From : Director, SUDA

To : The Chairman
Basirhat MunicipalitySub. : Release of 2nd installment of fund of FY 2008-09 worth Rs. 8,46,000.00
towards expenditure in connection with Community Based Primary Health
Care Service.

Ref. : Your requisition submitted under memo no. BM/CBPHCS-41 dt. 19.11.2008.

Sir,

With reference to above, an A/C payee demand draft bearing no. 761215 dt. 03.01.2009, on SBI, Salt Lake for an amount of Rs. 8,46,000/- (Rupees Eight lakhs forty six thousand) only is released to meet up concomitant expenditure in connection with Community Based Primary Health Care service in your ULB. The said fund is released under the following A/C heads :

Item of Expenditure	Amount released (in Rs.)
Equipments	55,000.00
Furniture	1,55,000.00
Honorarium	2,79,000.00
Salaries	1,12,000.00
Rent	24,000.00
Drug	1,91,000.00
Operating Cost	30,000.00
Total	8,46,000.00

You are requested kindly to send your authorized representative along with money receipt to collect the said draft from the A/C section of SUDA.

You are also requested kindly to submit monthly Statement of Expenditure (SOE) along with receipted copies of bills & vouchers and quarterly Utilisation Certificate (UC) as laid down in the Financial Guideline.

Yours faithfully,

Director, SUDA

Date :-06.01.2009

Director, SUDA

SUDA-Health/53(Accounts)/08/368(1)
Cashier, SUDA

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

Ref No. ...SUDA-Health/27(Accounts)/08/367

Date 06.01.2009.

From : Director, SUDA

To : The Chairman
Contai MunicipalitySub. : Release of 4th installment of fund of FY 2008-09 worth Rs. 4,10,000.00 towards expenditure in connection with Community Based Primary Health Care Service.

Ref. : Your requisition submitted under memo no. CM-54/HS-13 dt. 11.12.2008.

Sir,

With reference to above, an A/C payee demand draft bearing no. 761216 dt. 03.01.2009, on SBI, Salt Lake for an amount of Rs. 4,10,000/- (Rupees Four lakhs ten thousand) only is released to meet up concomitant expenditure in connection with Community Based Primary Health Care service in your ULB. The said fund is released under the following A/C heads :

Item of Expenditure	Amount released (in Rs.)
Honorarium	1,70,000.00
Salaries	80,000.00
Drug	1,20,000.00
Operating Cost	40,000.00
Total	4,10,000.00

You are requested kindly to send your authorized representative along with money receipt to collect the said draft from the A/C section of SUDA.

You are also requested kindly to submit monthly Statement of Expenditure (SOE) along with receipted copies of bills & vouchers and quarterly Utilisation Certificate (UC) as laid down in the Financial Guideline.

Yours faithfully,

Director, SUDA

Date :-06.01.2009

SUDA-Health/27(Accounts)/08/367(1)

Cashier, SUDA

Director, SUDA

3

SUDA

STATE URBAN DEVELOPMENT AGENCY

HEALTH WING

"ILGUS BHAVAN"

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

Ref No. ...SUDA-Health/06(Accounts)/08/366

Date 06.01.2009.

From : Director, SUDA

**To : The Chairman
Dainhat Municipality**

Sub. : Release of 3rd installment of fund of FY 2008-09 worth Rs. 30,000.00 towards expenditure in connection with Community Based Primary Health Care Service.

Ref. : Your requisition submitted under memo no. 39/1/DM/Health dt. 10.11.2008.

Sir,

With reference to above, an A/C payee demand draft bearing no. 761217 dt. 03.01.2009, on SBI, Salt Lake for an amount of Rs. 30,000/- (Rupees Thirty thousand) only is released to meet up concomitant expenditure in connection with Community Based Primary Health Care service in your ULB. The said fund is released under the following A/C heads :

Item of Expenditure	Amount released (in Rs.)
Salaries	26,000.00
Operating Cost	4,000.00
Total	30,000.00

You are requested kindly to send your authorized representative along with money receipt to collect the said draft from the A/C section of SUDA.

You are also requested kindly to submit monthly Statement of Expenditure (SOE) along with receipted copies of bills & vouchers and quarterly Utilisation Certificate (UC) as laid down in the Financial Guideline.

Yours faithfully,

Director, SUDA

Date :-06.01.2009

SUDA-Health/06(Accounts)/08/366(1)

Cashier, SUDA

Director, SUDA

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

Ref No. ...SUDA-Health/18(Accounts)/08/365

Date -06.01.2009.

From : Director, SUDA

To : The Chairman
Gangarampur MunicipalitySub. : Release of 2nd installment of fund of FY 2008-09 worth Rs. 2,39,000.00 towards expenditure in connection with Community Based Primary Health Care Service.

Ref. : Your requisition submitted under memo no. 986/CHS/GM/07-08 dt. 10.12.2008.

Sir,

With reference to above, an A/C payee demand draft bearing no. 761218 dt. 03.01.2009, on SBI, Salt Lake for an amount of Rs. 2,39,000/- (Rupees Two lakhs thirty nine thousand) only is released to meet up concomitant expenditure in connection with Community Based Primary Health Care service in your ULB. The said fund is released under the following A/C heads :

Item of Expenditure	Amount released (in Rs.)
Honorarium	1,18,000.00
Salaries	95,000.00
Rent	12,000.00
Operating Cost	14,000.00
Total	2,39,000.00

You are requested kindly to send your authorized representative along with money receipt to collect the said draft from the A/C section of SUDA.

You are also requested kindly to submit monthly Statement of Expenditure (SOE) along with receipted copies of bills & vouchers and quarterly Utilisation Certificate (UC) as laid down in the Financial Guideline.

Yours faithfully,

Director, SUDA

Date :-06.01.2009

SUDA-Health/18(Accounts)/08/365(1)

Cashier, SUDA

Director, SUDA

5



STATE URBAN DEVELOPMENT AGENCY

HEALTH WING
"ILGUS BHAVAN"

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

Ref No.SUDA-Health/33(Accounts)/08/364

Date .06.01.2009.

From : Director, SUDA

To : The Chairman
Ghatal Municipality

Sub. : Release of 2nd installment of fund of FY 2008-09 worth Rs. 2,75,000.00
towards expenditure in connection with Community Based Primary Health
Care Service.

Ref. : Your requisition submitted under memo no. 1970 dt. 18.12.2008.

Sir,

With reference to above, an A/C payee demand draft bearing no. 761219 dt. 03.01.2009, on SBI, Salt Lake for an amount of Rs. 2,75,000/- (Rupees Two lakhs seventy five thousand) only is released to meet up concomitant expenditure in connection with Community Based Primary Health Care service in your ULB. The said fund is released under the following A/C heads :

Item of Expenditure	Amount released (in Rs.)
Honorarium	2,45,000.00
Equipment	30,000.00
Total	2,75,000.00

You are requested kindly to send your authorized representative along with money receipt to collect the said draft from the A/C section of SUDA.

You are also requested kindly to submit monthly Statement of Expenditure (SOE) along with receipted copies of bills & vouchers and quarterly Utilisation Certificate (UC) as laid down in the Financial Guideline.

SUDA-Health/33(Accounts)/08/364(1)

Cashier, SUDA

o/k

Yours faithfully,

Director, SUDA

Date :-06.01.2009

Director, SUDA

SUDA**STATE URBAN DEVELOPMENT AGENCY****HEALTH WING****"ILGUS BHAVAN"****H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091
West Bengal**Ref No **SUDA-Health/54(Accounts)/08/363**Date **06.01.2009****From : Director, SUDA****To : The Chairman
Gobardanga Municipality****Sub. : Release of 3rd installment of fund of FY 2008-09 worth Rs. 1,42,000.00
towards expenditure in connection with Community Based Primary Health
Care Service.****Ref. : Your requisition submitted under memo no. 491/GM/HHW/08 dt.
26.11.2008.****Sir,**

With reference to above, an A/C payee demand draft bearing no. 761220 dt. 03.01.2009, on SBI, Salt Lake for an amount of Rs. 1,42,000/- (Rupees One lakhs forty two thousand) only is released to meet up concomitant expenditure in connection with Community Based Primary Health Care service in your ULB. The said fund is released under the following A/C heads :

Item of Expenditure	Amount released (in Rs.)
Honorarium	63,000.00
Equipment	78,000.00
Total	1,42,000.00

You are requested kindly to send your authorized representative along with money receipt to collect the said draft from the A/C section of SUDA.

You are also requested kindly to submit monthly Statement of Expenditure (SOE) along with receipted copies of bills & vouchers and quarterly Utilisation Certificate (UC) as laid down in the Financial Guideline.

Yours faithfully,

Director, SUDA

Date :-06.01.2009

SUDA-Health/54(Accounts)/08/363(1)**Cashier, SUDA****Director, SUDA**

SUDA**STATE URBAN DEVELOPMENT AGENCY****HEALTH WING
"ILGUS BHAVAN"****H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091
West Bengal**Ref No **SUDA-Health/29(Accounts)/08/362**Date **06.01.2009****From : Director, SUDA****To : The Chairman
Haldia Municipality****Sub. : Release of 2nd installment of fund of FY 2008-09 worth Rs. 3,68,000.00
towards expenditure in connection with Community Based Primary Health
Care Service.****Ref. : Your requisition submitted under memo no. 2976/HM/CBPHCS/08 dt.
14.11.2008.****Sir,**

With reference to above, an A/C payee demand draft bearing no. 761221 dt. 03.01.2009, on SBI, Salt Lake for an amount of Rs. 3,68,000/- (Rupees Three lakhs sixty eight thousand) only is released to meet up concomitant expenditure in connection with Community Based Primary Health Care service in your ULB. The said fund is released under the following A/C heads :

Item of Expenditure	Amount released (in Rs.)
Honorarium	3,68,000.00
Total	3,68,000.00

You are requested kindly to send your authorized representative along with money receipt to collect the said draft from the A/C section of SUDA.

You are also requested kindly to submit monthly Statement of Expenditure (SOE) along with receipted copies of bills & vouchers and quarterly Utilisation Certificate (UC) as laid down in the Financial Guideline.

Yours faithfully,

Director, SUDA

Date :-06.01.2009

SUDA-Health/29(Accounts)/08/362(1)

Cashier, SUDA

Director, SUDA

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

Ref No.SUDA-Health/62(Accounts)/08/369

Date -06.01.2009

From : Director, SUDA

To : The Chairman
Islampur MunicipalitySub. : Release of 1st installment of fund of FY 2008-09 worth Rs. 1,22,000.00
towards expenditure in connection with Community Based Primary Health
Care Service.

Ref. : Your requisition submitted under memo no. 1533/I-M/08 dt. 18.11.2008.

Sir,

With reference to above, an A/C payee demand draft bearing no. 761222 dt. 03.01.2009, on SBI, Salt Lake for an amount of Rs. 1,22,000/- (Rupees One lakh twenty two thousand) only is released to meet up concomitant expenditure in connection with Community Based Primary Health Care service in your ULB. The said fund is released under the following A/C heads :

Item of Expenditure	Amount released (in Rs.)
Honorarium	70,000.00
Rent	12,000.00
Training	10,000.00
Operating Cost	30,000.00
Total	1,22,000.00

Fund for procurement of drugs, equipment & furniture as requisitioned by you, will be released on receipt of copy of Work Order issued by you in this regard.

You are requested kindly to send your authorized representative along with money receipt to collect the said draft from the A/C section of SUDA.

You are also requested kindly to submit monthly Statement of Expenditure (SOE) along with receipted copies of bills & vouchers and quarterly Utilisation Certificate (UC) as laid down in the Financial Guideline.

Yours faithfully,

Director, SUDA

Date :-06.01.2009

SUDA-Health/62(Accounts)/08/368(1)

o/c

Cashier, SUDA

Director, SUDA

SUDA

STATE URBAN DEVELOPMENT AGENCY

HEALTH WING

"ILGUS BHAVAN"

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

Ref No. SUDA-Health/67 (Accounts)/08/349(1)

Date 06.01.2009

From : Director, SUDA

To : The Chairman
Jhargram Municipality

Sub. : Release of 2nd installment of fund of FY 2008-09 worth Rs. 5,40,000.00
towards expenditure in connection with Community Based Primary Health
Care Service.

Ref. : Your requisition submitted under memo no. 1592/6 PH-24 dt. 13.12.2005.

Sir,

With reference to above, an A/C payee demand draft bearing no. 761223 dt. 03.01.2009 in SBI
Salt Lake for an amount of Rs. 5,40,000 - (Rupees Five lakhs forty thousand) only is released for meet up
concomitant expenditure in connection with Community Based Primary Health Care Service in your
ITB. The said fund is released under the following A/C heads:

Item of Expenditure	Amount released (in Rs.)
Honorarium	3,21,000.00
Salaries	1,57,000.00
Drug	32,000.00
Operating Cost	30,000.00
Total	5,40,000.00

You are requested kindly to send your authorized representative along with money receipt to
collect the said draft from the A/C section of SUDA.

You are also requested kindly to submit monthly Statement of Expenditure (SoE) along with
receipted copies of bills & vouchers and quarterly Utilisation Certificate (UC) as laid down in the
Financial Guideline.

Yours faithfully,

J. Dipankar Choudhury
Director, SUDA

Date: 06.01.2009

SUDA-Health/67 (Accounts)/08/349(1)
Cashier, SUDA

Director, SUDA

Received
Debasish Banerjee
6.1.2009.

Office Of the Councillors

JHARGRAM MUNICIPALITY

Phone – (03221) 255021

Telefax – (03221) 255098

Jhargram, Paschim Medinipur

No:- 15/6PH-24

Date: 05.01.2009

To,
The Director
SUDA, HEALTH WING,
ILGUS BHAVAN
HC BLOCK, Sector- III
Bidhan Nagar
Kolkata – 700091,

Sub : Allotment of fund for C.B.P.H.C.S and release of Cheque

Sir,

I do hereby authorize Sri Debasis Basu, Account Assistant of C.B.P.H.C.S, Jhargram Municipality to receive Cheque bearing No. 761223 for Rs. 5,40,000/- for the allotment of fund as stated above on my behalf.

*Received the draft vide No. 761223 dated 3.1.09 for
Rs. 5,40,000/- (Five lakhs forty thousand only) under
C.B.P.H.C.S.*

Debasis Basu

Debasis Basu

Yours faithfully

6.1.2009.

Signature Attested

Basu
Chairman
Jhargram Municipality
Chairman
Jhargram Municipality

SUDA

(10)

STATE URBAN DEVELOPMENT AGENCY**HEALTH WING****"ILGUS BHAVAN"****H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091
West Bengal**Ref No **SUDA-Health/60(Accounts)/08/361**Date **06.01.2009****From : Director, SUDA****To : The Chairman
Joynagar Mazilpur Municipality****Sub. : Release of 3rd installment of fund of FY 2008-09 worth Rs. 40,500.00
towards expenditure in connection with Community Based Primary Health
Care Service.****Ref. : Your requisition submitted under memo no. J.M.M/HHW/37 dt. 21.11.2008.****Sir,**

With reference to above, an A/C payee demand draft bearing no. 761224 dt. 03.01.2009, on SBI, Salt Lake for an amount of Rs. 40,500/- (Rupees Forty thousand five hundred) only is released to meet up concomitant expenditure in connection with Community Based Primary Health Care service in your ULB. The said fund is released under the following A/C heads :

Item of Expenditure	Amount released (in Rs.)
Drug	40,500.00
Total	40,500.00

You are requested kindly to send your authorized representative along with money receipt to collect the said draft from the A/C section of SUDA.

You are also requested kindly to submit monthly Statement of Expenditure (SOE) along with receipted copies of bills & vouchers and quarterly Utilisation Certificate (UC) as laid down in the Financial Guideline.

Yours faithfully,

Director, SUDA

Date :-06.01.2009

SUDA-Health/60(Accounts)/08/361(1)

Cashier, SUDA

Director, SUDA

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

Ref No. SUDA-Health/57(Accounts)/08/360

Date 06.01.2009

From : Director, SUDA**To : The Chairman
Jhalda Municipality****Sub. : Release of 3rd installment of fund of FY 2008-09 worth Rs. 2,42,000.00
towards expenditure in connection with Community Based Primary Health
Care Service.****Ref. : Your requisition submitted under memo no. 424/JM dt. 05.11.2008.**

Sir,

With reference to above, an A/C payee demand draft bearing no. 761225 dt. 03.01.2009, on SBI, Salt Lake for an amount of Rs. 2,42,000/- (Rupees Two lakhs forty two thousand) only is released to meet up concomitant expenditure in connection with Community Based Primary Health Care service in your ULB. The said fund is released under the following A/C heads :

Item of Expenditure	Amount released (in Rs.)
Honorarium	1,35,000.00
Drug	77,000.00
Operating Cost	30,000.00
Total	2,42,000.00

You are requested kindly to send your authorized representative along with money receipt to collect the said draft from the A/C section of SUDA.

You are also requested kindly to submit monthly Statement of Expenditure (SOE) along with receipted copies of bills & vouchers and quarterly Utilisation Certificate (UC) as laid down in the Financial Guideline.

Yours faithfully,

Director, SUDA

Date :-06.01.2009

SUDA-Health/57(Accounts)/08/360(1)

Cashier, SUDA

Director, SUDA

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

Ref No. SUDA-Health/09(Accounts)/08/359

Date 06.01.2009

From : Director, SUDA

To : The Chairman
Katwa MunicipalitySub. : Release of 3rd installment of fund of FY 2008-09 worth Rs. 4,00,000.00 towards expenditure in connection with Community Based Primary Health Care Service.

Ref. : Your requisition submitted under memo no. 11/19-KM/UPEC dt. 22.11.2008.

Sir,

With reference to above, an A/C payee demand draft bearing no. 761226 dt. 03.01.2009, on SBI, Salt Lake for an amount of Rs. 4,00,000/- (Rupees Four lakhs) only is released to meet up concomitant expenditure in connection with Community Based Primary Health Care service in your ULB. The said fund is released under the following A/C heads :

Item of Expenditure	Amount released (in Rs.)
Honorarium	2,08,000.00
Drug	1,92,000.00
Total	4,00,000.00

You are requested kindly to send your authorized representative along with money receipt to collect the said draft from the A/C section of SUDA.

You are also requested kindly to submit monthly Statement of Expenditure (SOE) along with receipted copies of bills & vouchers and quarterly Utilisation Certificate (UC) as laid down in the Financial Guideline.

Yours faithfully,

Director, SUDA

Date :-06.01.2009

SUDA-Health/09(Accounts)/08/359(1)

Cashier, SUDA

Director, SUDA

SUDA

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

Ref No. SUDA-Health/35(Accounts)/08/354

Date 06.01.2009

From : Director, SUDA

To : The Chairman
Kharar MunicipalitySub. : Release of 1st installment of fund of FY 2008-09 worth Rs. 4,03,000.00
towards expenditure in connection with Community Based Primary Health
Care Service.

Ref. : Your requisition submitted under memo no. 344/khm/08-09 dt. 18.11.2008.

Sir,

With reference to above, an A/C payee demand draft bearing no. 761227 dt. 03.01.2009, on SBI, Salt Lake for an amount of Rs. 4,03,000/- (Rupees Four lakhs and three thousand) only is released to meet up concomitant expenditure in connection with Community Based Primary Health Care service in your ULB. The said fund is released under the following A/C heads :

Item of Expenditure	Amount released (in Rs.)
Honorarium	2,72,000.00
Salaries	95,000.00
Operating Cost	36,000.00
Total	4,03,000.00

You are requested kindly to send your authorized representative along with money receipt to collect the said draft from the A/C section of SUDA.

You are also requested kindly to submit monthly Statement of Expenditure (SOE) along with receipted copies of bills & vouchers and quarterly Utilisation Certificate (UC) as laid down in the Financial Guideline.

