

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

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

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

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

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

Date	Name of Places	
	From	To

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

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

Abhijit B.

SIGNATURE OF THE GOVT. SERVANT WITH DATE

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

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

a) Railway / Air / Steamer fare	Rs.	Rs.	
b) Road mileage for Kms. 150	@ Rs. 2	300	
c) Daily Allowance			
(i) Days 150	@ Rs. 3	450	Per day
(ii) Days 150	@ Rs. 3	450	Per day
(iii) Days 150	@ Rs. 3	450	Per day
d) Actual expenses	Rs. 3	300	
Gross Amount	Rs. 3	100	

900.00
450.00
450.00
300.00
300.00

e) Less amount of T.A. Advance, if any drawn 2400.00

Passed for payment to the order of
Date (Bill No. *Two Hundred Four*) for Rs.

f) The expenditure is debitable to (Rupees) only.

Chairman
Kandi Municipality

SIGNATURE



ফোন ৯৭৩৩৩৮২৫০০/ ৯৭৩৪০২০৯৭৬

নীলকণ্ঠ পরিবহন

এখানে ছোট লার্ড জাড়া পাওয়া যায়।

প্রাঃ- সুনীল কুমার কোরাই ও সমর কোরাই

কান্দী ✪ নতুনপাড়া ✪ মুর্শিদাবাদ ✪ পিন - ৭৪২১৩৭

Chairman

Kandi Municipality.

তারিখ 23.3.17

23.3.17

Kandi to SUDA

— 4900.00

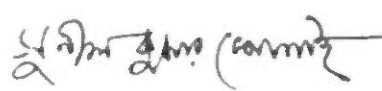
Berhampur meeting
3 day.

— 1350.00

RS - 6250.00

Six thousand Two hundred, fifty only.


Vice-Chairman
Kandi Municipality


সুনীল কুমার (কোরাই)

Memo No. 1817/I -K.M/2017

Date 30/03/2017

From
The Chairman
Kandi Municipality
Kandi, Murshidabad.

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

Sub:- Submission of UC & Statement of Expenditure (SOE) of senior citizenship camp 2016.

Madam,

I like to submit herewith the statement of expenditure in connection with the Community Based Health Care Service of senior citizenship health checkup camp.

Thanking You,

Yours faithfully,

Chairman/Vice-Chairman

Kandi Municipality

Vice-Chairman

Kandi Municipality

Encl:-

1. Xerox of voucher
2. UC SR 330A



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

SUDA Health	Rs. 2500.00
-------------	-------------

Utilization of Rs. 2500.00 for printing [patient card] of senior citizenship health checkup camp.




Vice-Chairman
Kandi Municipality

Vice-Chairman
Kandi Municipality

Office of the Board Of Councillors
Kandi Municipality
Kandi, Murshidabad

Ph. No.03484257345
Fax No.03484-257345

Email:- kandimunicipality@yahoo.com

Memo No.

1486/II-KM/17

Date 20.1.17

From
The Chairman
Kandi Municipality
Kandi, Murshidabad.

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



24-1-2017

Sub:- Submission of UC & Statement of Expenditure (SOE) along with Requirement of Fund in connection with Community Based Health Care Service, during Nov.' 2016 of Kandi Municipality,

Madam,

I like to submit herewith the statement of expenditure in connection with the Community Based Health Care Service upto the month November' 2016 along with statement of further requirement in this regard for your kind perusal and ready referece.

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

Thanking You,

Yours faithfully,

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

Enclo:-

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



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

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

Utilization for the month of April.15 Rs. 83660.00 Balance Rs. 597001.00
 Utilization for the month of May.15 Rs. 63457.00 Balance Rs. 533544.00
 Utilization for the month of June.15 Rs. 72067.00 Balance Rs. 461477.00
 Utilization for the month of July.15 Rs. 76750.64 Balance Rs. 384726.36
 Utilization for the month of Aug.15 Rs. 87888.00 Balance Rs. 296838.36
 Utilization for the month of Sept.15 Rs. 170317.00 Balance
 Rs. 126521.36+210500.00=Rs.337021.36(SUDA-Health -501(P1)-08-198(51))dt.14/10/15
 Utilization for the month of Oct.15 Rs. 89004.00 Balance Rs. 248017.36
 Utilization for the month of Nov.15 Rs. 74521.00 Balance Rs. 173496.36 + Rs. 108000.00 (SUDA Health dt.23.11.2015) Total=Rs.281,496.36
 Utilization for the month of Dec.15 Rs. 95684.00 Balance Rs.185,812.36
 Utilization for the month of Jan.16 Rs. 61930.00 Balance Rs.123882.36 + 257800.00 (SUDA Health dt.29.1.2016) Total =Rs.381682.36
 Utilization for the month of Feb.16 Rs. 61930.00 Balance Rs.319752.36 + 108000.00 (SUDA Health dt.9.2.2016) Total =Rs.427752.36
 Utilization for the month of Mar.16 Rs. 61930.00 Balance Rs.365822.36
 Utilization for the month of April.16 Rs. 102,197.00 Balance Rs.263625.36
 Utilization for the month of May.16 Rs. 75010.00 Balance Rs.188615.36
 Utilization for the month of June.16 Rs. 94228.00 Balance Rs.94387.36 + 257800.00 (SUDA Health dt.6.6.2016) + 108000.00 (SUDA Health dt.15.6.2016) Total Balance Rs. 460187.36
 Utilization for the month of July.16 Rs. 77953.00 Balance Rs.382234.36
 Utilization for the month of Aug.16 Rs.77564.00 Balance Rs.304670.36
 Utilization for the month of Sept.16 Rs.199512.00 Balance Rs.105158.36+ 200000.00 SUDA Health dt.15.9.2016) + 357600.00 (SUDA Health dt.15.10.2016) Balance Rs. 662758.36
 Utilization for the month of Oct.16 Rs.75853.00 Balance Rs. 586905.36
 Utilization for the month of Nov.16 Rs.75853.00 Balance Rs. 511052.36

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

KINDS OF CHECK EXERCISED

Original Bill, Receipt & Vouchers.





Signature of Chairman/Vice-Chairman

Vice-Chairman
Kandi Municipality

Community Based Primary Health Care Services in 63 nos. KMA-ULBs Statement of Expenditure (SOE) in Kandi Municipality for the month of November -2016

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




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

Voucher details statement for the month of November' 2016

366/16-17 dt.30.11.16	HHW honorarium	Honorarium	40625.00
367/16-17 dt. 30.11.16	FTS honorarium	Honorarium	13352.00
368/16-17 dt. 30.11.16	Office Staff Salary	Salary	15626.00
369/16-17 dt.15.11.16	Medicine	Medicine	6250.00




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

✚ শঙ্কর ফার্মেসী ✚

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

CHAIRMAN
KANDI - MUNICIPALITY. তারিখ : 16.11.16

① 1000 B discrepancy x 6.00 = 6000.00

② error - - 250.00

Rs - 6250.00

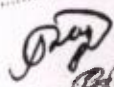
Six thousand two hundred fifty Rupees

Entomology
page no. -

16.11.16

6250.00

for the home party



Chairman
Kandi Municipality

SANKAR PHARMACY
Jemo Bazar Kandi Md

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

under Kandi Municipality for the Month of -...NOVEMBER, 16


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

Total Amount Rs. 40625.00

Total Amount Rs. Forty thousand six hundred twenty five only

Pay Rs. 40625.00 (Rupees Forty thousand

six hundred twenty five only)


 Chairperson
 Kandi Municipality

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

under Kandi Municipality for the Month of -...NOVEMBER-16.....