Yours faithfully,

Director, SUDA

Date ... 06.01.2009

SUDA-Health/35(Accounts)/08/354(1)

Cashier, SUDA

Director, SUDA

SUDA**STATE URBAN DEVELOPMENT AGENCY****HEALTH WING****"ILGUS BHAVAN"****H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091****West Bengal**Ref No. **SUDA-Health/20(Accounts)/08/358**Date **:-06.01.2009****From : Director, SUDA****To : The Chairman
Kurseong Municipality****Sub. : Release of 3rd installment of fund of FY 2008-09 worth Rs. 3,23,000.00
towards expenditure in connection with Community Based Primary Health
Care Service.****Ref. : Your requisition submitted under memo no. 874/M/Gen/08 dt. 24.11.2008.****Sir,**

With reference to above, an A/C payee demand draft bearing no. 761228 dt. 03.01.2009, on SBI, Salt Lake for an amount of Rs. 3,23,000/- (Rupees Three lakhs twenty three thousand) only is released to meet up concomitant expenditure in connection with Community Based Primary Health Care service in your ULB. The said fund is released under the following A/C heads :

Item of Expenditure	Amount released (in Rs.)
Honorarium	1,57,000.00
Salaries	94,000.00
Rent	12,000.00
Drug	45,000.00
Operating Cost	15,000.00
Total	3,23,000.00

You are requested kindly to send your authorized representative along with money receipt to collect the said draft from the A/C section of SUDA.

You are also requested kindly to submit monthly Statement of Expenditure (SOE) along with receipted copies of bills & vouchers and quarterly Utilisation Certificate (UC) as laid down in the Financial Guideline.

Yours faithfully,

Director, SUDADate **:-06.01.2009****SUDA-Health/20(Accounts)/08/358(1)**

Cashier, SUDA

Director, SUDA

SUDA

STATE URBAN DEVELOPMENT AGENCY

HEALTH WING

"ILGUS BHAVAN"

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

Ref No. **SUDA-Health/15(Accounts)/08/356**

Date **06.01.2009**

From : Director, SUDA

**To : The Chairman
Mathabhanga Municipality**

**Sub. : Release of 2nd installment of fund of FY 2008-09 worth Rs. 65,000.00
towards expenditure in connection with Community Based Primary Health
Care Service.**

**Ref. : Your requisition submitted under memo no. MM/HHW/Requisition/50/08
dt. 12.11.2008.**

Sir,

With reference to above, an A/C payee demand draft bearing no. 761229 dt. 03.01.2009, on SBI, Salt Lake for an amount of Rs. 65,000/- (Rupees Sixty five thousand) only is released to meet up concomitant expenditure in connection with Community Based Primary Health Care service in your ULB. The said fund is released under the following A/C heads :

Item of Expenditure	Amount released (in Rs.)
Salaries	65,000.00
Total	65,000.00

You are requested kindly to send your authorized representative along with money receipt to collect the said draft from the A/C section of SUDA.

You are also requested kindly to submit monthly Statement of Expenditure (SOE) along with receipted copies of bills & vouchers and quarterly Utilisation Certificate (UC) as laid down in the Financial Guideline.

Yours faithfully,

Director, SUDA

Date :-06.01.2009

SUDA-Health/15(Accounts)/08/356(1)

Cashier, SUDA

Director, SUDA

SUDA

STATE URBAN DEVELOPMENT AGENCY

HEALTH WING

"ILGUS BHAVAN"

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

Ref No SUDA-Health/21(Accounts)/08/357

Date 06.01.2009

From : Director, SUDA

**To : The Chairman
Mirik Municipality**

Sub. : Release of 3rd installment of fund of FY 2008-09 worth Rs. 69,000.00 towards expenditure in connection with Community Based Primary Health Care Service.

Ref. : Your requisition submitted under memo no. 13/I-38/mm dt. 15.12.2008.

Sir,

With reference to above, an A/C payee demand draft bearing no. 761230 dt. 03.01.2009, on SBI, Salt Lake for an amount of Rs. 69,000/- (Rupees Sixty nine thousand) only is released to meet up concomitant expenditure in connection with Community Based Primary Health Care service in your ULB. The said fund is released under the following A/C heads :

Item of Expenditure	Amount released (in Rs.)
Honorarium	58,000.00
Salaries	11,000.00
Total	69,000.00

You are requested kindly to send your authorized representative along with money receipt to collect the said draft from the A/C section of SUDA.

You are also requested kindly to submit monthly Statement of Expenditure (SOE) along with receipted copies of bills & vouchers and quarterly Utilisation Certificate (UC) as laid down in the Financial Guideline.

Yours faithfully,

Director, SUDA

Date :-06.01.2009

SUDA-Health/21(Accounts)/08/357(1)

Cashier, SUDA

Director, SUDA

SUDA

STATE URBAN DEVELOPMENT AGENCY

**HEALTH WING
"ILGUS BHAVAN"**

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

Ref No. SUDA-Health/26(Accounts)/08/355

Date 06.01.2009

From : Director, SUDA

To : The Chairman
Old Malda Municipality

Sub. : Release of 2nd installment of fund of FY 2008-09 worth Rs. 4,50,000.00 towards expenditure in connection with Community Based Primary Health Care Service.

Ref. : Your requisition submitted under memo no. 1074 dt. 24.10.2008.

Sir,

With reference to above, an A/C payee demand draft bearing no. 761231 dt. 03.01.2009, on SBI, Salt Lake for an amount of Rs. 4,50,000/- (Rupees Four lakhs fifty thousand) only is released to meet up concomitant expenditure in connection with Community Based Primary Health Care service in your ULB. The said fund is released under the following A/C heads :

Item of Expenditure	Amount released (in Rs.)
Honorarium	2,87,000.00
Salaries	1,18,000.00
Operating Cost	45,000.00
Total	4,50,000.00

You are requested kindly to send your authorized representative along with money receipt to collect the said draft from the A/C section of SUDA.

You are also requested kindly to submit monthly Statement of Expenditure (SOE) along with receipted copies of bills & vouchers and quarterly Utilisation Certificate (UC) as laid down in the Financial Guideline.

Yours faithfully,

Director, SUDA

Date :-06.01.2009

SUDA-Health/26(Accounts)/08/355(1)

Cashier, SUDA

Director, SUDA

SUDA

STATE URBAN DEVELOPMENT AGENCY

HEALTH WING

"ILGUS BHAVAN"

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

Ref No.

SUDA-Health/01(Accounts)/08/353

Date **06.01.2009**.....

From : Director, SUDA

**To : The Chairman
Sonamukhi Municipality**

**Sub. : Release of 4th installment of fund of FY 2008-09 worth Rs. 3,32,000.00
towards expenditure in connection with Community Based Primary Health
Care Service.**

Ref. : Your requisition submitted under memo no. 87/HHW/Sm dt. 12.12.2008.

Sir,

With reference to above, an A/C payee demand draft bearing no. 761232 dt. 03.01.2009, on SBI, Salt Lake for an amount of Rs. 2,35,000/- (Rupees Two lakhs thirty five thousand) only is released to meet up concomitant expenditure in connection with Community Based Primary Health Care service in your ULB. The said fund is released under the following A/C heads :

Item of Expenditure	Amount released (in Rs.)
Honorarium	1,18,000.00
Salaries	78,000.00
Operating Cost	39,000.00
Total	2,35,000.00

You are requested kindly to send your authorized representative along with money receipt to collect the said draft from the A/C section of SUDA.

You are also requested kindly to submit monthly Statement of Expenditure (SOE) along with receipted copies of bills & vouchers and quarterly Utilisation Certificate (UC) as laid down in the Financial Guideline.

Yours faithfully,


Director, SUDA

Date ... **06.01.2009**

SUDA-Health/01(Accounts)/08/353(1)

Cashier, SUDA


Director, SUDA

SUDA

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

Ref No. SUDA-Health/49 (Accounts)/08/352

Date 06.01.2009

From : Director, SUDA

To : The Chairman
Taherpur N.A.ASub. : Release of 3rd installment of fund of FY 2008-09 worth Rs. 2,74,000.00 towards expenditure in connection with Community Based Primary Health Care Service.

Ref. : Your requisition submitted under memo no. 558/08-09/T.N.A.A dt. 20.10.2008.

Madam,

With reference to above, an A/C payee demand draft bearing no. 76 12 33 dt. 03.01.2009, on SBI, Salt Lake for an amount of Rs. 2,74,000/- (Rupees Two lakhs and Seventy four thousand) only is released to meet up concomitant expenditure in connection with Community Based Primary Health Care service in your ULB. The said fund is released under the following A/C heads :

Item of Expenditure	Amount released (in Rs.)
Honorarium	1,55,000.00
Salaries	1,08,000.00
Operating Cost	16,000.00
Total	2,79,000.00

Fund for procurement of drugs, equipment & furniture as requisitioned by you, will be released on receipt of copy of Work Order issued by you in this regard.

You are requested kindly to send your authorized representative along with money receipt to collect the said draft from the A/C section of SUDA.

You are also requested kindly to submit monthly Statement of Expenditure (SOE) along with receipted copies of bills & vouchers and quarterly Utilisation Certificate (UC) as laid down in the Financial Guideline.

Yours faithfully,

Director, SUDA

Date :-06.01.2009

Director, SUDA

SUDA-Health/49 (Accounts)/08/352(1)
Cashier, SUDA

SUDA

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

Ref No. SUDA-Health/31 (Accounts)/08/351

Date ...06:01:2009

From : Director, SUDA

To : The Chairman
Tamluk MunicipalitySub. : Release of 3rd installment of fund of FY 2008-09 worth Rs. 4,05,000.00 towards expenditure in connection with Community Based Primary Health Care Service.

Ref. : Your requisition submitted under memo no. 46/Health/T.M/08 dt. 05.12.2008.

Sir,

With reference to above, an A/C payee demand draft bearing no. 761234 dt. 03.01.2009, on SBI, Salt Lake for an amount of Rs. 4,05,000/- (Rupees Four lakhs and five thousand) only is released to meet up concomitant expenditure in connection with Community Based Primary Health Care service in your ULB. The said fund is released under the following A/C heads :

Item of Expenditure	Amount released (in Rs.)
Honorarium	2,59,500.00
Salaries	1,00,500.00
Rent	15,000.00
Operating Cost	30,000.00
Total	4,05,000.00

You are requested kindly to send your authorized representative along with money receipt to collect the said draft from the A/C section of SUDA.

You are also requested kindly to submit monthly Statement of Expenditure (SOE) along with receipted copies of bills & vouchers and quarterly Utilisation Certificate (UC) as laid down in the Financial Guideline.

Yours faithfully,

SUDA-Health/31 (Accounts)/08/351(1)
Cashier, SUDA

o/c

Director, SUDA

Date :-06.01.2009

Director, SUDA

SUDA

STATE URBAN DEVELOPMENT AGENCY

**HEALTH WING
"ILGUS BHAVAN"**

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

Ref No. SUDA-Health/23 (Accounts)/08/350

Date 06.01.2009

From : Director, SUDA

To : The Chairman
Tarakeswar Municipality

Sub. : Release of 2nd installment of fund of FY 2008-09 worth Rs. 3,32,000.00 towards expenditure in connection with Community Based Primary Health Care Service.

Ref. : Your requisition submitted under memo no. TM/HHW/2008/27 dt. 18.12.2008.

Sir,

With reference to above, an A/C payee demand draft bearing no. 761235 dt. 03.01.2009, on SBI, Salt Lake for an amount of Rs. 3,32,000/- (Rupees Three lakhs thirty two thousand) only is released to meet up concomitant expenditure in connection with Community Based Primary Health Care service in your ULB. The said fund is released under the following A/C heads :

Item of Expenditure	Amount released (in Rs.)
Honorarium	1,77,000.00
Salaries	1,25,000.00
Operating Cost	30,000.00
Total	3,32,000.00

You are requested kindly to send your authorized representative along with money receipt to collect the said draft from the A/C section of SUDA.

You are also requested kindly to submit monthly Statement of Expenditure (SOE) along with receipted copies of bills & vouchers and quarterly Utilisation Certificate (UC) as laid down in the Financial Guideline.

SUDA-Health/23 (Accounts)/08/350(1)
Cashier, SUDA

D/C.

Yours faithfully,

Director, SUDA
Date :- 06.01.2009

Director, SUDA

**SUDA**

রাজ্য নগর উন্নয়ন সংস্থা

STATE URBAN DEVELOPMENT AGENCY

“ইলগাস ভবন”, এইচ-সি ব্লক, সেক্টর-৩, বিধাননগর, কলকাতা ৭০০ ১০৬, পশ্চিমবঙ্গ

“ILGUS BHAVAN”, H-C Block, Sector - III, Bidhannagar, Kolkata - 700 106, West Bengal

ক্রমিক নং SUDA-67/2006/1519

তারিখ 24.12.2008

From : Director, SUDA
To : The Manager,
State Bank of India,
Salt Lake City, Kolkata - 700 091.

**Sub : Preparation of Account Payee Demand Draft
Current Account No.10836424685.**

Community Based Primary Health Care Services

Sir,

You are requested to kindly arrange for preparation of the following Account Payee Demand Drafts as per details given below, debiting the amount from this office Current Account No.10836424685 lying with your branch in respect of Community Based Primary Health Care Services.

Sl. No.	Name of Payee	Amount (in Rs.)	SBI Branch
1.	Chairman, Basirhat Municipality	8,46,000.00	Basirhat
2.	Chairman, Contai Municipality	4,10,000.00	Contai
3.	Chairman, Dainhat Municipality	30,000.00	Dainhat
4.	Chairman, Gangarampur Municipality	2,39,000.00	Rajibpur
5.	Chairman, Ghatal Municipality	2,75,000.00	Ghatal
6.	Chairman, Gobordanga Municipality	1,42,000.00	Gobordanga
7.	Chairman, Haldia Municipality	3,68,000.00	Haldia Port
8.	Chairman, Islampur Municipality	1,22,000.00	Islampore
9.	Chairman, Jhargram Municipality	5,40,000.00	Jhargram
10.	Chairman, Jainagar-Mazilpur Municipality	40,500.00	Baruipur
11.	Chairman, Jhalda Municipality	2,42,000.00	Jhalda
12.	Chairman, Katwa Municipality	4,00,000.00	Katwa
13.	Chairman, Kharar Municipality	4,03,000.00	Kharar
14.	Chairman, Kurseong Municipality	3,23,000.00	Kurseong
15.	Chairman, Mathabhanga Municipality	65,000.00	Cooch Behar
16.	Chairman, Mirik Municipality	69,000.00	Mirik
17.	Chairman, Old Malda Municipality	4,50,000.00	Malda
18.	Chairman, Sonamukhi Municipality	2,35,000.00	Sonamukhi
19.	Chairman, Taherpur N.A.A.	2,79,000.00	Ranaghat
20.	Chairman, Tamluk Municipality	4,05,000.00	Tamluk
21.	Chairman, Tarakeswar Municipality	3,32,000.00	Tarakeswar
Total		62,15,500.00	
(Rupees Sixty Two Lakh Fifteen Thousand Five Hundred only)			

(Debasis Mitra)
Joint Secretary
M.A.Department, GOWB

(C.Sircar)
Director
SUDA

OFFICE OF THE MUNICIPALCOUNCILLORS OF BASIRHAT
North 24 Parganas

Chh
8.12.08

Ref. No.:...B.M.C.B.P.H.C.S- 43

Date:....1/12/08.....

From,

Narayan Mukherjee
Chairman, Basirhat Municipality



To,
The Director, S.U.D.A.,
Health Wing, 'ILGUS BHAVAN'
H.C. Block Sec.- III,
Salt Lake,
Kolkata - 700 091

Subject: Requisition for the period of July-2008 to
September-2008 of Basirhat Municipality for
Community Based Primary Health Care Services.

Sir / Madam ,

With reference to above, I am sending requisition for the period of July-2008 to September-2008 of Community Based Primary Health Care Service under Basirhat Municipality.

Thanking You.

Yours Faithfully,

Narayan Mukherjee
Narayan Mukherjee
Chairman
Basirhat Municipality

OFFICE OF THE MUNICIPAL COUNCILLORS OF BASIRHAT
NORTH 24 PARGANAS

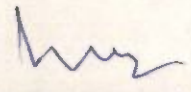
Requisition of Fund for the period July 2008 to September 2008

Sl. no.	Item of Expenditure	Expenditure (Amount in Rs.)	Sl. No.	Item of Expenditure	Expenditure (Amount in Rs.)
	Non-Recurring			Recurring	
1	Equipment	320000.00	9	Honorarium	
				HHW	114000.00
				FTS	28080.00
				Puja EX-gratoin & arrear enhanced Honorarium	326988.00
2	Furniture	160000.00	10	Salaries	112500.00
3	Construction (Not applicable for the present)		11	Rent	24000.00
	a) Sub-Centre		12	Training	191000.00
	b) OPD cum Maternity Home		13	Drug	500000.00
	c) OPD		14	I.E.C.	16000.00
4	I.E.C. & Materials	16000.00	15	Operating Cost (Sundries, printing, postage & telephone, TA / DA etc.)	
5	Renovation Works				
6	Base Line Survey				
7	Family Schedule, Training manual, HMIS format & HHW				
9	Strengthening of existing Maternity Homes & Dispensaries				
					45000.00
				Total	1662568.00

30432.00
~~30000~~
 45000.00
 846000.00

The amount has not been preferred earlier.


 Finance Officer
 Basirhat Municipality
 09.12.08.


 Chairman/ Vs. Chairperson
 Basirhat Municipality
 09/12/08

Rs. 8.46 Lakhs.
 may be released

OFFICE OF THE MUNICIPAL COUNCILLORS OF BASIRHAT

North 24 Parganas

Ref. No. B.M/CBPHCS-41.

Date 19/11 2008

From:

Sri Narayan Mukherjee
Chairman, Basirhat Municipality

To
The Director
SUDA (Health wings)
Ilgus Bhavan
H-C block, sector-III
Bidhan Nagar
Kolkata-91 (West Bengal)

Sub:- Requirements of fund for payment of Puja Ex-gratia and enhanced of honorarium in respect of grass root level Health functionaries working under CBPHCS of Basirhat Municipality.

Sir,

With reference to above, I am to submit below the requirement of fund to meet the above expenditure under ~~community~~ community Based Primary Health Care services of Basirhat Municipality. In this connection it may kindly be noted that honorarium at the enhanced rates are being paid from the month of October 2008.

I would therefore earnestly request you to allot the fund at your earliest convenience so that arrear enhanced honorarium may be paid by this Municipality to the F.T.S. and H.H. Workers.

Thanking you.

- a) Puja Ex-gratia payment has already been made ----- Rs. 31,488.00
- b) Enhanced honorarium for F.T.S. from May 2008 to Sept, 2008 i.e. 5 month (6heads) ----- Rs. 30,000.00
- c) Enhanced honorarium of H.H. workers ~~is~~ from June 2007 to March, 2008 i.e. 10 months (38 heads) ----- Rs. 94,500.00
- d) Enhanced honorarium of H.H. workers from April 2008 to Sept, 2008 i.e. 6 months ----- Rs. 1,71,000.00

Rs. 3,26,988.00

(Rupees three lakhs twenty six thousand nine hundred eighty eight only)



A. K. S.
Chairman,
BASIRHAT MUNICIPALITY
09/12/08

Yours faithfully

[Signature]
Chairman

OFFICE OF THE MUNICIPAL COUNCILLORS OF BASIRHAT

North 24 Parganas

Ref. No. B.M./C.B.P.H.C.S - 41Date 19/11 2008.....

From :

Sri Narayan Mukherjee
Chairman, Basirhat Municipality

To
The Director
SUDA (Health wings)
Ilgus Bhavan
H-C block, sector-III
Bidhan Nagar
Kalkota-91(West Bengal)

Sub:- Requirments of fund for payment of Puja Ex-gratia and enhanced of honararium in respect of grass root level Health functionaries working under CBPHCS of Basirhat Municipality.

Sir,

With reference to above, I am to submit below the requirment of fund to meet the above expenditure under ~~community~~ community Based Primary Health Care services of Basirhat Municipality. In this connection it may kindly be noted that honorarium at the enhanced rates are being paid from the month of October' 2008.

I would therefore earnestly request you to allot the fund at your earliest convenience so that arrear enhanced honorarium may be paid by this Municipality to the F.T.S. and H.H. Workers.

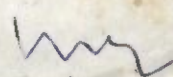
Thanking you.

- a) Puja Ex-gration payment has already been made ----- Rs. 31,488.00
- b) Enhanced honorarium for F.T.S. from May 2008
to Sept, 2008 i.e. 5 month (8heads) ----- Rs. 30,000.00
- c) Enhanced honorarium Of H.H.workers ~~fr~~ from
June 2007 to March, 2008 i.e. 10 months (38 heads)-----Rs. 94,500.00
- d) Enhanced honorarium of H.H. workers from
April 2008 to Sept, 2008 i.e. 6 months -----Rs. 1,71,000.00

 Rs. 3,26,988.00

(Rupees three lakhs twenty six thousand nine hundred eighty eight only)

Yours faithfully


Chairman
Basirhat Municipality



HALL PHARMACEUTICAL DISTRIBUTORS

97/99, SRI AROBINDA ROAD
HOWRAH - 711106
WEST BENGAL, INDIA

Phone & Fax : 2665 - 0860 (Off);
2352 - 4203 (Resi.), Area code - 033
Mobile : 94331 38757 / 9433748326
E-mail : halphadis@rediffmail.com

No: 20 / 08

20.10.2008.

INVOICE

The Chairman & The President.
D.F.I. D Assisted H. H. W. Scheme.
Bashirhat Municipality.
P.O. Bashirhat.
Dist: 24 Parganas (North) .

Your Order No: BMC.BP.H.C.S.-18 DATED 22.09.2008.

Sl.No.	Product	Quantity	Batch No:	Rate. Rs	Amount Rs
1	Tab. Combined Gastric Antacid. 10's	2100 stp.	T5- 1421	4.50	9450.00
2	Tab. Ranitidin 150 mg. 10's	1000 stp.	T5-1498	4.40	4400.00
3	Tab. Domperidon 10 mg. 10's	520 stp.	T10-969	8.00	4160.00
4	Tab. Bromohexine 8mg. 10's	2160 stp.	T8-1671	4.00	8640.00
5	Tab. Chlorpheniramine maleate 4mg 10's	1080 stp.	T8-1678	1.00	1080.00
6	Tab. IFA (large) 10's	4360 stp.	T8-1683	4.00	17440.00
7	Tab. IFA (small) 10's	4360 stp.	T8-1682	2.00	8720.00
8	Tab. Albendazole 400mg. 1's				
9	Tab. Metronidazole 400mg. 10's	1340 stp.	OGT-01	5.20	6968.00
		2000 stp	84 BT	5.20	10400.00
10	O R S Citrate 21 gms Sachet	4375 sachet		4.80	21000.00
11	Tab. Dicyclomine 20mg. 10's	600 stp	T11-1036	2.60	1560.00
12	Tab. Paracetamol 500mg. 10's	4000 Stp	8441T	3.50	14000.00
13	Tab. Ibuprofen 400 mg. 10's	200 stp	CT-1489	5.00	1000.00
		250 stp		5.00	1250.00
14	Tab. Co Trimoxazole (Adult) 10's	800 stp	CST-01	6.20	4960.00
15	Tab. Co Trimoxazole (Paediatric) 10's	1000 stp	T5 -1465	2.50	2500.00
16	Chloramphenicol Eye Aplicap	1200 apli	JC89002	0.80	960.00
17	Absorbent Cotton 100gms	320 pcs		16.50	5280.00
18	Absorbent Gauze (Sterilised) doz	320x10's		44.00	14080.00
19	Benzyl Benzoate Lotion 25%/100ml	240 bots	032		3840.00
20	Povidone Iodine Oint. 5% 15gms	2640 tube	O-315	9.50	25080.00
21	Antibiotic Powder 10gms	400 phs	1080083	35.00	14000.00
22	Microspore 1/2"	240		12.00	2880.00
					183648.00
	One Lakh Ninety thousand nine hundred & ninety four only.			VAT 4%	7346.00
				Total	190994.00

D. Datta
5/11/08

Medical Officer,
Government Based
Pharmacy
Care S...

VAT No: 19721175052

For- Hall Pharmaceutical Distributors.

AB Datta

Partner.

Certified that the above mentioned
Medicine has been received in good condition and enlisted in
office Stock Register Book NO- 1

Suria iv Page 74

Principal Das.
M.S. CUM Clerk
C.B.P.S.C.
Bashirhat



HALL PHARMACEUTICAL DISTRIBUTORS

97/99, SRI AROBINDA ROAD
HOWRAH - 711106
WEST BENGAL, INDIA

Phone & Fax : 2665 - 0860 (Off):
: 2352 - 4203 (Resi.), Area code - 033
Mobile : 94331 38757 / 9433748326
E-mail : halphadis@rediffmail.com

INVOICE

Date...20.10.2008.

No: 21/ 08

To

The Chairman,
DFID Assisted, HHW Scheme,
Bashirhat Municipality,
P.O. Bashirhat
Dist : 24 Parganas (North) .

Dear sir,

We are supplying our Surgical goods and Apparatus for your
Eight Sub centre only.

Your Order No: B.M.C.B.P.H.C.S. -20 Dated 20.09.2008.

Surgical Apparatus

Sl. No	Brief Description	Unit	Quantity	Rate	Amount
1.	Patient Examination Table. 1800 x 600 x 750 mm	1	8	Rs 3250.00	Rs 26000.00
2.	Step for Patient use.	1	8	Rs 850.00	Rs 6800.00
3.	Screen Partion in 3 folds	1	8	Rs 1850.00	Rs 14800.00
4.	Bowl stand with 3 legs.	1	8	Rs 550.00	Rs 4400.00
					Rs 52000.00
				Vat 4%	Rs 2080.00
					Rs 54080.00

Vat No : 1975 1172 052

For - Hall Pharmaceutical Distributors.

Partner.

20/10/08
Medical Officer,
Community Based
Primary Health
Care Services,
Bashirhat Municipality

Certified that the above mentioned Surgical goods and Apparatus
has been received in good condition and Enlisted in above Stock
Register Book No-6

Proclippas
M.S. Clerk
B.M.C.B.P.H.C.S.
Bashirhat Municipality

MEDISPHERE BIOTECH INDIA PVT. LTD.
85E RAJA DINENDRA STREET,
KOLKATA - 700 006

Invoice No: 008/08-09

Dated: 29.10.08

Challan No: 008/08-09

Dated: 29.10.08

To,
THE CHAIRMAN
OFFICE OF THE MUNICIPAL COUNCILLORS OF BASHIRHAT
North 24 Pgs.

Order No: BM/C.B.P.H/E.S-19

Dated: 22.09.08

Qty	Item Description	Unit Rate	Vat Rate	Amount
8	Steel Almirah without Locker Size: 1980x910x480 mm	5000.00		40000.00
16	Office Table Size: 36"L x 24"W x 27"H, With three drawer	1700.00		27200.00
24	Steel Chair with Arms	1600.00	VAT INCULDED	38400.00
80	Plastic Moulded Chair without Arm	310.00		24800.00
16	Revolving Stool Steel	900.00		14400.00
16	Satarangi (Dari) Size: 9' x 12'	625.00		10000.00

TOTAL

154,800.00

In words: (RUPEES ONE LAKH FIFTY FOUR EIGHT HUNDRED ONLY)

E & O.E.

Subject to kolkata jurisdiction

Enco: () Copies signed Challan herewith
WB Vat No: 19351807006
Cent Vat No: 19351807297
PAN No: AAECM2128E

For: MEDISPHERE BIOTECH INDIA PVT LTD

Certified that the above mentioned furniture
has been received in good condition and entered in office stock
Register Book No- 6

Pradip Das.
5/11/08
M.S. Clerk
C.B.P.H.C.S.
Bashirhat Municipality.

Dr. *[Signature]*
5/11/08
Medical Officer,
Community Based
Primary Health
Care Services,
Bashirhat Municipality.

Pl. atten. Dr. Goswami, Health Lines, SUDA

*Chk on
12.12.08*



Office of the Councillors
Contai Municipality

S.T.D.-03220
255017/2550271
257377/2553121
257078
Fax : 255577

P.O.- Contai :: Dist.-Purba Medinipur

Date..11.12.08

No. CM-54/H.S.-12

From: Chairman / Vice-Chairman / Councillor / Executive Officer



To
The Director,
State Urban Development Agency,
ILGUS BHAVAN,
HC-Block, Sector-III,
Bidhannagar, Kolkata-700091.

Sub: - Submission the Requisition of Fund for the period January, '09-March, '09.

Madam,

I would like to draw your kind attention that a sum of Rs.13,16,702/- (Rupees thirteen lac sixteen thousand seven hundred two) only has been sanctioned during the year 2008-09 in favour of Contai Municipality under HHW A/C and a sum of Rs. 11,17,037/- (Rupees eleven lac seventeen thousand and thirty-seven) only has been utilized during the period April, '08 to Dec. '08 i.e 84.83% of the grant amount was utilized.

Therefore, I am submitting herewith the Requisition of Fund under CBPHCS for the period January, '09-March, '09 amount of Rs 5,54,800/- (Rupees five lac fifty-four thousand eight hundred) only.

Hence, I would request you to release further grant for the expedite for execute the said programme.

Thanking you,



Yours faithfully,

[Signature]
11-12-08
Chairman,
Contai Municipality,
Contai Municipality.

Enclo: - As Stated.

OFFICE OF THE COUNCILLORS, CONTAI MUNICIPALITY,		
Contai :: Purba Medinipur.		
Requisition of fund for the period Jan.'09-Mar.'09.		
Sl.No	Item of expenditure	Expenditure (Amount in Rs.)
1	Equipment:	
	a) for Training	
	b) Management & Supervision Cell (Sub-Centre) 5 Nos	
2	Furniture: (Sub Centre)	
	a) for Training (due)	
	b) for Management & Supervision Cell (due)	
3	construction:(Not applicable for the present)	
	a)Sub-Centre	
	b)OPD cum Maternity Home	
	c)OPD	
4	IEC & Materials	
5	Renovation Works	
6	Base Line Survey	
7	Family Schedule, Training Manual, HMS format & HHW Kit.	
8	Strengthening of existing Maternity Homes & Dispensaries (Not applicable for the present)	
9	Honorarium:	
	a) Rs. 1750/-X3m(Jan.'09-Mar.'09)X28 HHWs	Rs. 1,36,500.00
	b) Rs. 1920/- x3m (Jan.'09-Mar.'09)x 5 FTS	Rs. 28,800.00
10	Salary: Rs.28,500/-x3m (Jan.'09-Mar.'09)	Rs. 79,500.00
11	Training	
12	Drug: Rs. 8,000/-X 5 SC X6m (3rd &4th Quarter)	
13	IEC: Rs 2000/- X 5 SC	Rs 2,40,000.00 1,20,000.00
	Operating cost (Sundries,printing,postage&Tele Phone,T.A/D A etc.): Rs. 3000/- X 5 SC X 3m	Rs 10,000.00 X 30,000.00
14	Rent (Sub-centre): Rs.1000/-X5 SC X3m	Rs 45,000.00
15	Total:	Rs 15,000.00 Rs. 5,54,800.00

Rs. 4.10 lakhs.
may be released.



11-12-2008
Chairman
Contai Municipality
Chairman,
Contai Municipality.

Memo No 39/1 /DM/Health Dt. 10.11.08


Submission of Consolidated Expenditure

Requisition of fund for 3 months is to be submitted by the Chairperson / Vice-Chairperson Director SUDA as per format along with a forwarding letter.

Requisition of fund for the period 15th October to 10th November-2008

Sl. No.	Items	Requisitioned Amount in Rs.
	Non-Recurring	
1.	Equipment	-----
2.	Furniture	-----
3.	Construction: (Not applicable for the present)	
	a) Sub-Centre	----
	b) OPD cum Maternity Home	---
	c) OPD	----
4.	I.E.C & Materials	----
5.	Renovation Works	-
6.	Base Line Survey	-
7.	Family Schedule, Training manual, HMIS format & HHW Kit bag	----
8.	Strengthening of existing Maternity Homes & Dispensaries (Not applicable for the present)	-
	Recurring	
9.	Honorarium	-----
10.	Salaries	25500.00
11.	Rent	-
12.	Training	-
13.	Drug	-----
14.	I.E.C.	
15.	Operating Cost (sundries, Printing, Postage & telephone, TA/DA etc., Honorarium of M.O.)	3900.00
	TOTAL	29400.00

Rs. 0.30 lakhs.
may be released.
S


Chairman 10-11-08
Dainhat Municipality

SUDA

Community Based Primary Health Care Services in 63 Non-KMA ULBs
Guideline on SOE, UC and Requisition of Fund

Submission of Statement of Expenditure (SOE)

- SOE is to be submitted to this office by 10th of the following month which will include
 - a) Forwarding letter by Chairperson / Vice-Chairperson addressed to the Director, SUDA.
 - b) Status of fund received & SOE submitted at Annexure - I.
 - c) Monthly summary sheet on SOE at Annexure - II.
 - d) Voucher details Statement at Annexure - III.
 - e) Xerox copy of vouchers relating to vouchers details statement duly authenticated by either Chairperson or Vice-Chairperson of the Municipality.
- Pay order for each type of expenditure is to be given either by the Chairperson or Vice-Chairperson of the municipality concerned.

Passed for Payment of Rs..... (Rupees.....) Only to be debited to..... <p style="text-align: right;">Chairman / Vice-Chairman</p>

- Revenue stamp for the payment exceeding Rs. 5,000/- (Rupees five thousand) only is to be affixed in the Bill / Receipt.
- Advance payment should not be treated as expenditure. In such cases, final adjustment vouchers will be treated as expenditure and included in SOE.
- Stock certificate is to be endorsed on the procurement bill (i.e. Entered in Assets / Stock Register at Page No Under Serial No)
- Gross Expenditure (including P. Tax, I. Tax, Security Deposit etc.) is to be booked and shown on SOE.

Submission of Requisition of Fund

Requisition of Fund for 3 months (October,2008 to December,2008) for the CBPHCS (HHW) is hereby submitted to the Director, State Urban Development Agency, Kolkata

Sl.No	Item of expenditure	Expenditure (Amount in Rs.)
	Non Recurring	nil
1	Equipment (For 4 Nos Sub Centre)	nil
2	Furniture (For 4 Nos Sub Centre)	nil
3	Construction (Not applicable for the present)	nil
	a) Sub-Centre	nil
	b)OPD cum maternity Home	nil
	c)OPD	nil
4	IEC & Materials	nil
5	Renovation works	nil
6	Base line survey	nil
7	Family Schedule, Training manual, HMIS format & HHW Kitbag	nil
8	Strengthening of existing Maternity Homes & Dispensaries (Not applicable for the present)	nil
	Recurring	nil
9	Honorarium (HHW/FTS) @ Rs. 1750/ X 18 for HHW= Rs.31,500 X3 = 94,500 @ Rs. 1920/ X 4 for FTS = <u>Rs. 7680 X 3 = 23,040</u> Total Rs 1,17,540=00	Rs 1,17,540=00
10	Salaries for the staff of M.S.Cell. For (October to Dec'08) a 31,500 X3 = Rs. 94,500.00	Rs. 94,500.00
11	Rent	12,000=00
12		
13	Drug	2,00,000=00 ✓
14	I.E.C	16,000=00 ✓
15	Operating cost (Sundries,Printing,postage&Telephone,TA/DA etc)	15,000=00
	TOTAL	Rs.4,55,040=00

This is to certify that the amount as shown in the statement has been preferred earlier.

BS. 2.39 lakhs
mmj ee rekam.
[Signature]

[Signature]

Chairman
Gangarampur Municipality
Gangarampur, D/Dinajpur

Chairman
Gangarampur Municipality
Gangarampur, D/Dinajpur

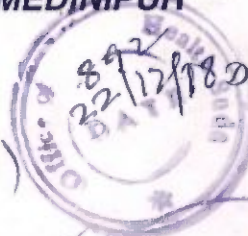
Chh. to
P.O. to
22-12-08.

S. T. D. 03225
Ph. No.- Office 255059
Resi.- 256-666

OFFICE OF THE COUNCILLORS OF THE GHATAL MUNICIPALITY

GHATAL * PASCHIM MEDINIPUR

From : **Chairman**, Ghatal Municipality.
P.O.- Ghatal, Dt.- Paschim Medinipur
Memo No. 1970



P.O. (H)
22/12



TO
THE DIRECTOR,
STATE URBAN DEVELOPMENT AGENCY
HC - BLOCK SECTOR -III
BIDHANNAGAR
KOLKATA - 700106

SUB - Submission of Requisition of fund for the period from December, 2008 to February, 2009 in connection with Community Based Primary Health Care Services

Sir,

I am sending the Requisition of fund for the period from December, 2008 to February, 2009 in connection with Community Based Primary Health Care Services of Ghatal Municipality .

Thanking you.

Encl. - As above



Yours faithfully,

Bchoudry

18.12.08

Chairman
Ghatal Municipality

Chairman
Ghatal Municipality

Requisition of fund for the period December 2008 to February 2009
Name of the Municipality : GHATAL

Sl.No.	Item of Expenditure	Expenditure	Sl.No.	Item of Expenditure	Expenditure
	Non - Recurring	Amount in Rs.		Recurring	Amount in Rs.
1	Equipment		9	Honorarium from December 2008 to February 2009	112290.00
2	Furniture		10	Arrear of Honorarium for the period from May 2007 to September 2008	132475.00
3	Construction :		11	Salaries	
	a) Sub - Centre		12	Rent	
	b) OPD Cum Maternity Home		13	Training	
	c) OPD		14	Drug	
4	I.E.C. & Materials		15	I.E.C.	
5	Renovation Works		16	Operating Cost (Sundries Printing, Postage & Telephone, TA/DA etc.)	45000.00 30000.
6	Base Line Survey				
7	Family Schedule, Training manual, HMIS format & HHW KIT				
8	Strengthening of existing Maternity Homes & Dispensaries				
				TOTAL	289765.00

275000.00

Rs. 2.75 lakhs may be added.

Behabry 18.12.08
Signature of Chairman
Ghatal Municipality
Chairman,
Ghatal Municipality

GOBARDANGA MUNICIPALITY

OFFICE OF THE BOARD OF COUNCILORS OF GOBARDANGA

P.O :- Gobardanga, P.S. :- Habra , Dist :- North 24 Parganas , Pin:- 743252

Tel : (03216) - 249436 / 248273

Fax : 03216-249436

MEMO NO. *491/GM/HHW/08*

Date *26. 11. 08*

From : **Bapi Bhattacharya**
Chairman
Gobardanga Municipality

To : **The Director , SUDA**
Health wing
Ilgus Bhabon
Bidhan Nagar
Kolkata - 91

Sub:- Requisition of Fund under H.H.W. ,Gobardanga Municipality

Madam,

I am enclosing here with Requisition of Fund which will be urgent required for purchase of other accessories as mended under HHW scheme.

In this connection, I would request you kindly to expedite the matter and release the fund as early as possible

Thanking you.