Name of Health Worker	Designation	Working Days	Payable amount	Net Amount	Signature
Hira Ghatak	F.T.S	30	3338.00	3338.00	Hira Ghatak
Bhadra Mondal	F.T.S	30	3338.00	3338.00	Bhadra Mondal
Shyamoli Das	F.T.S	30	3338.00	3338.00	Shyamali Dutta Das
Purnima Das	F.T.S	30	3338.00	3338.00	Purnima Das

Total Amount Rs. 13352.00

Total Amount Rs. Thirteen thousand three hundred fifty two only





Pay Rs. 13352- (Rupees Thirteen

Thousand Three hundred Fifty Two only)


Chairman
Kandi Municipality

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

of.....NOVEMBER 2016.....

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

Total Amount Rs. 15626.00

Total Amount Rs. Fifteen thousand six hundred twenty six only

Pay, Rs. 15626.00 (Rupees Fifteen Thousand Six Hundred Twenty Six only)
Sd/.....
 Chairman
 Kandi Municipality

Office of the Board Of Councillors
Kandi Municipality
Kandi, Murshidabad

Ph. No.03484257345
Fax No.03484-257345

Email:- kandimunicipality@yahoo.com

Memo No.

1487/2-KM/17.

Date 20.1.17

From
The Chairman
Kandi Municipality
Kandi, Murshidabad.

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



24-1-2017

Sub:- Submission of UC & Statement of Expenditure (SOE) along with Requirement of Fund in connection with Community Based Health Care Service, during Dec.' 2016 of Kandi Municipality.

Madam,

I like to submit herewith the statement of expenditure in connection with the Community Based Health Care Service upto the month December' 2016 along with statement of further requirement in this regard for your kind perusal and ready referece.

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

Thanking You,

Yours faithfully,

Chairman/Vice-Chairman

Kandi Municipality

Vice-Chairman

Kandi Municipality

Encl:-

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



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

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

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

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

KINDS OF CHECK EXERCISED

Original Bill, Receipt & Vouchers.



Signature of Chairman/Vice-Chairman

Vice-Chairman
Kandi Municipality

Community Based Primary Health Care Services in 63 nos. KMA-ULBs Statement of Expenditure (SOE) in Kandi Municipality for the month of December -2016

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




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

Voucher details statement for the month of December' 2016

370/16-17 dt.31.12.16	HHW honorarium	Honorarium	40625.00
371/16-17 dt. 31.12.16	FTS honorarium	Honorarium	13352.00
372/16-17 dt. 31.12.16	Office Staff Salary	Salary	15626.00
373/16-17 dt.15.12.16	Hire Charge	Hire Charge	6250.00




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

Date..15.12.16.

Mobile :-9475772322
9733528309

GANARAJ TRAVELS

Prop.-Diptesh Banerjee

Chhatinakandi * Kandi * Murshidabad

Name.....CHAIRMAN.....KANDI MUNICIPALITY

Address...KANDI.....Mob. No-

DESCRIPTION	FAIR
KANDI TO SUDA NIGHT HALT. 2 DAYS	6250.00
P. 6250.00	
Six Thousand Rupees only	
Chairman Kandi Municipality	
TOTAL	6250.00

Rupees in words... Six Thousand and ...
Two Hundred Fifty only

Party's Signature

Signature

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

under Kandi Municipality for the Month of - DECEMBER 2016

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

Total Amount Rs. 40625.00

Total Amount Rs. Forty thousand six hundred twenty five only

Pay Rs. 40625.00 (Rupees Forty)

Fourteen thousand six hundred twenty five only


Chairman
Kandi Municipality

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

under Kandi Municipality for the Month of -...~~DECEMBER~~...2016

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

Total Amount Rs. 13352.00

Total Amount Rs. Thirteen thousand three hundred fifty two only



Pay Rs. 13352.00 (Rupees Thirteen thousand three hundred fifty two only)

Three thousand three hundred fifty two only


Chairman
Kandi Municipality

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

of.....DECEMBER.....2016

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

Total Amount Rs. 15626.00

Total Amount Rs. Fifteen thousand six hundred twenty six only

Fig No: 13626.00 Project: Health

Approved: (Signature) (Date: 12/12/16)


Chairman
Kandi Municipality

Office of the Board Of Councillors
Kandi Municipality
Kandi, Murshidabad

Ph. No.03484257345
Fax No.03484-257345

Email:- kandimunicipality@yahoo.com

Memo No.