Yours faithfully



Chairman
Gobardanga Municipality



*Rs. 1.42 lakhs
may be released.*

Chairman

Requisition of fund 2008 -09

Salaries		
Honorarium for 5months	750 X 17 X 4 726 X 17 X 1	63,342.00*
Drug		
Furniture		
Operating cost		
Equipment		78,312.00
Total		1,41,654.00

***Note:- Enhanced rate@ 750 paid to H.H.W. workers for the month from May to Sept., 2008(750 X 17 X 4+726 X 17 X 1 =63,342.00*)**



Bd

Chairman
Gobardanga Municipality

Chowdhury

Municipal Form No. XXXVIII—Bill Form
BUDGET HEAD

The Municipal Councillors of Gobardanga

Voucher No. 17
Dt. 25/9/08
Cheque No. 175490

Year)

Pay to the H.H. workers their
bonarium for Sept '08 & enhance
rate from May to August '08
Arrear.

Rs. P.
80,342/-

(Rupees eighty thousand three
hundred forty two) only

80,342/-

Pay Rs. 80,342/- (Eighty thousand three hundred forty two) only Total Rs. (in words)
Debit ----- (100) only

Signature of Payee

Stamp

Chairman

CE OF THE MUNICIPAL COUNCILLORS OF GOBARDANGA

Honorarium of The H.H.W. Workers for The month of Sept., 2008 including
entance vat.

Sl. No	Name Of The H.H.W. Workers	Honorarium Per month	Total	Signature of the Candidate
1)	Sanjukta Das	1750/*-	1750/*-	Sanjukta Das.
2)	Jharna Das	1750/*-	1750/*-	Jharna Das.
3)	Sumita Bhakta	1750/*-	1750/*-	Sumita Bhakta
4)	Subita Biswas	1750/*-	1750/*-	Subita Biswas
5)	Sunita Chowdhury	1750/*-	1750/*-	Sunita Chowdhury
6)	Chhabi Singh	1750/*-	1750/*-	Chhabi Singh (Biswas)
7)	Shrabani Roy	1750/*-	1750/*-	Shrabani Roy
8)	Rajasree Banerjee	1750/*-	1750/*-	Rajasree Banerjee
9)	Rita Halder(Das)	1750/*-	1750/*-	Rita Halder.
10)	Arati Mondal(Biswas)	1750/*-	1750/*-	Arati Mondal (Biswas)
11)	Taslina Bibi	1750/*-	1750/*-	Taslina Bibi
12)	Bharati Sil	1750/*-	1750/*-	Bharati Sil
13)	Chandrima Mukherjee	1750/*-	1750/*-	Chandrima Mukherjee
14)	Modhumita Debnath	1750/*-	1750/*-	Modhumita Debnath
15)	Mousumi Sarkar	1750/*-	1750/*-	Mousumi Sarkar
16)	Piyali Dutta	1750/*-	1750/*-	Piyali Dutta
17)	Uttara Barman	1750/*-	1750/*-	Uttara Barman
		Total	29750/*-	

Soni
30

Subrata Saha
22/9/08

Dr. S. C. Kar
26/02/08

LIST OF THE MUNICIPAL COUNCILLORS OF GOBARDANGA
Honorarium of The H.H.W. Workers for The month of May,2008(Arear)

Sl.No	Name Of The H.H.W.Workers	Honorarium Per month (Arear)	Total	Signature of the Candidate
1)	Sanjukta Das	726/*-	726/*-	Soryukta Das.
2)	Jharna Das	726/*-	726/*-	Jharna Das.
3)	Sumita Bhakta	726/*-	726/*-	Sumita Bhakta.
4)	Subita Biswas	726/*-	726/*-	Sabita Biswas
5)	Sunita Chowdhury	726/*-	726/*-	Sunita Chowdhury
6)	Chhabi Singh	726/*-	726/*-	Chhabi Singh (Biswas)
7)	Shrabani Roy	726/*-	726/*-	Shrabani Ray
8)	Rajasree Banerjee	726/*-	726/*-	Rajasree Banerjee
9)	Rita Halder(Das)	726/*-	726/*-	Rita Halder.
10)	Arati Mondal(Biswas)	726/*-	726/*-	Arati Mondal (Biswas)
11)	Taslima Bibi	726/*-	726/*-	Taslima Bibi
12)	Bharati Sil	726/*-	726/*-	Bharati Sil
13)	Chandrima Mukherjee	726/*-	726/*-	Chandrima Mukherjee
14)	Modhumita Debnath	726/*-	726/*-	Modhumita Debnath
15)	Mousumi Sarkar	726/*-	726/*-	Mousumi Sarkar
16)	Piyali Dutta	726/*-	726/*-	Piyali Dutta
17)	Uttara Barman	726/*-	726/*-	Uttara Barman
		Total	12342/*-	

Prof.
B.O.

Sabita Saha
26/9/08

Dr. S.C. Kabi
M.O
26/02/08

OF THE MUNICIPAL COUNCILLORS OF GOBARDANGA
 arium of The H.H.W. Workers for The month of June to Aug.,2008(Arear)

Sl.No	Name Of The H.H.W. Workers	Honorarium Per month (Arear)	Total	Signature of the Candidate
1)	Sanjukta Das	2250/*-	2250/*-	Sonyukta Das.
2)	Jharna Das	2250/*-	2250/*-	Jharna Das.
3)	Sumita Bhakta	2250/*-	2250/*-	Sumita Bhakta
4)	Subita Biswas	2250/*-	2250/*-	Subita Biswas
5)	Sunita Chowdhury	2250/*-	2250/*-	Sunita Chowdhury
6)	Chhabi Singh	2250/*-	2250/*-	Chhabi Singh (Biswas)
7)	Shrabani Roy	2250/*-	2250/*-	Shrabani Ray
8)	Rajasree Banerjee	2250/*-	2250/*-	Rajashree Banerjee
9)	Rita Halder(Das)	2250/*-	2250/*-	Rita Halder.
10)	Arati Mondal(Biswas)	2250/*-	2250/*-	Arati Mondal (Biswas)
11)	Taslina Bibi	2250/*-	2250/*-	Taslina Bibi
12)	Bharati Sil	2250/*-	2250/*-	Bharati Sil
13)	Chandrima Mukherjee	2250/*-	2250/*-	Chandrima Mukherjee.
14)	Modhumita Debnath	2250/*-	2250/*-	Modhumita Debnath
15)	Mousumi Sarkar	2250/*-	2250/*-	Mousumi Sarkar
16)	Piyali Dutta	2250/*-	2250/*-	Piyali Dutta
17)	Uttara Barman	2250/*-	2250/*-	Uttara Barman
		Total	38250/*-	

Pr
 BO

Subrata Saha
 26/9/08

Dr. K. C. Kar
 26/09/08

MONDAL ENTERPRISES

GENERAL ORDER SUPPLIER & CONTRACTOR

COMPUTER HARDWARE, PAPER, PRINTER CARTIDGE, FLOPPY DISK, CD ROMS, PERIPHERALS
 KENTULBERIA, 24 PARGANAS (N), W.B., PIN CODE 743245

RECEIVED
 No. 276/GM/HHW/08
 Date 19-08-08
 Receiving Officer
 Gobardanga Municipality

To: *Reg. No. 1973*
Inv. No. 53
 M/s The Chairman
 Gobardanga Municipality
 Gobardanga, 24 Pgs (N)
 Pin Code: 743252

Bill No. 428
 Challan No. _____ Challan Date _____
 Order No. 276/GM/HHW/08
 Order Date 19-08-08

Item No.	Quantity	Particulars	Rate	Price	
				Rs.	P.
1.	2	Desktop P.C. Brand: Compaq	32,350/-	64,700	00
2.	2	Inkjet Colour Printer Brand: HP	2,800/-	5,600	00
3.	1	U.P.S. Brand: A.P.C.	2,500/-	5,000	00
4.	2	P.C. Installation Charge (Free)	600/-	-	-
			Total	75,300	00
			VAT (4%)	3,012	00
			TOTAL	78,312	00

*Checked and found correct
S. Saha
20/9/08*

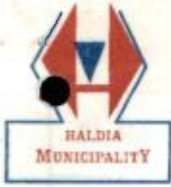
Jay
 Chairman
 Gobardanga Municipality

Rupees: Seventy Eight Thousand Three Hundred and Twelve Only

VAT NO-19652986089
 PAN NO-AIJP.15403C



For **MONDAL ENTERPRISES**
Debasish Mondal
 Proprietor



Office of the
Haldia Municipality

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

☎ : 03224-252996 / 252997
252644 / 253410 / 252718
Fax : 252154

Memo No. : 2976/HM/CBPHCS/08

Date : 14-11-08

To
The Director,
State Urban Development Agency,
Health Wing, "ILGUS Bhaban",
H.C. Block, Sector-III, Bidhan Nagar,
Kolkata - 700091, West Bengal.



Sub : Enhancement of Honorarium in respect of Grass Root Level Health Functionaries Working under CBPHCS.

Madam,

With reference to your letter No. SUDA/Health/63/ULB/08/16/209(63) dated - 15.9.08 on the above subject and to say that a statement of requisition of Fund for Bonus & arrear amount of Rs. 3,68,235/- (Rupees three lakhs sixty eight thousand two hundred thirty five) only has been prepared due to enhancement of Honorarium in respect of Grass Root Level Health Functionaries Working under CBPHCS under this Municipality.

In the meantime, it may be mentioned here that the Municipality has requested to release Rs. 9,20,000/- (Rupees nine lakhs twenty thousand) only for recurring expenditure like honorarium, salaries, drugs for CBPHC Scheme vide our Letter No. 2194/HM/CBPHCS/08 dated - 29.8.08 (copy enclosed) But no fund has yet released from your end.

In view of the position, I would request you kindly release Rs. 12,88,235/- (Rupees twelve lakhs eighty eight thousand two hundred thirty five) only for smooth running of the scheme at an early date.

Thanking you,

Yours faithfully,

Chairperson,
Haldia Municipality.



Rs. 3.68 lacs to be released

14/11/08

FA: 15,13,954

*Sof: 6,79,978 - upto salary, 08
90,240 - oel.*

7,70,218

Honorarium

M.T.

14/11/08



Office of the
Haldia Municipality

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

☎ : 03224-252996 / 252997
252644 / 253410 / 252718
Fax : 252154

Memo No. : 2194/HM/CB.P.H.CS/08

Date : 29-8-08

To
The Director,
State Urban Development Agency,
Health Wing,
Govt. of West Bengal,
ILGUS Bhawan,
HC Block, Sector-III, Salt Lake,
Bidhannagar, Kolkata - 700091.

Sub : Release of fund for Community Based
Primary Health Care Service.

Madam,

With reference to the above subject and to say that the fund for Community Based Primary Health Care Service within this Municipality is near to exhaust. The fund is required to met the recurring expenditure like Honorium, Salariues, Drug, IEC etc. for this scheme.

So, you are requested to release the fund for this purpose at an early date to run the scheme smoothly.

Thanking you,

Yours faithfully,


Chairperson,
Haldia Municipality.



28/8

Requisition of fund for the period upto oct'08

Sl. No.	Item of Expenditure	Expenditure (Amount in Rs.)
Non-Recurring		
1	Equipment for sub centre -Rs225000 (9 sub centre @Rs.25000 each)	0
2	Furniture for sub centre Rs.180000 (9 sub centre @ Rs.20000 each)	0
3	Construction (Not Applicable for the present)	0
	a) Sub-Centre	0
	b) OPD cum Maternity Home	0
	c) OPD	0
4	I.E.C & Meterials	0
5	Renovation works	0
6	Base Line Survey	0
7	Family Schedule Training manual, HMIS format & HHW Kit	0
8	Strengthening of existing Maternity Homes & Dispensaries (not applicable for the present)	0
SUB TOTAL (NON-RECURRING)		0
Recurring		
9	Honorarium	350000
10	Salaries	225000
11	Rent	0
12	Training	0
13	Drug	300000
14	I.E.C.	15000
15	Operating Cost (Sundries, Printing, Postage & Telephone, T.A. / D.A. etc)	30000
SUB TOTAL (RECURRING)		920000
GRAND TOTAL (NON-RECURRING + RECURRING)		920000



Chairperson
Balda Municipality

[Signature]
28/8

Requisition of fund for the period 2008 to 2009.200

761222

Sl. no.	Item of Expenditure	Expenditure (Amount in Rs.)
Non- Recurring		
1.	Equipment	Rs. 1,00,000 = 00
2.	Furniture	Rs. 80,000 = 00
3.	Construction (Not applicable for the present)	
	a) Sub-Centre	
	b) OPD cum Maternity home	
	c) OPD	
4.	I.E.C. & Materials	
5.	Renovation Works	
6.	Base Line Survey	
7.	Family Schedule, Training manual, HMS format & HHW Kit	
8.	Strengthening of existing maternity homes & Dispensaries (not applicable for the present)	
Recurring		
9.	Honorarium	Rs. 70,000 = 00
10.	Salaries	
11.	Rent - 4 sub-Centre x Rs. 1000/- x 3 month -	Rs. 12,000 = 00
12.	Training	Rs. 10,000 = 00
13.	Drug - 96,000/- Per, 4 sub Centre/Per year - -	Rs. 3,84,000 = 00
14.	I. E. C/for 4 sub-Centre x 3000	Rs. 12,000 = 00
15.	Operating Cost (Sundries, Printing, Postage & Telephone, TA/ DA etc.)	Rs. 45,000 = 00 30,000 = 00
Total Rs.		Rs. 7,13,000 = 00



Rs. 1.22 lakhs.
may be seen

(Signature)
Chairman 18/11
Islampur Municipality
Islampur, Uttar Dinajpur.

Office Of the Councillors

JHARGRAM MUNICIPALITY



*Chhom.
to release fund
including medicine
19.12.08*

Phone – (03221) 255021

Telefax – (03221) 255098

Jhargram, Paschim Medinipur



No: - 1592/6 PH-24

Date: 13/12/2008

To,
The Director
SUDA , HEALTH WING,
ILGUS BHAVAN
HC BLOCK, Sector- III
Bidhan Nagar
Kolkata – 700091,

*PD(H)
17/12*

Sub: Submitting Requisition of Fund for the month of November '2008 to March ' 2009

Sir,

As per your instructions, I am sending herewith the Requisition of Fund for the month of November '2008 to March ' 2009 for your ready reference.

Hope, the above information will serve the purpose.

Thanking you

Yours Faithfully

Enclose: As Above.

Ramar
Chairman
Jhargram Municipality
Chairman
Jhargram Municipality

Requisition of Fund

Requisition of Fund for the Period of Nov' 2008 to March ' 2009

SINO	Items	Requisitioned (Amount in Rs.)
	Non-Recurring	
1	Equipment	
2	Furniture	
3	Construction (Not applicable for the present)	
	a) Sub- Centre	
	b) OPD cum Maternity Home	
	c) OPD	
4	I.E.C & Materials	
5	Renovation Works	
6	Base Line Survey	
7	Family Schedule, Training manual, HMIS format & HHW Kit bag	
8	Strengthening of existing Maternity Homes & Dispensaries (Not applicable for the present)	
	Recurring	
9	Honorarium (Current +Arrear)	3,21,198.00
10	Salaries	1,56,500.00
11	Rent	
12	Training	
13	Drug	31,770.00
14	I.E.C	
15	Operating Cost (Sundries, printing, postage & telephone, TA / DA etc.)	45,000.00 30,000.00
	TOTAL	5,54,468.00

*Ms. S. A. D. Lakshmi,
mmg &c
releasd,
[Signature]*

Bama
Chairman
Jhargram Municipality
Chairman
Jhargram Municipality

Office Of the Councillors

JHARGRAM MUNICIPALITY

Phone – (03221) 255021

Telefax – (03221) 255098

Jhargram, Paschim Medinipur

Memo No – 1435/6PH-24

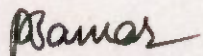
Date: 3/11/2008

To,
The MEDISTAR
College More ; Jhargram
Paschim Medinipur

Sub: Supply order of medicine for Sub-Centers of C.B.P.H.C.S of Jhargram Municipality.

Sir,
You are hereby requested to supply the following medicines for Sub-Centers of C.B.P.H.C.S of Jhargram Municipality, as per the following item within 7 (seven) days from the date of receipt of this order.

Encl:- The list of item Medicines

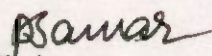

Chairman
Jhargram Municipality

Memo No – 1435/ 5/ 6 PH-24

Date: 3/11/2008

Copy for information and necessary action please.

1. Director , SUDA , Health Wing, ILGUS BHAWAN , H.C Block , Sector III, Bidhan Nagar Kolkata 700091.
2. Project Officer , Health Wing, SUDA , Kolkata – 700091
3. Accountant , Jhargram Municipality.
4. S.I, Jhargram Municipality.
5. Account Assitant , C.B.P.H.C.S Jhargram Municipality


Chairman
Jhargram Municipality

Jhargram municipality
Jhargram : paschim medinipur

Name of work: supply medicine for sub centers for C.B.P.H.C.S of jhargram municipality

	Name of Articles	Quantity
1	Domperidon 10mg	1500 strips
2	Bromexine 8mg	200 strips
3	Ibufen 400mg	200 strips
4	Chlorofenamine 4mg	4 jar
5	I F A (large) 180mg	5000 tabs
6	I F A (small) 60mg	4000 tabs
7	Chloramphenicol Eye Aplicap	2 jar(200 pc)

Baner
Chairman
Jhargram Municipality

MEDISTAR

Whole Saler in Medicine

DL (MID) JGM 25 SB
DL (MID) JGM 26 SBW

College More
Jhargram, Paschim Medinipur
Mob.- 9434453825

Ref No.

Date 21/11/08.

BILL
21/11/2008.

PARTICULARS.

QNTY.

AMOUNT.

21,000 Rs.

① DOMPERIDONE .

1,500x10

8,200 Rs.

② BROMERIN (TAB)
(Bromerim, Sulfate, Graphite)

200x10

320 Rs.

③ Ibuprofen (400mg)

80x10

140 Rs.

④ Chlorpheniramine (4mg)

1000x4

7,000 Rs.

⑤ I. F. A

(Ferrous Gluconate 259mg

5000 Pcs.

B12 - 2.5 mg

Folic - 0.5 mg

Phosphate - 100mg

Zn So4 - 33mg)

110 Rs.

⑥ Chlorochemical (TAB)

100x2

Total - 31,770/-

⑦

(Thirty one thousands Seven hundred Seventy Rs only)

Rajinder Nath Mohanta

M/s MEDISTAR

Whole Saler in Medicine

Raghunathpur, Jhargram

DL (Jhar) 25 SB

DL (Jhar) 26 SBW

Phone: 953218-220210, STD No. 03218-220210

Fax No. 953218-221044

JOYNAGAR MOZILPUR MUNICIPAL OFFICE

**P. O. - Joynagar Mozilpur, Pin Code No.- 743337
SOUTH 24-PARGANAS**

Memo No. - J.M.M. / H.H.W/371.

Dated: - 21-11-2008

From,
Executive Officer,
Joynagar Mozilpur Municipality.

To,
The Director, SUDA
Health Wing, ILGUS Bhavan,
HC Block, Sector -III,
Bidhannagar, Kolkata - 700091.

Sub: - Submission of Requisition Fund for Drugs

Ref: - SUDA-Health/63 ULBs/Accts. /08/281 dt. -06.11.2008.

Sir,

In respect of above-mentioned Ref no., we are submitting Requisition of fund of Rs. **40,180.00** for Drugs. Here we are also submitting copy of Work Order, copy of Quotation of Drugs and Money Receipt of 2nd installment of fund of FY 2008-09 worth Rs. 3,06,000.00.

You are requested to kindly issue the allotment as early as possible for smooth running of the Health Programme.

Thanking you.

Rs. 40500
~~40180~~
mm leg
[Signature]

Yours faithfully,



[Signature]
Executive Officer
Joynagar Mozilpur Municipality
Executive Officer
Joynagar Mozilpur Municipality
21/11/08

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

Name of the Municipality - Joynagar Mozilpur Municipality

Requisition of Fund for Drugs as per Quotation

Sl.No.	Name of Drug	Quantity	Rate (Rs.)	Amount (Rs.)
1	Tab. Combined Antacid (Tresel)	6000 Pcs.	0.48	2880.00
2	Tab. Ranitidin 150mg (Ristac)	4000Pcs.	0.44	1760.00
3	Dompredone 10mg.	500Pcs.	1.87	935.00
4	Bromhexine 8mg.	4000Pcs.	0.50	2000.00
5	Chlorphenaramine 4mg	1000Pcs.	0.19	190.00
6	I.F.A. (Large)	6000Pcs.	0.50	3000.00
7	I.F.A. (Small)	6000Pcs.	0.35	2100.00
8	Tab. Albendazole 400mg	2500Pcs.	3.75	9375.00
9	Tab. Metronidazole 400mg	6000Pcs.	0.65	3900.00
10	Tab. Dicyclomixe 20mg	1000Pcs.	0.375	375.00
11	Tab. Paracitamol 500mg	7000Pcs.	0.40	2800.00
12	Ibuprofen 400mg	4000Pcs.	0.70	2800.00
13	Tab. Co-Trimoxazole (Adult)	4000Pcs.	0.68	2720.00
14	Tab. Co-Trimoxazole (Pediatic)	4000Pcs.	0.25	1000.00
15	Benzyl Benzote Lotion	100Phs.	28.00	2800.00

Total :- Rs. 38635.00

Add : VAT @ 4% 1545.00

Total :- Rs. 40180.00

(Rupees forty thousand one hundred and eighty only)

Signature of Executive officer
J.M.Municipality

Executive Officer
Joynagar Mozilpur Municipality



etc.

Phone: 953218-220210 STD No. 03218-220210 Fax No. 953218-221044

JOYNAGAR MOZILPUR MUNICIPAL OFFICE

P.O. Joynagar Mozilpur, Pin Code No. 743337

SOUTH 24-PARGANAS

Memo No. - JMM/HHW/366.

Dated- 19.11.2008.

To
Hall Pharmaceutical Distributors,
97/99, Sri Arobinda Road
Howrah- 711 106,
West Bengal

Sub: - Order for supply of Medicines

Ref: - Your memo no.-Nil, dt-24-02-2008

Sir,

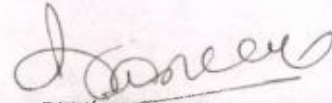
In reference to your quotation it is revealed that you are the lowest bidder for supply of different medicines as per our specification.

So you are requested to supply the articles as per specification mentioned in our Quotation inviting order vide no. - JMM/HHW/486(10), within seven days after receives of this letter.

Thanking you.

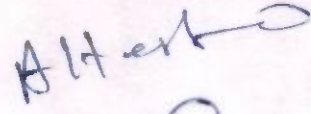
Yours faithfully

List Enclosed



CHAIRMAN

Joynagar Mozilpur Municipality



Executive Officer

Joynagar Mozilpur Municipality



Phone: 953218-220210 STD No. 03218-220210

Fax No. 953218-221044

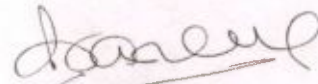
JOYNAGAR MOZILPUR MUNICIPAL OFFICE

P.O.- Joynagar Mozilpur, Pin Code No.- 743337

South 24-Paraganas

List of Medicines

- | | |
|------------------------------------|------------|
| 1. Tab Combined Antacid (Tresel) | - 6000Pcs. |
| 2. Tab Ranitidin 150mg (Ristac) | - 4000Pcs. |
| 3. Dompredon 10mg. | - 500Pcs. |
| 4. Bromhexine 8mg. | - 4000Pcs. |
| 5. Chlorphenaramine 4mg | - 1000Pcs. |
| 6. I.F.A. (Large) | - 6000Pcs. |
| 7. I.F.A. (Small) | - 6000Pcs. |
| 8. Tab. Albendazole 400mg | - 2500Pcs. |
| 9. Tab. Metronidazole 400mg | - 6000Pcs. |
| 10. Tab. Dicyclomix 20mg | - 1000Pcs. |
| 11. Tab. Paracitamol 500mg | - 7000Pcs. |
| 12. Tab. Ibuprofen 400mg | - 4000Pcs. |
| 13. Tab. Co-Trimoxazole Adult | - 4000Pcs. |
| 14. Tab. Co- Trimoxazole Pediatric | - 4000Pcs. |
| 15. Benzyl Benzote Lotion | - 100Phs. |



CHAIRMAN

Joynagar Mozilpur Municipality



Attested

Executive Officer

21/11/08

Joynagar Mozilpur Municipality

3/9



HALL PHARMACEUTICAL DISTRIBUTORS

97/99, SRI ARBINDA ROAD
HOWRAH - 711106
WEST BENGAL, INDIA

Phone & Fax : 2665 - 0860 (Off): 2665-5858 (S)
2352 - 4203 (Resi.) Area code - 033
Mobile : 94331 38757 B.N. BASAK.
E-mail : halphadis@vsnl.net

Quotation

Date: 24/02/2008

To
The Chairman & The President.
D.F.I. D Assisted H.H.W. Scheme.
Joynagar Mazipur Municipality.
P.O. Joynagar - Mazipur
Dist. 24 - Parganas.
Pin:

Sir,

In response to your advice. We are quoting our best Rate for the items you have required.
Kindly note the rate we have quoted basic rate for one single Sub- centre.

SLNo.	Product	Formulation & Unit	Quantity	Rate	Amount
1	Tab. Combined Gastric Antacid.	Alum. Magnesium 500mg. 10's	1100 stp.	4.80	5280.00
2	Tab. Ranitidin 150 mg.	10's	700 stp.	4.40	3080.00
3	Tab. Domperidon 10 mg.	10's	150 stp.	18.70	2805.00
4	Tab. Bromohexine 8mg.	10's	600 stp.	5.00	3000.00
5	Tab. Chlorpheniramine maleate	4mg. 10's	400 stp	1.90	760.00
6	Tab. I F A (large) 10's	Fe. Sulph. 180mg + Folic Ad 0.5	1200 stp	5.00	6000.00
7	Tab. I F A (small) 10's	Fe. Sulph 60mg + Folic Ad 0.1	1200 stp	3.50	4200.00
8	Vit. 'A' solution.	60ml, 2 lac IU/5ml	250 bots	62.00	15500.00
9	Tab. Albendazole 400mg.	1 tab/ strip.	900 tabs	3.75	3375.00
10	Tab. Metronidazole 400mg.	10's	1100 tabs	6.50	7150.00
11	O R S Citrate 21 gms	Sachet.	1200 Ps	7.60	9120.00
12	Tab. Dicyclomine 20mg.	10's	200 stp	3.75	760.00
13	Tab. Paracetamol 500mg.	10's	1200 stp	4.00	4800.00
14	Tab. Ibuprofen 400 mg.	10's	150 stp	7.00	1050.00
15	Tab. Co Trimoxazole (Adult)	10's Sul. zole 400mg + Tri 80mg.	600 stp	6.80	4080.00
16	Tab. Co Trimoxazole (Paediatric)	10's Sul. zole 200mg + Tri 40mg.	600 stp	2.50	1500.00
17	Chloramphenicol Eye Applicap		1000 apli	0.40	400.00
18	Absorbent Cotton	1 packet of 100 gm.	84 pkt	13.50	1134.00
19	Absorbent Gauze (Sterilised)	10 Pcs of 10cm x 10cm Polypack	64 doz	48.00	3072.00
20	Benzyl Benzoate Lotion	25% / 100ml	60 bot.	28.00	1680.00
21	Povidone Iodine Oint.	5% / 15gm tube	600 tube	16.00	9600.00
22	Antibiotic Powder		60 Pack	35.00	2100.00
23	Microspore	1/2 Width x 5mt	96 reel	18.50	1776.00

VAT 4% Extra

Rs 92212.00

4% Rs 3688.00

Rs 95900.00

For: Hall Pharmaceutical Distributors.

B. N. Basak

Partner

Attested

Executive Officer

Joynagar Mazipur Municipality

21/11/08

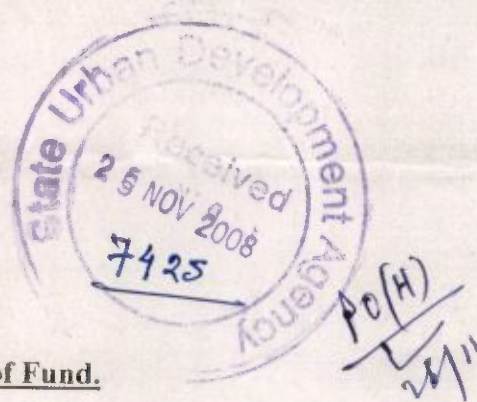
● OFFICE OF THE CHAIRMAN, JHALDA MUNICIPALITY

JHALDA, PURULIA

Memo No 424 /J.M.

Date: 05 / 11 / 08

To
The Director,
State Urban Development Agency,
ILGUS Bhavan, Health Wing, H-C Block,
Sector - III, Bidhan Nagar, Kolkata - 700091



Sub: - Requisition of Fund.

Sir,

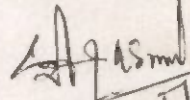
This is to inform you that above 70% of earlier released funds have been incurred by Jhalda Municipality for Community Based Primary Health Care Service according to the item-wise requisition. The balance position of the fund is Rs.69,743.81 (On 03/10/2008).

Therefore, it is requested kindly to release the next installment as per Requisite format.

It is also mentioned that to meet the enhancement Honorarium w.e.f. from 1/4/2008 vide Memo No Suda Health/63ULBs/08/16/209(63) dated 15/09/2008 more fund is required.

Thanking You.

Yours faithfully,


Chairman

Jhalda Municipality

Enclosures:

1. Requisition Format.

B. Gupta

OFFICE OF THE CHAIRMAN, JHALDA MUNICIPALITY

JHALDA, PURULIA

Submission of Requisition of Fund

Requisition of fund for the period November'08 to January'09 for three sub centers

Sl.	Items	Requisitioned Amount in Rs.
	<u>Non Recurring</u>	
1.	Equipment	
2.	Furniture	
3.	Construction: (Not applicable for the present)	
	a) Sub-Centre	
	b) OPD cum Maternity Home	
	c) OPD	
4.	IEC & Materials	
5.	Renovation Works	
6.	Baseline Survey	
7.	Family Schedule, Training Manual, HMIS Format and HHW Kit bag.	
8.	Strengthening of existing Maternity Homes & Dispensaries (No applicable for the present)	
	<u>Recurring</u>	
9.	Honorarium (Including Arrear)	1,35,000.00
10.	Salaries	76,500.00
11.	Rent	
12.	Training	
13.	Drug(For One Sub-Centre)	
14.	I.E.C	
15.	Operating Cost (Sundries, Printing, Postage & Telephone), TA/DA etc.	45,000.00 30,000.
	Total	2,56,500.00

Chairman 11/11/08

Jhalda Municipality

Jhalda Municipality

BANK ACCOUNT (HEALTH) DETAILS: -

1. S.B.I.SAVINGS BANK ACCOUNT NO.11693742168
2. BANK NAME:STATE BANK OF INDIA, JHALDA BRANCH
3. BRANCH ADDRESS:KUIRY PARA,JHALDA,PURULIA.
4. BRANCH CODE:7101

B. Gupta

Accy. Asst. (Health)

Rs. 2,42,500/-
may be released

KATWA MUNICIPALITY

From :

Sri Rabindra Nath Chatterjee

Chairman :

Katwa Municipality

P.O:- Katwa, Dist - Burdwan

Pin : 713130

Chhoh
28.11.08

FAX NO : 03453 - 258-160

Phones : S.T: D. No : 03453

Chairman's Chamber : Kat. 255-160

Chairman's Residence : Kat. 255-178

Office : Kat. 255-005

Guest House Srabani : Kat. 255-135

Polyclinic : Kat. 259-612

Water Supply : Kat. 257-430

Memo No. 11/18-KM/UPEC

Date, Katwa, the 22-11-08

To

The Director

State Urban Development Agency

Health Wing

ILGUS Bhavan, H.C. Block, Sec-III,

Bidhannagar, Kolkata-700091

Sub : Release of fund for procurement of drugs under Community Based Primary Health Care Service.

Ref : SUDA-Health/63ULBS/Accts/08/273 Dtd.6-11-08.

Madam,

With reference to the above I am sending herewith the copy of two nos. supply order for procurement of drugs under above noted scheme as sought for. This is also to inform you that a sum of Rs.192000=00(Rupees one lakh ninety two thousand) only is required for payment of the bills of above procurement.

Please acknowledge the same and to release the required fund as early as possible for continuing the programme successfully.

Enclo : As stated.

*Rs. 4.00 lakhs -
my des. selam -*

Yours faithfully,

22.11.08
Chairman,
Katwa Municipality

KATWA MUNICIPALITY

From :

Sri Rabindra Nath Chatterjee

Chairman :

Katwa Municipality

P.O.- Katwa, Dist - Burdwan

Pin : 713130

FAX NO : 03453 - 258-160

Phones : S.T. D. No : 03453

Chairman's Chamber : Kat. 255-160

Chairman's Residence : Kat. 255-178

Office : Kat. 255-005

Guest House Srabani : Kat. 255-135

Polyclinic : Kat. 259-612

Water Supply : Kat. 257-430

Memo No. 7/1-KM/UPES


Date, Katwa, the 1-7-08

To
Som Medicine Enterprise
Station Bazar,
Katwa ,Burdwan

SUPPLY ORDER

Please supply the following drugs as per your quoted rate for Community Based Primary Health Care Services Programme.

<u>Sl.No.</u>	<u>Item</u>	<u>Quantity</u>
1.	Cotrimoxazole Ped Tab	635 Strips
2.	Povidine Iodine Oint.	100 Tubes
3.	Ibuprofen 400 mg	3100 Strips
4.	Ranitidine 150 mg	4485 Do
5.	Combind Gastric Antacid	6672 Do
6.	Paracetamol 500	4500 Do
7.	Antibiotic Powder	50 Pcs.
8.	Dicyclomine 20 mg	110 Strips
9.	Bromohexin 8 mg	1064 Do


Chairman,
Katwa Municipality

KATWA MUNICIPALITY

From :

Sri Rabindra Nath Chatterjee

Chairman :

Katwa Municipality

P.O.- Katwa, Dist - Burdwan

Pin : 713130

FAX NO : 03453 - 258-160

Phones : S.T. D. No : 03453

Chairman's Chamber : Kat. 255-160

Chairman's Residence : Kat. 255-178

Office : Kat. 255-005

Guest House Srabani : Kat. 255-135

Polyclinic : Kat. 259-612

Water Supply : Kat. 257-430

Memo No. 9/32-KM/UPEC


Date, Katwa, the 29-9-08

To
Som Medicine Enterprise
Station Bazar,
Katwa ,Burdwan

SUPPLY ORDER

Please supply the following drugs as per your quoted rate for Community Based Primary Health Care Services Programme.

<u>Sl.No.</u>	<u>Item</u>	<u>Quantity</u>
1.	Cotrimoxazole Ped Tab	635 Strips
2.	Povidine Iodine Oint.	100 Tubes
3.	Ibrufen 400 mg	3100 Strips
4.	Ranitidine 150 mg	4485 Do
5.	Combind Gastric Antacid	6672 Do
6.	Paracetamal 500	4500 Do
7.	Antibiotic Powder	50 Pcs.
8.	Dicyclomine 20 mg	110 Strips
9.	Bromohexin 8 mg	1064 Do


Chairman,
Katwa Municipality

OFFICE OF THE COUNCILLORS : KATWA MUNICIPALITY

From :
Sri Rabindra Nath Chatterjee

Chairman :
Katwa Municipality
P.O.- Katwa, Dist.- Burdwan
Pin - 713130

FAX NO : 03453 - 258-160

Phones : S.T.D - 03453

Chairman's Chamber : Kat. 255-160

Chairman's Residence: Kat. 255-178

Office : Kat. 255-005

Guest House Srabani : Kat. 255-135

Polyclinic : Kat. 259-612

Water Supply : Kat. 257-430

Chhohm.
28.11.08

Memo No. 11/19-KM/UPFC

Dated, Katwa, the 22-11-08.....

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

Sub : Release of fund for arrear payment of enhanced honorarium to grass root level
Health functionaries under CBPHCS.
Ref : SUDA-Health/63ULBS/Accts/08/16/209(63) Dtd.6-11-08.

Madam,

With reference to the above I have the honour to inform you that a sum of Rs.208500=00 (Rupees two lakhs eight thousand five hundred) only is required for payment the arrear honorarium to the HHWs and FTSS under CBPHCS within this Municipality which has been enhanced by the above noted letter .

Actual requirement :

June'07 to March'08 for 24 nos. HHWs-Rs.250=00 X 10 months = Rs. 60000=00
April'08 for 24 nos. HHWs-Rs.750=00 X 1 months = Rs. 18000=00
May'08 to Oct'08 for 24 nos. HHWs and 5 nos. FTSS-
Rs.750=00 X 6 months = Rs.130500=00

Total = Rs.208500=00

Please acknowledge the same and to release the required fund as early as possible for payment the same to the concerned Health functionaries.

Yours faithfully,

MS 22/11/08
Chairman,
Katwa Municipality

**OFFICE OF THE
COUNCILLORS OF KHARAR MUNICIPALITY**
P.O. – KHARAR :: DIST. – PASCHIM MEDINIPUR

From :
Chairman,
KHARAR MUNICIPALITY,

Ref. No. ...348/Khm/08-09.

Dated ...21.11.2008.

To
The Director,
SUDA,
Health Wing
ILGUS BHAVAN,
HC Block, Sector III
Bidhannagar,
Kolkata- 700091.



PO (H)
21/11

Sub: Requisition of Fund for the period 01.01.08 to 31.01.09.

Madam,

I am to submit herewith the requirement of fund for three months for H.H.W. Scheme. The S.O.E. has already been submitted to you Vide Memo No. – 342/KHM/08-09, dt.-17.11.08. The balance amount is Rs. 781.00. So, I therefore request you to allot the fund of Rs. 4,22,620.00 as early as possible.



Yours faithfully,

Ahosh 21/11/08

Chairman,
Khharar Municipality,

Requisition of fund for the period 01.01.08 to 31.01.09

Sl. No.	Item of Expenditure	Expenditure (Amount in Rs.)	
	Non-Recurring		
1	Equipment		-
2	Furniture		-
3	Construction: Not applicable for the present		-
	a) Sub-Centre		-
	b) OPD cum Maternity Home		-
	c) OPD		-
4	I.E.C & Materials		-
5	Renovation Works		-
6	Base Line Survey		-
7	Family Schedule, Training manual, HMIS format & HHW Kit bag		X 5,000.00
8	Strengthening of existing Maternity Homes & Dispensaries (Non applicable for the present)		-
	Recurring		
9	Honorarium for Health worker for the month of Sept' 07	9,766.00	
10	Honorarium for the health worker for the month of Jan '08	10,000.00	
11	Honorarium for health worker for the month of Feb' 08	10,000.00	
12	Honorarium for the health worker for the month of Mar' 08	10,000.00	
13	honorarium fir the health Worker for the month of Apr' 08	10,000.00	
14	Honorarium for health Worker for the month of May' 08	10,000.00	
15	Honorarium for health worker for the month of June' 08	10,000.00	
16	Honorarium for the health Worker for the month of July' 08	10,000.00	
17	Honorarium for Health Workert for the month of Aug' 08	11,812.00	
18	Arrear Honorarium (From May' 07 to August' 08)	63,842.00	
19	Honorarium for Health worker for the month of Sept' 08	21,340.00	
20	Puja Bonus of Health Worker	10,000.00	
21	Honorarium for Health Worker for the month of Oct' 08	21,340.00	208,100.00
22	Honorarium for Nov.' 08 to Jan' 09 $\{(10 \times 1750.00 \times 3) + (2 \times 1920.00 \times 3)\}$		64,020.00
23	Salaries for Nov.' 08 to Jan' 09 $\{(4 \times 5000.00 \times 3) + (1 \times 5500.00 \times 3) + (1 \times 6000.00 \times 3)\}$		94,500.00
24	Rent for Nov.' 08 to Jan' 09 $(2 \times 1000.00 \times 3)$		6,000.00
25	Traning		
26	Drug		
27	I.E.C		
28	Operating Cost (Sundries, printing, postage & telephone, TA/DA etc.) (15000.00×3)		45,000.00
	TOTAL	Rs.	422,620.00

Rs 4.03 lakhs
my dearest,
B

20/08/08
Chairman,
Baray Municipality,

Bill for arrears honorarium to HHW Workers under Health Programme of Kharar Municipality from 24.05.07 to 31.08.08 as per reference no.-SUDA-Health/63 ULBs/08/16/209(63), dt.15.09.08.