1197/12-KM/16

Date 26.11.16

From
The Chairman
Kandi Municipality
Kandi, Murshidabad.

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



29-11-2016

Sub:- Submission of UC & Statement of Expenditure (SOE) along with Requirement of Fund in connection with Community Based Health Care Service, during Sept.' 2016 of Kandi Municipality.

Madam,

I like to submit herewith the statement of expenditure in connection with the Community Based Health Care Service upto the month September' 2016 along with statement of further requirement in this regard for your kind perusal and ready referece.

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

Thanking You,

Yours faithfully,




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

Encl:-

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

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

Sl.No.	Letter No & Date	Amount (in Rs)
1	B/F- April'2015 SUDA-Health -501(P1)-08-198(51) dt.14/10/15 (SUDA Health dt.23.11.2015) (SUDA Health dt.29.1.2016) (SUDA Health dt.9.2.2016) (SUDA Health dt. 6.6.2016) (SUDA Health dt. 15.6.2016)	Rs. 680661.00 Rs. 210500.00 Rs. 108000.00 Rs.257800.00 Rs.108000.00 Rs. 257800.00 Rs. 108000.00
	Total	Rs.1730761.00

Utilization for the month of April.15 Rs. 83660.00 Balance Rs. 597001.00
 Utilization for the month of May.15 Rs. 63457.00 Balance Rs. 533544.00
 Utilization for the month of June.15 Rs. 72067.00 Balance Rs. 461477.00
 Utilization for the month of July.15 Rs. 76750.64 Balance Rs. 384726.36
 Utilization for the month of Aug.15 Rs. 87888.00 Balance Rs. 296838.36
 Utilization for the month of Sept.15 Rs. 170317.00 Balance
 Rs. 126521.36+210500.00=Rs.337021.36(SUDA-Health -501(P1)-08-198(51))dt.14/10/15
 Utilization for the month of Oct.15 Rs. 89004.00 Balance Rs. 248017.36
 Utilization for the month of Nov.15 Rs. 74521.00 Balance Rs. 173496.36 + Rs. 108000.00 (SUDA Health
 dt.23.11.2015) Total=Rs.281,496.36
 Utilization for the month of Dec.15 Rs. 95684.00 Balance Rs.185,812.36
 Utilization for the month of Jan.16 Rs. 61930.00 Balance Rs.123882.36 + 257800.00 (SUDA Health
 dt.29.1.2016) Total =Rs.381682.36
 Utilization for the month of Feb.16 Rs. 61930.00 Balance Rs.319752.36 + 108000.00 (SUDA Health
 dt.9.2.2016) Total =Rs.427752.36
 Utilization for the month of Mar.16 Rs. 61930.00 Balance Rs.365822.36
 Utilization for the month of April.16 Rs. 102,197.00 Balance Rs.263625.36
 Utilization for the month of May.16 Rs. 75010.00 Balance Rs.188615.36
 Utilization for the month of June.16 Rs. 94228.00 Balance Rs.94387.36 + 257800.00 (SUDA Health
 dt.6.6.2016) + 108000.00 (SUDA Health dt.15.6.2016) Total Balance Rs. 460187.36
 Utilization for the month of July.16 Rs. 77953.00 Balance Rs.382234.36
 Utilization for the month of Aug.16 Rs.77564.00 Balance Rs.304670.36
 Utilization for the month of Sept.16 Rs.199512.00 Balance Rs.105158.36

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

KINDS OF CHECK EXERCISED

Original Bill, Receipt & Vouchers.