Sl. No.	Name of the Health Worker	Designation	From 24.05.07 to 31.08.07 @ Rs.1250.00	5 From 01.06.07 to 31.03.08 @ Rs.1250.00	Total Rs. (upto 31.03.08)	7 From 01.04.08 to 31.07.08 @ Rs.1750.00	8 For August'08 (Rs.)	Total Amount (Rs.) 9=(6+7+8)	Adjust of excess payment for the month of August'08 10	Net Amount payable (Rs.) 11=(9-10)
1	Putul Bag	Health Worker	65.50	Rs.1250.00-1000.00 (01.06.07 to 31.03.08) Rs.250.00 X 10= 2500.00	2,565.50	750 x 4 (01.04.08 to 31.07.08)= 3000.00	750.00	6,315.50	-	6,315.50
2	Jyotsna Bhattacharjee	Health Worker	65.50	Rs.1250.00-1000.00 (01.06.07 to 31.03.08) Rs.250.00 X 10= 2500.00	2,565.50	750 x 4 (01.04.08 to 31.07.08)= 3000.00	750.00	6,315.50	-	6,315.50
3	Iva Roy	Health Worker	65.50	Rs.1250.00-1000.00 (01.06.07 to 31.03.08) Rs.250.00 X 10= 2500.00	2,565.50	750 x 4 (01.04.08 to 31.07.08)= 3000.00	-	5,565.50	-	5,565.50
4	Mridula Kola	Health Worker	65.50	Rs.1250.00-1000.00 (01.06.07 to 31.03.08) Rs.250.00 X 10= 2500.00	2,565.50	750 x 4 (01.04.08 to 31.07.08)= 3000.00	750.00	6,315.50	-	6,315.50
5	Chandana Ghosh	Health Worker	65.50	Rs.1250.00-1000.00 (01.06.07 to 31.03.08) Rs.250.00 X 10= 2500.00	2,565.50	750 x 4 (01.04.08 to 31.07.08)= 3000.00	750.00	6,315.50	-	6,315.50
6	Soma Ghosh	Health Worker	65.50	Rs.1250.00-1000.00 (01.06.07 to 31.03.08) Rs.250.00 X 10= 2500.00	2,565.50	750 x 4 (01.04.08 to 31.07.08)= 3000.00	-	5,565.50	-	5,565.50
7	Chaina Pan	Health Worker	-	Rs.250.00/30X7(24.09.07 to 30.09.07)= 58.00 Rs.250x6(01.10.07 to 31.03.08)= 1500.00	1,558.00	750 x 4 (01.04.08 to 31.07.08)= 3000.00	750.00	5,308.00	-	5,308.00
8	Pratima Midya	Health Worker	65.50	Rs.1250.00-1000.00 (01.06.07 to 31.03.08) Rs.250.00 X 10= 2500.00	2,565.50	750 x 4 (01.04.08 to 31.07.08)= 3000.00	750.00	6,315.50	-	6,315.50
9	Malati Midya	Health Worker	65.50	Rs.1250.00-1000.00 (01.06.07 to 31.03.08) Rs.250.00 X 10= 2500.00	2,565.50	750 x 4 (01.04.08 to 31.07.08)= 3000.00	750.00	6,315.50	-	6,315.50
10	Sonal Ghosh	Health Worker	65.50	Rs.1250.00-1000.00 (01.06.07 to 31.03.08) Rs.250.00 X 10= 2500.00	2,565.50	750 x 4 (01.04.08 to 31.07.08)= 3000.00	750.00	6,315.50	-	6,315.50
11	Dipti Duley	Health Worker	65.50	Rs.250.00 X 3(01.06.07 to 31.08.07)= 750.00 Rs250.00/30X16(01.09.07 to 16.09.07)= 133.00	948.50	0.00	-	948.50	-	948.50
B/F			865.00	24,941.00	26,596.00	30,000.00	6,000.00	61,696.00	-	61,696.00

Atchh 21/11/08
Chairman
Kharar Municipality

**OFFICE OF THE
COUNCILLORS OF KHARAR MUNICIPALITY**
P.O. – KHARAR :: DIST. – PASCHIM MEDINIPUR

From :
Chairman,
KHARAR MUNICIPALITY,

Ref. No. ...344./...kham./08-09. Dated18.11.08 .

To
The Director,
SUDA,
Health Wing
ILGUS BHAVAN,
HC Block, Sector III
Bidhannagar,
Kolkata- 700091.



PO (H)
19/11



Sub: Requisition of Fund for the period 01.11.08 to 31.01.09.

Madam,

I am to submit herewith the requirement of fund for three months for H.H.W. Scheme. The S.O.E. has already been submitted to you Vide Memo No. – 342/KHM/08-09, dt.-17.11.08. The balance amount is Rs. 781.00. So, I therefore request you to allot the fund of Rs. 2,14,520.00 as early as possible.

Yours faithfully,



Ahok 18/11/08

Chairman
Khharar Municipality
Khharar Municipality.

Requisition of fund for the period 01.11.08 to 31.01.09

Sl. No.	Item of Expenditure	Expenditure (Amount in Rs.)
Non-Recurring		
1	Equipment	
2	Furniture	
3	Construction: Not applicable for the present	
	a) Sub-Centre	
	b) OPD cum Maternity Home	
	c) OPD	
4	I.E.C & Materials	
5	Renovation Works	
6	Base Line Survey	
7	Family Schedule, Training manual, HMIS format & HHW Kit bag	5,000.00
8	Strengthening of existing Maternity Homes & Dispensaries (Non applicable for the present)	
Recurring		
9	Honorarium $\{(10 \times 1750.00 \times 3) + (2 \times 1920.00 \times 3)\}$	64,020.00
10	Salaries $\{(4 \times 5000.00 \times 3) + (1 \times 5500.00 \times 3) + (1 \times 6000.00 \times 3)\}$	94,500.00
11	Rent $(2 \times 1000.00 \times 3)$	6,000.00
12	Training	
13	Drug	
14	I.E.C	
15	Operating Cost (Sundries, printing, postage & telephone, TA/DA etc.) (15000.00×3)	45,000.00
	TOTAL	Rs. 214,520.00



Ashok 18/11/08
 Chairman
 Kharar Municipality

Estd:1879

Chhoth
28-11-08

Ph: 2344286/2344527
Fax: 0354 23 44286

OFFICE OF THE COUNCILLORS OF
KURSEONG MUNICIPALITY
KURSEONG

Memo No. 874/M/Gen/08

Dated the 24th Nov 08

From,
Shri. Krishna Limbu,
Chairman,
Kurseong Municipality,
Kurseong.

To,
The Director,
SUDA, Health wing,
ILGUS Bhawan,
H.C. Block, Sector-III
Bidhannagar, Kol-91

Sub: Release of Fund under C.B.P.H.C.S

Sir,

Your kind attention is drawn to the earlier office Memo No. 646/M/Gen/08' dated 19.09.08' regarding the statement showing expenditure made during the financial years i.e. 2006-2008. As to your knowledge we have submitted S.O.E till June 2008', with requisition of fund for the period from **1.07.08 to 31.09.08** under Memo.no.434/Gen/08 dated 04.08.2008.

We have received upto 5th installment of fund amounting to Rs 1,95,000/- under your Memo.No.SUDA-Health/63 ULBs/Accts/08/32 dated.03.05.2008, but since no fund has been allotted and received from July'08 by this office, it is causing problem to the Municipality to meet the expenditure of Health Department.

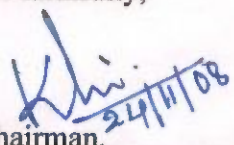
I, therefore, request you to kindly look into the matter and take early action in allotting fund from the month of July08' onwards, for smooth running of the Health Department under C.B.P.H.C.S.

Correspondence papers made earlier are also enclosed herewith for your ready references.

Thanking you,

Yours faithfully,

Encl: As stated above.


Chairman,
Kurseong Municipality.

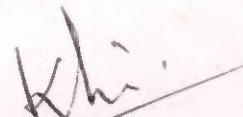
1.97

KURSEONG MUNICIPALITY

Requisition of fund for the period from 01.07.2008 to 31.09.2008:

Sl No.	Item of Expenditure	Expenditure (Amount in Rs.)	Sl No.	Items of Expenditure	Expenditure (Amount in Rs.)
	Non-Recurring			Recurring	
1.	Equipment	-	9.	Honorarium of Health workers- (1000+500(enhanced money) x (20 workers)=30,000 x3)= Honorarium Of First Tier Supervisors - (1170+500(enhanced money) x (4 workers)=6,680x3)-	90,000.00 20,040.00
2.	Furniture	-	10.	Enhanced Salary of Honorarium of Rs 500 -per workers w.e.f 1st April to July 2008'	46500.00
3.	Construction (not applicable for the present a) Sub-Center b) OPD cum Maternity Home c) OPD	- - -	11.	Salaries (5,000x(4) x3) Salary (6,000x(1)x3) Salary (5,500x(1)x3)	60,000.00 18,000.00 16,500.00
4.	I.E.C & Materials	-	12.	Rent of Center (1,000x (4) x3)=	12,000.00
5.	Renovation Works	-	13.	Training/Tiffin Allowance	-
6.	Base Line Survey	-	14.	Drug (15,000x3)=	45,000.00
7.	Family Schedule, Training manual, HMS format & HHW kit	-	15.	LEC	-
8.	Strengthening of existing Maternity Homes & Dispensaries (Not applicable for the present)	-	16.	Operating Cost(Sundries, Printing Postage & telephone, TA DA etc)	10,000.00
	Total:	-	17.	Trainees'	-
			18.	Contingency	5,000.00
				Total:	3,23,040.00

*As. 3-23
ms
relms*


 Chairman,
Kurseong Municipality

OFFICE OF THE COUNCILLORS OF
KURSEONG MUNICIPALITY
KURSEONG

Memo No. GH/M/Gen/08Dated the 19.09.08

From
Shri Krishna Limbu,
Chairman,
Kurseong Municipality,
Kurseong.

To
The Director,
SUDA, Health Wing,
ILGUS Bhavan,
H.C. Block, Sector-III, Bidhannagar, Kol-91

Sub: Requisition of fund for the period from 01.07.2008 to 31.09.2008

Ref: Your Memo No: SUDA-Health/63 ULBs/Accts/08/175 dated 13.08.2008

Sir,

In reference to above, fund released to this Kurseong Municipality & SOEs submitted during the financial years are as under :-

Financial year	Fund released to ULB	Available fund with ULB	Actual SOE Submitted by ULB	SOE shown by SUDA	Difference	% of SOE
2006-07	2.39	2.39	1.10	Nil	1.29	46%
2007-08	5.26	6.55 (5.26 + B/F 1.29)	5.67	5.50	0.88	87%
2008-09	1.95	2.83 (1.95 + B/F 0.88)	2.38	1.97	0.45	84%

You are, therefore, requested to kindly release the fund at the earliest.

Thanking you.

Enclosed: S.O.E From Nov.06 to June 08.

Yours faithfully,

K. Limbu
19/09/08
Chairman
Kurseong Municipality.

Sr Chaitin

Office of the Councillor
MATHABHANGA MUNICIPALITY
MATHABHANGA ● COOCH-BEHAR
(West Bengal)

Memo No. *M.M/HHW/Requisition/50/08.*

Date. *12-11-08.*

From,
The Chairman
Mathabhangra Municipality

To,
The Director SUDA
(Health Wings)
ILGUS Bhavan.

Sub: - Requisition of Fund for C.B.P.H.C.S

Sir,

The under signed is to inform him that community based primary health Care services under Mathabhangra Municipality is going on.

Recently one Sanitary Inspector and one Health Officer have joined at the Community Based Primary Health Care Services under Mathabhangra Municipality on 01/11/2008. In this regard, he is requested to allot necessary fund for the post, of Health officer and Sanitary Inspector for the period from November'08 to January'09.

Therefore, he is requested to look into the matter and do the needful please.

Thanking you

Your faithfully

Chaitin
Chairman *12/11/08*
Mathabhangra Municipality

Mathabhanga Municipality
Community Based Primary Health Care Services

Submission of Requisition of Fund

Requisition of fund for 3 months is to be submitted by the Chairperson/vice Chairperson to Director SUDA as per format along with a forwarding letter.
 Requisition of fund for the period of 1/11/2008 to 31/01/2009

Sl. No.	Item of Expenditure	Expenditure (Amount in Rs.)
	Recurring	
1	Equipment(Sub-Centre) & Computer for C.B.P.H.C.S.	
2	Furniture(Sub-Centre)	
3	Construction:(Not applicable for the present)	
4	a)Sub-Centre	
5	b)OPD cum Maternity Home	
6	C)OPD	
7	I.E.C & Materials	
8	Renovation Works	
9	Base Line Survey	
10	Family Schedule, Training manual, HMIS format & HHW kit bag	
11	Strengthening of existing Maternity Homes & Dispensaries(Not applicable for the present)	
12	Recurring	
13	Salaries (Health Officer & Sanitary Inspector)	65,100=00
14	Training	
15	Drug Rs.96,000 x 3 Sub. Center = Rs.2,88,000 -Rs.1,00,000 (Receipt) =Rs.1,88,000 (Balance)	
16	Arrear I.E.C.	
17	Operating Cost (Sundries, printing, postage & telephone, TA/DA etc.)	
TOTAL		
		65,100=00

*Rs. 65,000/-
 mm to be released
 [Signature]*

Chairman
 Chairman 12/11/08
 Mathabhanga Municipality
 Mathabhanga Cooch Behar

Chhotu
19.12.08
Phone: 0354-2243328

OFFICE OF THE BOARD OF COUNCILLORS MIRIK MUNICIPALITY

P.O. MIRIK, DIST. DARJEELING

Memo No.: 13/I-38/m.m.

Date: 15/12/08.

To,
The Director,
Health Wing,
SUDA,
Kolkata.



Sub: Requisition of Fund.

As per the Ref. SUDA-Health/63 ULBs/08/16/209(63) dt. 15/09/08 & SUDA-Health/08/13/220(61) dt. 19/09/08 this office is submitting the requirement of fund.

1.	Rs. 250x10 Months x 9 Nos H.H.W. w.e.f. 1st Jun'07 to 31st Mar'08.	=	22,500/-
2.	Rs. 500 x 8 Months x 9 Nos H.H.W. w.e.f. 1st Apr'08 to 30th Nov'08.	=	36,000/-
3.	Rs. 1000 x 11 Nos (9 HHW, 1 computer Asstt. & 1 Store Keeper cum clerk) Bonous	=	11,000/-
	Total	=	69,000/-

Rupees Sixty Nine Thousand Five Hundred Only.

*Rs. 69,000/-
m.m. ve velle
[Signature]*

Dealing Clerk
Mirik Municipality
P.O. Mirik, Dist. Darjeeling

[Signature]
15/12/08
Executive Officer,

Executive Officer,
Mirik Municipality,
Mirik.

Submission of Requisition Fund:

Requisition of fund for 3 months isto be submitted by the Chairperson / Vice-Chairper-son to Director SUDA as per format along with a forwarding letter.

Requisition of fund

Sl. No.	Items	Requisitioned Amount in Rs.
	Non-Recurring	
1.	Equipment	
2.	Furniture	
3.	Construction: (Not applicable forthe present)	
	a) Sub-Centre	
	b) OPD cum Maternity Home	
	c) OPD	
4.	I.E.C. & Materials	
5.	Renovation Works	
6.	Base Line Survey	
7.	Family Schedule, Training manual, HMIS format & HHW Kit bag	
8.	Strengthening of existing Maternity Homes & Dispensaries (Not applicable for the present)	
	Recurring	
9.	Honorarium arrear Rs. 250 x 10 months x 9 Nos 500 x 8 months x 9 Nos	22,500/- 36,000/-
10.	Salaries (Bonus) for 9 HHw, 1 computer Asstt. & 1 Store Keeper cum clerk (2007-2008)	11,000/-
11.	Rent	
12.	Drug	
13.	Operating Cost (Sundries, Printing, Postage & Telephone, TA / DA etc.)	
	TOTAL	69,500/-

Muk
Dealing Clerk
Mirik Municipality
P.O. Mirik, Dist. Darjeeling

Rahelaf
15/12/08
Executive Officer
Mirik Municipality
Signature of Chairman / Vice-Chairman



Office of the
Councillors Old Malda Municipality
P.O. Old Malda. Dist. Malda

STD: 03512
Chairman Off. : 260235
Resi.: 260253
Cell No. : 9434166085
Vice-Chairperson Off. : 260643
Resi. : 260207
Cell No. : 9434303460
Executive Officer: 260036
Fax : 260235
Fax : 260036

Sri.Biswanath Sukul
Chairman
OLD MALDA MUNICIPALITY

Smt. Tripti Pandey
Vice-Chairperson
OLD MALDA MUNICIPALITY

Memo No.....1074.....

Date.....24/10/08.....



To
The Director,
State Urban Development Agency,
Salt Lake City,
Kolkata-700 106

Attention: Health Wing

Sub: Requisition of fund for Rs. 7,42,960.00 - Reg.

Madam,

A sum of **Rs. 7,42,960.00** (Rupees seven lacs forty-two thousand nine hundred and sixty) only is being requisitioned in the prescribed format attached herewith towards the implementation of Community Based Primary Health Care Services Project. The total amount has been spent up to September,2008 Rs. 15,53,844.00 against the total grant received of Rs. 16,37,000.00. **The balance as on 30.09.2008 was Rs. 83,156.00.** The percentage of utilized amount is 94.92 .

As such I would request you to kindly arrange to release a sum of Rs. 7,42,960.00 (Rupees seven lacs forty-two thousand nine hundred and sixty) only as requisitioned amount at the earliest.

Thanking you.

Yours faithfully

23/10/08
Chairman
Old Malda Municipality

Memo No:

Copy for information to:

Date:

1. The Executive Officer, Old Malda Municipality
2. The Accountant, Old Malda Municipality
3. The Accounts & Finance Co-ordinator, Old Malda Municipality

Chairman
Old Malda Municipality

Requisition of fund for the period of October 08 to December 08

S. No	Item of Expenditure	Expenditure (Amount in Rs.)	Sl. No	Item of Expenditure	Expenditure (Amount in Rs.)	Remarks
	Non Recurring			Recurring		
1	Equipment		9	Honorarium	128040.00	Ref Order No- SUDA- Health/63 ULBs/08/16/209(63) dated- 15.09.2008 & Ad-hoc Bonous Ref order No- SUDA- Health/08/13/220 (61) dated-19.09.2008 (Arrear & Bonous)
2	Furniture			Arrear of HHWs	143000.00	
3	Construction (Not Applicable at present)			Ad-hoc puja Bonus of 20 (Twenty)HHWs for the FY 2007-08	16660.00	
	a) Sub- Centre		10	Salary	118800.00	
	b) OPD cum Maternity Home			Ad-hoc puja Bonus of M.O for the year FY 2007-08	1000.00	
	c) OPD		11	Rent/ Sub Centre Keeping Charge	12000.00	
4	I.E.C & Materials		12	Training	166460.00	
5	Renovation Works		13	Drug	100000.00	
6	Base Line Survey		14	I.E.C	12000.00	
7	Family Schedule, Training, Manual, HIMS Format & HHW kit		15	Opreating cost (sundires, printing, Postage & Telephone, TA/DA etc.)	30500 45000.00	
8	Strengthening of existing Maternity Homes & Dispensaries (Not applicable at present)			Price of Establishment Goods		
				Total	742960.00	

Rs. 4-50 lakhs
my cc order

450000
23.10.08
Chairman
Md Maida Municipality

OFFICE OF THE

Councillors of Sonamukhi Municipality

P.O.- Sonamukhi * Dist.- Bankura

From :

Kushal Bandyopadhyay

Chairman

Sonamukhi Municipality

(3) (03244) 275-238

Email: sonamukhimunicipality@yahoo.com

Memo No. 87/H.H.W/S.M.

Dated. 12/12/08

To

The Project Officer,
SUDA Health Wings,

ILGUS BHAWAN, HC-Block, Sector – III,

Bidhannagar,

Kolkata – 700 106, (W.B.)

**Sub. :- Requisition for allotment of Funds of HHWs under
CBPHCS Programme of Sonamukhi Municipality.**

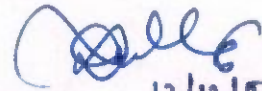
Sir,

This is to inform you that the Utilization Certificate up to December 2008 has already been submitted under Memo No. 86/H.H.W/S.M. dated. 12/12/08. In this regard you are requested to release the next installment of Funds to run the said programme smoothly.

Thanking you,

Yours faithfully,

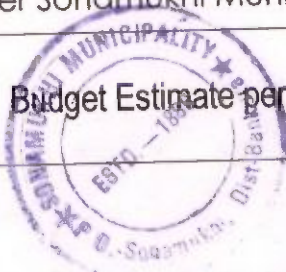
Encl.: (i) Requisition
&
Budget Statement


12/12/08
Chairman/Vice-Chairman,
Sonamukhi Municipality.
Vice-Chairman
Sonamukhi Municipality

Sonamukhi Municipality

P.O. - Sonamukhi, Dist. - Bankura

Budget Estimate for December 2008 to February 2009 (3 Months) for the year 2008-09 in connection with running the Community Based Primary Health Care Services under Sonamukhi Municipality.

Sl. No.	Name of Head	Budget Estimate per month	Budget Estimate for 3 months (Dec '08 to Feb '09)
1.	Recurring Salary : a) Medical Officer/Health Officer - 1 b) Sanitary Inspector - 1 c) Computer Assistant - 1 d) Accounts Assistant - 1 e) Multi purpose Helper-cum-Store keeper Clerk - 1 f) Health Assistant - 1	 Rs. 14,000/- per month x 3 months Contractual Pay Rs.5,500/- x 3 months Contractual Pay Rs.5,000/- x 3 months Contractual Pay Rs.5,000/- x 3 months Contractual Pay Rs.5,000/- x 3 months	Rs. 42,000/- Rs. 16,500/- Rs. 15,000/- Rs. 15,000/- Rs. 15,000/-
		Contractual Pay Rs.5,000/- x 3 months	Rs. 15,000/- Rs. 1,18,500/-
2.	Honorarium : (a) F.T.S. - 2 Nos. (b) H.H.W. - 15 Nos.	@ Rs.1,670/- = Rs.3,340/- x 3 months @ Rs.1,500/- = Rs.22,500/- x 3 months	Rs. 10,020/- Rs. 67,500/-
			Rs. 77,520/-
3.	Rent : a) SC at Chelmore b) SC at Yuger Yatri Club c) SC at Sonamukhi Municipality	Rs. 1,000/- per months x 3 months Rs. 1,000/- per months x 3 months Rs. 1,000/- per months x 3 months	Rs. 3,000/- Rs. 3,000/- Rs. 3,000/-
			Rs. 9,000/-
4.	Drugs	3 Nos. SCs	Rs. 2,00,000/-
5.	I.E.C.	Rs. 2,000/- per month x 3 months	Rs. 6,000/-
6.	Operating Costs	Rs. 15,000/- per month x 3 months	Rs. 45,000/-
Grand Total (1+2+3+4+5+6)			Rs. 4,56,020/-


 Vice - Chairman,
 Sonamukhi Municipality
 Vice-Chairman
 Sonamukhi Municipality

Community Based Primary Health Care Services In 63 Non-KMA ULBs.

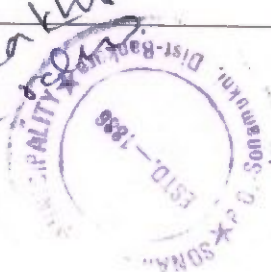
Name of the Municipality:- **Sonamukhi Municipality**

Requisition of Fund for the period of December '08 to February '09.

Sl. No.	Item of Expenditure	Expenditure (Amount in Rs.)
	Non-Recurring	
1.	Equipments	-
2.	Furniture	-
	Construction: (Not applicable for the present)	-
3.	(a) Sub-Centre	-
	(b) OPD-cum-Maternity Home	-
	(c) OPD	-
4.	I.E.C. & Materials	-
5.	Renovation Works	-
6.	Base Line Survey	-
7.	Family Schedule, Training Manual, HMIS Format & HHW Kit bag.	-
8.	Strengthening of Existing Maternity Homes & Dispensaries. (Not applicable for the present)	-
	Recurring	-
9.	Honorarium	77,520/-
10.	Salaries	1,18,500/-
11.	Rent	9,000/-
12.	Training	-
13.	Drugs	2,00,000/-
14.	I.E.C.	6,000/-
15.	Operating Cost (Sundries, Printing, Postage & Telephone, T.A./D.A. etc.)	30,000 45,000/-
TOTAL (Rs.)		Rs. 4,56,020/-

Rs. 2.35 lakhs

ms ee



6/13/11/12

Signature of Chairman/Vice-Chairman
Sonamukhi Municipality

2,35,000

Chohan
8/27-10-08

Tele-Fax 03473-260250



Office of the Councillors of
Taherpur Notified Area Authority
Taherpur, Nadia



Memo No : 558/08-09/T.N.A.A

Dated : 20/10/2008

From : Chairman

To
The Director,
State urban Development Agency,
Health Wings,
SUDA Bhavan, Salt Lake city,



PO(H)
21/10

Sub. : Requisition of fund for the period from
Oct-08 to December-08.

Dear Madam,

Hereby I am sending Requisition of fund for the period of Oct-08 to
December-08 under Community Based primary Health Care Service going on
in the area under Taherpur Notified Area Authority in the given proforma.

I would request you to kindly take necessary steps so that the said
grant may be allotted for this N.A.A.

Your kind Co-operation in this regard is highly solicited

Thanking You.

Yours faithfully,

Chhajee

Chairman
Taherpur Notified Area Authority
Taherpur, Nadia

Enclo : As Stated above.

FA = 6,22,338

Soe = 3,59,441 - work shed, 08

68,254 - sed.

427,695

(68.1)

Office of the Councillors of
Taherpur Notified Area Authority
Taherpur, Nadia

Requisition of fund for the period Oct-08 to December-08

Sl. No	Item of Expenditure	Amount (Rs.)	Sl No	Item of Expenditure	Amount (Rs.)
Non-Recurring			Recurring		
1.	Equipment		9.	Honorarium [(Rs.1750 X 13 + Rs.1920 X 3) X 3] Arrear Honorarium - (From 1-04-08 to 30-09-08) Rs. 750 X 6 X 13 = Rs. 58,500.00 (From 1-05-08 to 30-09-08) Rs. 750 X 5 X 3 = <u>Rs. 11,250.00</u>	85,530.00
					69,750.00
2.	Furniture		10.	Salaries (Rs. 5000 X 4+Rs. 16200) X 3	1,08,600.00
3.	Construction		11.	Rent	
a)	Sub. Centre		12.	Training	
b)	OPD Cum Maternity Home		13.	Drug	72,000.00
c)	OPD		14.	I.E.C.	5,000.00
4.	I.E.C. & Materials		15.	Operating cost (Sundries, Printing, Postage & Telephone, T.A./D.A. etc.)	15,000.00
5.	Renovation Cost				
6.	Baseline Survey				
7.	Family Schedule, Training manual, HMIS Formate & HHW Kit bag.				
8.	Strengthening of existing maternity Homes & Dispensaries.				
				Total (Rs.)	3,56,880.00

Rs. 2,17,741
mm by

Shaju

Chairman
Taherpur Notified Area Authority
Taherpur, Nadia

তমলুক পৌরসভা

OFFICE OF THE COUNCILLORS OF TAMLUK MUNICIPALITY

স্থাপিত - ১৮৬৪ ★ Estd. - 1864

তমলুক - পূর্ব মেদিনীপুর - ৭২১৬৩৬ ★ TAMLUK - PURBA MEDINIPUR - 721636

Phone : (03228) 266007 / 267370 / 269537, Fax - (03228) 267370

প্রেরক From :

পৌরপ্রধান Chairman

তমলুক পৌরসভা

Tamluk Minicipality

প্রতি To :

The Director,

State Urban Development Agency,

Health Wings

Ilgus Bhavan

H-C Block, Sector- III, Bidhannagar,

Kolkata - 700 091.



স্মারক / পত্রাক Memo No. 46/H.alth./T.M/08

তারিখ, তমলুক,

Dated, Tamluk, The ...05th Dec. 2008.

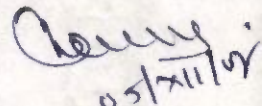
Sub: - Requisition of fund for Community Based Primary Health Care Service Project for the Month of September '08 to December'08.

Madam.

With reference to the above I am to send herewith the requisition statement of Requisition fund of Community Based Primary Health Care Service Project for the month of September '08 to December'08.

Yours faithfully.

Enclosure:- As stated above


05/12/08

(P. NANDY)

Chairman

Tamluk Municipality.

TAMLUK MUNICIPALITY

Requisition of fund for the period of OCTOBER'08 TO DECEMBER -2008

SL NO	ITEM OF EXPENDITURE	REQUISITION (AMOUNT IN RS)
NON-RECURRING		
1	Equipement(COMPUTER / FAX)	
2	Furniture	
3	Construction :- (Not applicable for the present)	
	a) Sub- Centre	
	b) OPD cum Maternity Home	
	c) OPD/	
4	I.E.C & Materials	
5	Renovation Work / INPLEMATION	
6	Base Line Servey	
7	Famaily Schedule, Traning manual, HMIS format & HHW Kit	
8	Strengthening of existig maternity Homes & Dispensaries (Not applicable for the present)	
RECURRING		
9	Honorarium(HHW)	225500.00
10	Honorarium (FTS)	33800.00
11	Salaries	100500.00
12	Rent	15000.00
13	Training	
14	Drug	240000.00
15	I.E.C.	
16	Operating Cost (printing, postage & Telephone bill, T.A / D.A etc.)	30000 45000.00
TOTAL:-		659800.00

(RUPEES SIX LAKH FIFTY NINE THOUSAND EIGHT HUNDRED ONLY)

*Rs. 7.05 lakhs
ms. ac. sel. ems*

Chairman
CHAIRMAN 05/11/07
TAMLUK MUNICIPALITY

TAMILUK MUNICIPALITY

Redupisation of fund for the period of OCTOBER'08 TO DECEMBER -2008

SL NO	ITEM OF EXPENDITURE	REQUISITION (AMOUNT IN RS)
NON-RECURRING		
1	Equipment (COMPUTER / FAX)	
2	Furniture	
3	Construction :- (Not applicable for the present)	
	a) Sub-Centre	
	b) OPD cum Maternity Home	
	c) OPD	
4	I.E.C & Materials	
5	Renovation Work / IMPLEMENTATION	
6	Base Line Survey	
7	Family Schedule, Training manual, HMI format & HW Kit	
8	Strengthening of existing maternity Homes & Dispensaries (Not applicable for the present)	
RECURRING		
9	Honorarium (HW)	22500.00
10	Honorarium (FTS)	33000.00
11	Salaries	100500.00
12	Rent	15000.00
13	Training	
14	Drug	240000.00
15	I.E.C.	
16	Operating Cost (printing, postage & Telephone bill, T.A \ D.A etc)	45000.00
TOTAL :-		858800.00

(RUPEES SIX LAKH FIFTY NINE THOUSAND EIGHT HUNDRED ONLY)

[Signature]
CHAIRMAN

TAMILUK MUNICIPALITY

Chhokh
to process
22.12.08

OFFICE OF THE COUNCILLORS OF TARAKESWAR MUNICIPALITY
P.O. - Tarakeswar , Dist. - Hooghly.

Ref. No. - TM / HHW / 2008 / 27

Date- 18/12/08

From :- The Chairman
Tarakeswar Municipality



To :- The Director, SUDA
Health Wing - "ILGUS Bhavan"
H-C Block, Sector - III
Bidhannagore, Kolkata-700091.

Sub. :- Requisition of Fund for Community Based Primary Health Care Service for Oct. 2008 to Dec. 2008.

Madam,

I am to furnish here with the requisition of Fund for the period of October 2008 to December 2008 for your kind information and necessary sanction the Fund as sanctioned in the requisition statement.

Thanking You.

Yours faithfully

Chairman

Tarakeswar Municipality

18/12/08.

Shri
18/12/08

Tarakeswar Municipality

Tarakeswar ** Hooghly

Community Based Primary Health Care Services-

Requisition of fund for the period OCTOBER-2008 to DECEMBER-2008

Sl. No.	Item of Expenditure	Expenditure (Amount in Rs.)	Sl. No.	Item of Expenditure	Expenditure (Amount in Rs.)
	Non-Recurring			Recurring	
1	Equipment	NIL	09	Honorarium Arrear Honorarium of HHWs (July'08 – Sept.'08) Arrear Honorarium of HHWs (Aprl.'08 – Sept.'08) Honorarium of HHWs (Oct.'08 – Dec.'08) Arrear Honorarium of FTSS (July'08 – Sept.'08) Arrear Honorarium of FTSS (Aprl.'08 – Sept.'08) Honorarium of FTSS (Oct.'08 – Dec.'08)	Rs.1000/- X 15 Nos. X 3 Months = Rs. 45,000/- Rs.250/- X 15 Nos. X 6 Months = Rs. 22,500/- Rs. 1750/- X 15Nos. X 3 Months = Rs. 78,750/- Rs. 1000/- X 3 Nos. X 3 Months = Rs.9000/- Rs.250/- X 3 Nos. X 6 Months = Rs. 4,500/- Rs.1,920/- X 3 Nos. X 3 Months = Rs. 17,280/-
2	Furniture	NIL	10	Salaries Salary of M&S Cell (Oct.'08 – Dec.'08) Salary of H.O. (Oct.'08 – Dec.'08)	Rs.5,500/- X 1No. X 3 Months = Rs. 16,500/- Rs. 5,000/- X 4 Nos. X 3 Months = Rs. 60,000/- Rs. 16,200/- X 1 Nos. X 3 Months = Rs. 48600/-

3	Construction :- (Not applicable for the present)	Nil	11	Rent	Rs. 9,000/- 7
	a) Sub-Centre		12	Training	NIL
	b) OPD cum maternity home		13	Drugs (Aprl.'08 – Dec.'08)	Rs.2,16,000/-
	c) OPD		14	I.E.C.	NIL
4	I.E.C. & Materials	Nil	15	Operating Cost (Sundries, Printing, Postage & Telephone, TA/DA etc.	Rs.30,000/-
5	Renovation Work	Nil			
6	Baseline Survey	Nil			
7	Family Schedule, Training Manual, HMIS format & HHW Kit Bag	Nil			
8	Strengthening of existing Maternity Homes & Dispensaries (Not applicable for the present)	Nil			
				Total Rs.	Rs 5,57,130/-

(Rupees Five Lacs Fifty Seven Thousand One Hundred & Thirty Only.)

*B. 3.32 Lakhs
my de relms,
[Signature]*

[Signature]
Chairman
18/12/08.

Tarakeswar Municipality

[Signature]
18/12/08



OFFICE OF THE COUNCILLORS OF
TARAKESWAR MUNICIPALITY

P.O. TARAKESWAR ✪ DIST-HOOGHLY

S. T. D - 03212

276105

PHONE : TKR 276408

278888

278889

Ref. No. Adm/10C-2008/4

Dated..11.....-08.....-2008

From : The Chairman,
Tarakeswar Municipality.

To : Hall Pharmaceuticals Distributors,
97/99 Sri Arobinda Road,
Howrah - 711 106.

Sub :- Supply of Medicines to this
Municipality.

S i r,

In continuation to this office order No. Adm/10C-2008/
2 dt. 26.3.2008, you are requested to supply the following
medicines to this Municipality as per previous rate within
15 days from received of this letter positively.

Supplied medicines will be accepted subject to the
verification of the procurement committee.

Thanking you,

Yours faithfully,


Chairman,

Tarakeswar Municipality

11/08/08.



OFFICE OF THE COUNCILLORS OF TARAKESWAR MUNICIPALITY
P.O. TARAKESWAR * DIST-HOOGHLY

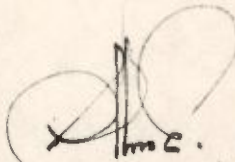
S. T. D - 03212
276105
PHONE : TKR 276408
278888
278889

Ref. No. Adm/10c-2008/4

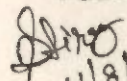
Dated. 11-08-2008

: List of Medicines :

Sl. No.	Name of medicines	Total requirements of medicines.
1.	Amlodipin (5 mg.) Tab.	5000 Tab.
2.	Amoxiciline (500 mg.) Cap.	500 Cap.
3.	Arithromycin (100 mg.)	500
4.	Chloropheniramine Mealet Tab.	5000 Tab.
5.	Calcium (500 mg.) Tab.	3000 Tab.
6.	Domperidone (10 mg.) Tab.	1000 Tab.
7.	Dicyclonine (20 mg.) Tab.	500 "
8.	Ibuprofen (400 mg.) Tab.	5000 "
9.	Levoflaxacine (500) Tab.	1000 "
10.	Roxythromycine (150 mg.) Tab.	1000 "
11.	Broncofree Junieur Syr.	300 Ph.
12.	Salbutamol + Bronehexine Syr.	500 Ph.
13.	Deriphylin Deriphylin Tab.	2000 Tab.
14.	Cefadroxyl (125 mg.) Syr.	500 Ph.
15.	Cefadroxyl (250 mg.) Tab.	1000 Tab.
16.	Cefadroxyl (500 mg.) Tab.	500 "
17.	Famotidine (20 mg.) Tab.	3000 "
18.	Anticold Tab.	5000 "
19.	Nimusulide (100 mg.) Tab.	1000 "
20.	Omeprazole (20 mg.) Cap.	2000 Cap.
21.	Nimusulide + Paracetamol Syr.	20 Ph.


Chairman, 11/08/08.

Tarakeswar Municipality


11/8/08

OFFICE OF THE COUNCIL OF TARAKESWAR MUNICIPALITY

Tarakeswar **** Hooghly

Memo No. – Adm / 10C – 2008 /7

Dated – 03/11/08

From : The Chairman,
Tarakeswar Municipality.

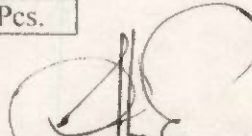
To : Hall Pharmaceutical Distributors,
97 / 99, Sri Arabinda Road,
Howrah – 711106 (W.B.).

Sub. :- Supply of Medicines to this Municipality.

Sir,

With reference to the above you are requested to supply the following Medicines to this Municipality as per quotation rate within 15(Fifteen) days from received of this letter positively. Supplied Medicines will be accepted subject to be verification of the Procurement Committee.