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

Community Based Primary Health Care Services in 63 nos. KMA-ULBs Statement of Expenditure (SOE) in Kandi Municipality for the month of September -2016

Sl.No.	Item of expenditure	Amount in Rs.
	Non -Recurring	
1.	Equipment	Nil
2.	Furniture	Nil
3.	Construction : (Not applicable for the present)	Nil
	a) Sub-Centre	
	b)OPD cum Maternity Home	Nil
	c)OPD	Nil
4.	I.E.C & Materials	Nil
5.	Renovation Works	Nil
6.	Base Line Survey	Nil
7.	Family Schedule, Training manual, HMIS format & HHW Kitbag	
8.	Strengthening of existing Maternity Home & Dispensaries (Not applicable for the present)	
	Recurring	
9.	Bonus	60777.00
10.	Honorarium	53977.00
11.	Salaries	15626.00
12.	Rent	13200.00
13.	Training	0.00
14.	Drug	15934.00
15.	I. E. C.	0.00
16.	Operating cost(Sundries, printing, postage & telephone, TA/DA etc.)	39998.00
	TOTAL	199512.00




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

Voucher details statement for the month of September' 2016

347/16-17 dt.30.09.16	HHW honorarium	Honorarium	40625.00
348/16-17 dt. 30.09.16	HHW honorarium	Honorarium/FTS	13352.00
349/16-17 dt. 30.09.16	Office Staff Salary	Salary	15626.00
350/16-17 dt. 30.09.16	Ad-hoc Bonus	Bonus	60777.00
351/16-17 dt.10.09.16	Contingency	Printing	17950.00
352/16-17 dt. 15.09.16	Contingency	Medicine	15934.00
353/16-17 dt. 29.09.16	Rent	Rent(Rasorah)	3000.00
354/16-17 dt. 29.09.16	Rent	Rent(Jemo)	2550.00
355/16-17 dt. 15.09.16	Rent	Rent(Chhatinakandi)	7650.00
356/16-17 dt. 16.09.16	Contingency	T.A	2100.00
357/16-17 dt. 25.09.16	Contingency	Polio Myking	2600.00
358/16-17 dt. 18.09.16	Contingency	Tiffin	3000.00
359/16-17 dt. 15.09.16	Contingency	Xerox	874.00
360/16-17 dt. 11.09.16	Contingency	Fan binding	974.00
361/16-17 dt. 29.09.16	Contingency	Hire Charge	12500.00





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

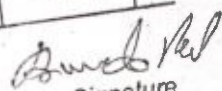
Cash / Credit Memo

ANATH CANON XEROX CENTRE
Prop.- Joydeb Dutta 892

KANDI ☆ JAIL ROAD ☆ MURSHIDABAD.
CHAIRMAN

KANDI - MUNICIPALITY

Sl. No.	Description	Rate	Amount
			Rs. P.
①	POLIO BOOK- A/B 72 PAGES 4 SET	1.50	324 = 00
②	A/4 200 PAGE	1.00	200 = 00
③	PATENT CARD 350 PAGES 874.00 (Rupees) only	1.00	350 = 00
HUNDRED SEVENTY (Rupees) only  Chairman Kandi Municipality			874 = 00
Total			


Signature

Date:- 22.9.12

ক্যাশসেনো

ইলেকট্রিক্স (বিদ্যুৎ ঘর)

প্রোগ্রাম—শ্রীজয়ন্ত ভট্টাচার্য ১৫

ইলেকট্রিকের সমস্ত রকম সরঞ্জাম মূল্য মূল্যে পাইবেন।
কান্দী পাবনাশালা রোড, মুর্শিদাবাদ।

স্বাক্ষরিত
কান্দী পাবনাশালা

ঠিকানা

ক্র: নং	বিবরণ	পরিমাণ	দর	মোট	দাম
১	২ দিন স্থান কম্পন বৈদ্যুতিক	২	২০০-০	৪০০-০০	
২	৩৩ - ২.৫ mm	২২ মত	৩১.০	৬৯২.০০	২০০-০০
৩	মুদ্রা ১৭৭৭ Rupee. ১৭৭৭				
				মোট -	২৭৮-০০