Sl. No.	Name	Quantity
1.	Combined Antacid	1500 Strips
2.	I.F.A. (Large)	2000 Strips
3.	Calcium	1340 Strips
4.	Ibuprofen	500 Strips
5.	Ranitidine (150 mg.)	1000 Strips
6.	Doxycycline (100 mg.)	1500 Strips
7.	Metronidazole (400 mg.)	1000 Strips
8.	Azithromycin Syrup (100 mg.)	2000 Phs.
9.	Cefadroxil (250 mg.)	200 Strips
10.	Monotrate OD	150 Strips
11.	Ibuprofen Kid + Paracetamol	200 Strips
12.	Lactobacilous Kid	75 Strips
13.	Cough Syrup	500 Phs.
14.	Roxithromycin (150 mg.)	200 Strips
15.	E.C.G. Roll (50 m.m. X 20 Mts.)	6 Nos.
16.	M.Sol Syrup	500 Phs.
17.	O.R.S.	3000 Pcs.


Chairman 03/11/08

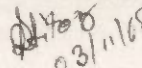
Tarakeswar Municipality

Memo No. – Adm / 10C – 2008 /7


Copy forwarded for information to:-

- 1) The Vice – Chairman, T / M.
- 2) The President, Finance & Resource Mobilisation Standing Committee, T / M.
- 3) The Executive Officer, T / M.
- 4) The Finance Officer, T / M.
- 5) Secretary / Accounts Deptt. / Cash Deptt. / Store Deptt., T / M.

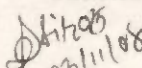
6)


03/11/08

Dated :


Chairman 03/11/08

Tarakeswar Municipality


03/11/08



রাজ্য নগর উন্নয়ন সংস্থা
STATE URBAN DEVELOPMENT AGENCY

“ইলগাস ভবন”, এইচ-সি ব্লক, সেক্টর-৩, বিধাননগর, কলকাতা ৭০০ ১০৬, পশ্চিমবঙ্গ
“ILGUS BHAVAN”, H-C Block, Sector - III, Bidhannagar, Kolkata - 700 106, West Bengal

ক্রমিক নং : SUDA-67/2006/1418

তারিখ : 12.12.2008

From : Director, SUDA

To : The Manager,
State Bank of India,
Salt Lake City, Kolkata - 700 091.

Sub : Preparation of Account Payee Demand Draft
Current Account No.10836424685.

Community Based Primary Health Care Services

Sir,

You are requested to kindly arrange for preparation of the following Account Payee Demand Drafts as per details given below, debiting the amount from this office Current Account No.10836424685 lying with your branch in respect of Community Based Primary Health Care Services.

Sl. No.	Name of Payee	Amount (in Rs.)	SBI Branch
581 761058 1.	Chairman, Arambagh Municipality	2,35,000.00	Arambagh
60 2.	Chairman, Ashkenagar-Kalyangarh Municipality	3,06,000.00	Ashokenagar
61 3.	Chairman, Habra Municipality	7,25,000.00	Habra
62 4.	Chairman, Kandi Municipality	2,02,000.00	Kandi
63 5.	Chairman, Nabadwip Municipality	7,52,000.00	Nabadwip
64 6.	Chairman, Ranigunj Municipality	5,99,000.00	Ranigunj
Total		28,19,000.00	

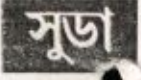
(Rupees Twenty Eight Lakh Nineteen Thousand only)

(Debasis Mitra)
Joint Secretary
M.A.Department, GOWB

(C.Sircar)
Director
SUDA



DELIVERED



রাজ্য নগর উন্নয়ন সংস্থা

STATE URBAN DEVELOPMENT AGENCY

"ইলগাস ভবন", এইচ-সি ব্লক, সেক্টর-৩, বিধাননগর, কলকাতা ৭০০ ১০৬, পশ্চিমবঙ্গ

"ILGUS BHAVAN", H-C Block, Sector - III, Bidhannagar, Kolkata - 700 106, West Bengal

ক্রমিক নং..... SUDA-67/2006/1418

তারিখ..... 12.12.2008

From : Director, SUDA

To : The Manager,
State Bank of India,
Salt Lake City, Kolkata - 700 091.


**Sub : Preparation of Account Payee Demand Draft
Current Account No.10836424685.**

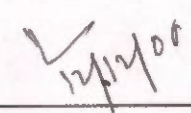
Community Based Primary Health Care Services

Sir,

You are requested to kindly arrange for preparation of the following Account Payee Demand Drafts as per details given below, debiting the amount from this office Current Account No.10836424685 lying with your branch in respect of Community Based Primary Health Care Services.

Sl. No.	Name of Payee	Amount (in Rs.)	SBI Branch
1.	Chairman, Arambagh Municipality	2,35,000.00	Arambagh
2.	Chairman, Ashokenagar-Kalyangarh Municipality	3,06,000.00	Ashokenagar
3.	Chairman, Habra Municipality	7,25,000.00	Habra
4.	Chairman, Kandi Municipality	2,02,000.00	Kandi
5.	Chairman, Nabadwip Municipality	7,52,000.00	Nabadwip
6.	Chairman, Ranigunj Municipality	5,99,000.00	Ranigunj
Total		28,19,000.00	
(Rupees Twenty Eight Lakh Nineteen Thousand only)			


(Debasis Mitra)
Joint Secretary
M.A.Department, GOWB


(C.Sircar)
Director
SUDA

OFFICE OF THE COUNCILORS OF ARAMBAGH MUNICIPALITY
ARAMBAGH :: HOOGHLY
Phone-(03211) 255-030/257-467. Fax-255-030

Ref. No. 34/E.A.P.H.C.C./A M

Date 26/11/08

To
The Director,
SUDA,
Health Wings,
Ilgus Bhavan,
HC Block, Sector-III,
Bidhannagar, Kolkata - 91



Sub: Allotment of fund for Community Based Primary Health Care Service for Arambagh Municipality.

Dear Sir,

This is to inform you that the balance of HHW fund for Arambagh Municipality is Rs. 18342/- (Rupees Eighteen thousand three hundred forty-two only) as on 19/11/2008. So further fund is required immediately for payment of salary, bonus etc relating to Community Based Primary Health Care Service Programme.

I would request you kindly release of further fund for uninterrupted flow of activity relating to Community Based Primary Health Care Service Programme.

Thanking you.

Yours faithfully

Chairman
Arambagh Municipality

OFFICE OF THE COUNCILORS OF ARAMBAGH MUNICIPALITY
ARAMBAGH :: HOOGHLY
Phone-(03211) 255-030/257-467. Fax-255-030

Ref. No. 39/C.O.P.H.C.S/A.M

Date 26.11.08

To
The director,
SUDA
Health wing,
SUDA Bhaban,
H.C.Block, Sector-III,
Bidhannagore, Kolkata-91.

Sub: Requisition of fund for Community Based Pry. Health Care Services of Arambagh Municipality.

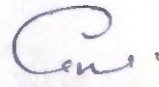
Dear Madam,

I am enclosing herewith Requisition of fund in the prescribed proforma for the months of OCT'08 to DEC'08 in respect of community Based Pry. Health Care Services of Arambagh Municipality.

I, now, request you kindly to release fund as per the said requisition at your earliest convenience.

Thanking you.

Yours faithfully



Chairman
Arambagh Municipality

Requisition of fund

Requisition of fund for 3 months is to be submitted by the Chairperson/Vice Chairperson to Director SUDA as per format along with a forwarding letter.

Requisition of fund for the period (OCT TO DEC 2008)		
SL. No.	Items	Requisitioned Amount in Rs.
Non-Recurring		
1	Equipment (computer+fax+M&S+4S.C.)	270,000.00
2	Furniture	80,000.00
3	Construction: (Not applicable for the present)	
	a) Sub-Center	
	b) OPD cum Maternity Home	
	c) OPD	
4	I.E.C. & Materials	
5	Renovation Works	
6	Base Line Survey	
7	Family Schedule, Training manual, HMIS format & HHW Kit	
8	Strengthening of Existing Maternity Home & Dispensaries (Not applicable for the present)	
Recurring		
9	Honorarium	70,000.00
10	Salaries	112,500.00
11	Rent	12,000.00
12	Training	
13	Drug	384,000.00
14	I.E.C.	10,000.00
15	Operating Cost (Sindries, printing, postage, & telephone, TA / DA etc.	20,000 40,000.00
TOTAL		978500.00

(Rupees nine lakh seventy-eight thousand & five hundred only)

Rs. 2.35 lakhs


Signature of Chairman/Vice-Chairman


Chairman
Krambagh Municipality

to be return
on receipt
copy of
note-62*

*

Submission of Requisition of Fund

Requisition of fund for 3 months is to be submitted by the Chairperson / Vice-Chairperson to Director SUDA as per format along with a forwarding letter.

Requisition of fund for the period Sept. 2008 to November, 2008.

Sl. No.	Items	Requisitioned Amount in Rs.
Non-Recurring		
1.	Equipment	1,50,000'00
2.	Furniture	1,40,000'00
3.	Construction : (Not applicable for the present)	
	a) Sub-Centre	
	b) OPD cum Maternity Home	
	c) OPD	
4.	I.E.C & Materials	
5.	Renovation Works	60,000'00
6.	Base Line Survey	
7.	Family Schedule, Training manual, HMIS format & HHW Kit bag	
8.	Strengthening of existing Maternity Homes & Dispensaries (Not applicable for the present)	
Recurring		
9.	Honorarium	1,39,880'00
10.	Salaries	1,12,500'00
11.	Rent	24,000'00
12.	Training	
13.	Drug	3,84,000'00
14.	I.E.C.	
15.	Operating Cost (Sundries, printing, postage & telephone, TA / DA etc.)	45,000'00
		30,000'00
	TOTAL	10,54,580'00

To
return
on receipt
of copy of
work order

to submit
plan.

Rs 3.06. Cash
mmj ac return
11.12.08

Sarmistha Dutta
Signature of Chairman / Vice-Chairman

SARMISTHA DUTTA
Chairman
ASHOKENAGAR-KALYANGARH MUNICIPALITY



Status on Fund received & SOE submitted :

(Amount in Rs.)

Financial Year	Opening Balance	Fund Received from SUDA	Total Fund Available	SOE sent upto the month of, 2007	SOE during the month of, 2007	Total SOE	Balance
2006-07							
2007-08							

Habra Municipality

Requisition of Fund for the period from December, 2008 to February, 2009

Sl. No.	Items	Requisitioned (Amount in Rs.)
Non-Recurring		
1.	Equipment	
2.	Furniture	
3.	Construction: (Not applicable for the present)	
	a) Sub-Centre	
	b) OPD cum Maternity Home	
	c) OPD	
4.	I.E.C & Materials	
5.	Renovation Works	
6.	Base Line Survey	
7.	Family Schedule, Training manual, HMIS format & HHW kit bag	
8.	Strengthening of existing Maternity Homes & Dispensaries (Not applicable for the present)	
Recurring		
9.	Honorarium for grass-root level functionaries-FTS.(1,920/-x8x3) (including Arrear payment of Rs.58,000.00)	1,04,080.00
10.	Honorarium for grass-root level functionaries-HHW.(1750/-x40x3) (including Arrear payment of Rs.2,44,000.00)	4,54,000.00
11.	Salaries for the Staff of M&S Cell (37,500/-x3)	1,12,500.00
12.	Rent for Sub-Centres.	24,000.00
13.	Training	
14.	Drug for Sub-Centres.	
15.	I.E.C.	
16.	Operating Cost (Sundries, printing, postage & telephone, TA/DA etc.)	30,000.00
	TOTAL	7,24,580.00

(Rupees Seven lakh Twenty four thousand Five hundred & Eighty only.)



*Rs. 7.25 lakhs
my be released
11-12-08*

*Habra
03/12/08*

Signature of Chairman/Vice-Chairman.
Habra Municipality.
Chairman
HABRA MUNICIPALITY

Prepared by,

Soumya Banerjee



Status on Fund received & SOE submitted of Habra Municipality

Financial Year	Opening Balance as at 01.08.08	Fund Received from SUDA	Total Fund Available	SOE sent for the month of November, 2008	Total Fund utilized for the month from August, 2008 to November, 2008	Balance (C3-C5)
	COL-1	COL-2	COL-3	COL-4	COL-5	COL-6
2008-2009	1,75,751.00	6,38,000.00	8,13,751.00	2,58,670.00	5,90,218.00	2,23,533.00

Prepared by,
Soumya Banerjee.

Hatta
03/12/08
Chairman
HABRA MUNICIPALITY

Kandi Mpl.

2183/J-KM/SOE/14142/08

21.6.12.08

Community Based Primary Health Care Services in 63 nos. KMA-ULBs Statement of Expenditure (SOE) in Kandi Municipality for the month of March - 08 to Nov.. 08

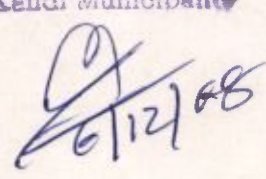
Sl. No.	Item of expenditure	Requisitioned Amount in Rs.
Non-Recurring		
1.	Equipment	
2.	Furniture	
3.	Construction : (Not applicable for the present)	
	a) Sub-Centre	
	b) OPD cum Maternity Home	
	c) OPD	
4.	I.E.C& Materials	
5.	Renovation Works	7,500/-
6.	Base Line Survey	
7.	Family Schedule, Training manual , HMIS format &HHW Kit bag	
8.	Strengthening of existing Maternity Home & Dispensaries (Not applicable for the present)	
Recurring		
9.	Honorarium	1,55,000/-
10.	Salaries	
11.	Rent	
12.	Training	4050/-
13.	Drug	33,273/-
14.	I. E. C.	
15.	Operating cost (Sundries , printing , postage & telephone, TA/DA etc.)	9506/-
	TOTAL	2,09,329/-

X to submit plan

201829

Rs. 2.02 lakhs may be released.

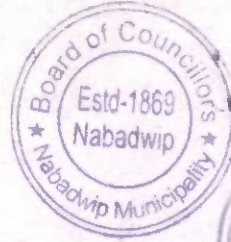

Chairman/Vice-Chairman ,
Kandi Municipality
Kandi Municipality


6/12/08

Chhoty

(1)

PHONE – 240008
241279
STD - (03472)



Office of the Board of Councilors
NABADWIP MUNICIPALITY
P.O.-Nabadwip, Dist.-Nadia

Memo No. 797/ F-33 / M & S Cell / NM / 07-08

Date: 01/12/08

From - Sri Tushar Bhattacharjya,
Vice-Chairman, Nabadwip Municipality
P.O Nabadwip, Dist. - Nadiia.

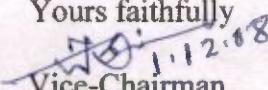
To,
The Director,
State Urban Development agency,
Health Wing, ILGUS Bhavan,
H-C Block, Sector-III,
Bidhannagar, Kolkata-700091.

Sub: - Requisition of Fund in connection with
Community Based Primary Health Care Service.

Sir/Madam,

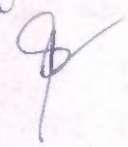
In reference to your letter no. SUDA Health / 63 / ULBs / Accts / 07 / 302,
dated 08.08.2007, I am submitting the requisition of fund for the period from
October'2008 to December'2008 in the prescribed form in connection with
Community Based Primary Health Care Services.

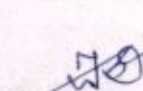
Please do the needful at your earliest.
With thanks,

Yours faithfully

Vice-Chairman,
Nabadwip Municipality

Contd....P/2

Sl. No.	Items of Expenditure	Expenditure
	Non - Recurring	
1.	Equipment	-----
2.	Furniture	-----
3.	Construction	-----
	a) Sub - Centre	-----
	b) OPD cum Maternity Home	-----
	c) OPD	-----
4.	I.E.C. & materials	-----
5.	Renovation works	-----
6.	Base line Survey	-----
7.	Family schedule, Training materials, HMIS FORMAT & HHWkit	-----
8.	Strengthening of existing Maternity Homes & Dispensaries (Not applicable for the present)	-----
	Recurring	
9.	Honorarium	1,99,500.00
10.	Arriear Honorarium	1,77,600.00
11.	Salaries (Contractual Staff)	1,12,500.00
12.	Rent	24,000.00
13.	Training
14.	Drug	1,92,000.00
15.	I.E.C	17,100.00
16.	Operating Cost Sundries, Printing Postage & Teliphone, <u>Stationary</u> , <u>Couriers Service</u>	30,000.00
	Total	7,52,700.00

Rs. 7.52 lakhs
 my calculation



 1.12.08
 Vice-Chairman,
 Nabadwip Municipality

Office of the Board of Councilors
NABADWIP MUNICIPALITY
P.O.-Nabadwip, Dist.-Nadia

Memo No: 598/35/M&S Cell/N.M/07

Date:- 12/09/2008

From: Sri Pundarikakshya Saha,
Chairman, Nabadwip Municipality

To,
Rahul Enterprise,
218/1, Burashibatala Road,
Nabadwip, Nadia

Ref. - Quotation Notice no -1/M&S CELL/N.M/08-09 dated - 08/07/08

His quotation for supply of medicine vides no - 1/ M&S CELL/N.M /08- 09 dated 08/ 07/08 have been accepted.

He is therefore requested supply the following medicine for the present at accepted rates, terms & condition.

The list of selected medicine is given bellow -

SL. NO.	NAME OF MEDICINE (Product)	STRENGTH	ESTIMATED REQ.
✓ 01.	Ranitadine	150 mg (10 tabs / strips)	1090 Strips
02.	Paracitamol	500 mg (10 tabs / strips)	2180 Strips
✓ 03.	Absorbent Cotton	152 packets (100 gm / packet)	152 Packets
04.	Benzyl Benzoate lotion	25% / 100 ml (1 litter / bottle)	13 Bottoles
05.	Antibiotic Powder	Neomycin 3400 unit polymixin B Surphate 5000 Unit & Bacitracin 400 Unit (10 gm / packets)	1360 Packets
✓ 06.	Microspore	1/2" width	124 Reel
07.	O.R.S.Citrate	Each sachet of 28.5 gm containing Sodium choloride 12.3 % Dextrose 70.2 % pot. Choloride 5.3 % Sodium Citrate 10.2 % (Sachet)	2576 Sachets (28.5 gm. / Sachets)
08.	Absorbent Gauze Sterilized in pkts	10 pieces / pack	244 Sets

With thanks,

Receivd
for order modern

Sri Pundarikakshya Saha
Chairman,
Nabadwip Municipality



Office of the Board of Councilors
NABADWIP MUNICIPALITY

P.O.-Nabadwip, Dist.-Nadia

Memo No: 599/35/M&S Cell/N.M/07

Date:- 12/09/2008

From: Sri Pundarikakshya Saha,
Chairman, Nabadwip Municipality

To,
Estern Enterprise,
2/1, Block-A, Bangur Avenue,
Kolkata-700055

Ref. – Quotation Notice no -1/M&S CELL/N.M /08-09 dated – 08/07/ 08

His quotation for supply of medicine vides no – 1/ M&S CELL/N.M /08-09 dated 08/ 07/08 have been accepted.

He is therefore requested supply the following medicine for the present at accepted rates, terms & condition.

The list of selected medicine is given bellow –

SL. NO	NAME OF MEDICINE (Product)	STRENGTH	ESTIMATED REQ.
01	COMBIND GASTRIC ANTACID	Aluminum Hydroxide & Magnesium Hydroxide total salt being not less than 500 mg (10 tab. per strip)	2180 STRIP
02	Domperidon	10 mg/Tab (10 tab/strips)	272 strips
03	Bromhexine Hydrochloride	8mg/Tab (10 tab/strips)	1090 strips
04	Chlorpheniramine meclate	4mg/Tab (10 tabs/per strip)	544 strips