Chairman
Kandi Municipality

মোট -

২৭৮-০০

তারিখ - ২০-২-২৬

Signature

Chairman

পাল মাইক সার্ভিস

প্রো:- বিনয় পাল
কান্দী - মুর্শিদাবাদ

২৫-১-১৫

সভাসভা

কান্দী পৌরসভা

স্বাক্ষরিত মাইক প্রচার দুইদিন

২০-১-১৫, ২৪-১-১৫

উকুউক মার্কা

প্রতি লোকসং-

$$২০০০ \times ২ = ২৫০০.০০$$

Rs. 2500.00 (Rupees) 2500
Kandi Municipal Body only

(Signature)
Chairman
Kandi Municipality

মোট ২৫০০.০০
স্বাক্ষরিত দুই মাস উকুউক

বিনয় পাল
Md Nur Alam SK

ঘর ভাড়ার রসিদ

তারিখ.....

নাম স্বত্বোপত্তি বন্দী পৌরসভা

ঠিকানা বন্দী, মুর্শিদাবাদ

হোল্ডিং নং- ৩৪/১৫/২০১ মহলা- দেখা জারুলসি. ২বাটি

বিবরণ : জুলাই ২০২৬ মাস হইতে

ফেব্রুয়ারি ২০২৬ মাস পর্যন্ত

৫৬০ টাকা হারে

মোট ২,৬৬০.০০ টাকা বৃথিয়া পাইলাম।

তারিখ- ২১/২/২০১৬
Pay Rs. 2550/- (Five Thousand Five Hundred and Fifty) only

স্বত্বোপত্তি বন্দী
স্বাক্ষরকারী


Chairman
Kandi Municipality

12-8-16 - 29-9-16, 30-9-16 Mobile :- 9475772322
9733528309

GANARAJ TRAVELS

Prop. - Diptesh Banerjee

Chhatinakandi * Kandi * Murshidabad

Name..... Chaitanyon Kandi Municipality
Address..... Kandi Mob. No-.....

DESCRIPTION	FAIR
① SUDA TO KOLKATA NIGHT 16/17	7500.00
② 4 days Bus trip	4000.00
③ 1 day per person charge	1000.00
<p>Pay Rs. <u>12500.00</u> (Rupees <u>Twelve Thousand</u> only) <u>Twelve Thousand Rupees</u> only</p> <p><u>Diptesh Banerjee</u> Chairman Kandi Municipality</p>	
TOTAL-	12500.00

Rupees in words..... Twelve Thousand

Diptesh Banerjee
Party's Signature

Diptesh Banerjee
Signature

ঘর ভাড়ার রসিদ

তারিখ _____
নাম সংসদতি কান্দী পৌরসভা

ঠিকানা কান্দী, মুন্সিগঞ্জ

হোল্ডিং নং-৫৫/ক/৪৩ মহলা - সংসদ

বিবরণ : জুলাই ২০২৫ মাস হইতে

সেপ্টেম্বর ২০২৫ মাস পর্যন্ত

১,০০০ টাকা হারে

মোট ৬,০০০ টাকা বুকিয়া পাইলাম।

তারিখ - ২৯/০৯/২০২৫

Milon Kumar Daxraborty
আদায়কারী

Pay Rs. ৩০০০.০০ (Rupees Three

Thousand Rupees only)

[Signature]
Chairman
Kandi

মোবাইলঃ- ৯৯৩২১১১৫৩৭ (ভোপস), ৯৭৩২০৬২৮৩৩ (কেশব)

বৈমাতা মিষ্টান্ন ভাণ্ডার

প্রোঃ- শ্রী কেশব চন্দ্র দাস

বিবাহ, উপনয়ন ও যে কোন অনুষ্ঠানে সমস্ত রকম মিষ্টি যত্ন সহকারে
অর্ডার সাপ্লাই দেওয়া হয়।

জেমো স্কুল রোড * কান্দী * মুর্শিদাবাদ

তারিখ...২৫-২-২৫

অর্ডার নং

কান্দী শ্রীকেশব

আদায়ের মিষ্টি

মিষ্টি

ফল

আদায়ের

2600.00

300.00

100.00

মোট- 3000.00

কেশব চন্দ্র দাস

Passed for pas
(Rupees)

3000/- Three
Thousand Rupees

Day
ly

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

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

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

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

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

Date	Name of Place	
	From	To

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

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

Abhijit Das

SIGNATURE OF THE
GOVT. SERVANT WITH DATE

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

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

a) Railway / Air / Steamer fare	Rs.	900.00
b) Road mileage for Kms. @ 150K3	Rs.	450.00
c) Daily allowance		
i) 150K3 Days @ Rs. per day		300.00
ii) 100K3 Days @ Rs. per day		225.00
iii) 75K3 Days @ Rs. per day		225.00
d) Actual Expenses 75K3	Rs.	225.00
Gross Amount 75K3	Rs.	2100.00

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

Two thousand one hundred
Rupees only

Date

(Bill No.) for Rs.

f) The expenditure is debitable to

SIGNATURE OF DDO
COUNTERSIGNED

Pay Rs. 2100.00 (Rupees Two)

Showered one hundred only

[Signature]
Chairman
Kandi Municipality

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

under Kandi Municipality for the Month of -... *September* - 16


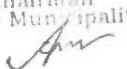
Sl No.	Name of Health Worker	Designation	Working Days	Payable amount	Net Amount	Signature
1	Rupali Hazra	H.H.W	30	3125.00	3125.00	Rupali Hazra
2	Kumkum Das	H.H.W	30	3125.00	3125.00	Kumkum Das
3	Susoma Barik	H.H.W	30	3125.00	3125.00	Susoma Barik
4	Suparna Siddhanta	H.H.W	30	3125.00	3125.00	Suparna Siddhanta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

Total Amount Rs. 40625.00

Total Amount Rs. Forty thousand six hundred twenty five only

Pay Rs. 40625.00 (Rupees Forty thousand)

Six Hundred Twenty Five only


Chairman
Kandi Municipality


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

under Kandi Municipality for the Month of *September-16*

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

Total Amount Rs. 13352.00

Total Amount Rs. Thirteen thousand three hundred fifty two only

Pay Rs. 13352- (Rupees *Thirteen thousand*





Three hundred fifty two) only

[Signature]
Chairman
Kandi Municipality

12/16

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

of September-16

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

Pay Rs. 15626.00 (Rupees Fifteen thousand,

Six hundred and twenty six only)

Total Amount Rs. 15626.00

Chairman
Kandi Municipality
Total Amount Rs. Six hundred and twenty six only

M/S. SANKAR PHARMACY

Chemist & Drugist

Prop. :- Biplab Dey

Jemo Bazar * Kandi * Murshidabad

Ref. No. _____

Date 15.09.2016

To The Chairman, Kandi Municipality -

Sl. No.	Medicine Name	Batch No	Mfg. Dt.	Exp. Dt.	Qty.	Rate	Total
1	Pregn News (Testes)	AOGWP-029	02.16.	1.2018	90 Stk	55/-	4950.00
2	Cotton	COT16029	05.16	3.2019	15 Rolle	145/-	2175.00
3	O.F.S	L7624	April 16	March 19	150 Ps	14.50 Ps	2175.00
4	P-500	PFT 6133B	July 16	June 19	100 Stk	15.64	1564.00
5	Dygone	OPT-5563	March 16	July 18	50 Stk	15.64	0782.00
6	Amlo shine 5	A1A1FP 098	June 16	May 19	100 Stk	12.00	1200.00
7	Gluconorm G-2	J601833	June 16	May 18	15 Stk	162.50	2438.00
8	Glyna inf.	13010034	July 16	Dec 17	50 Stk	13.00	0650.00

(Rupees Fifteen Thousand, Nine hundred thirty four only)

Grand Total 15934.00

Biplab Dey

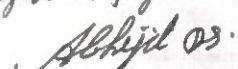
Pay Rs. 15934.00 (Rupees Fifteen)

Hased ... only

SANKAR PHARMACY
Jemo Bazar Kandi Msr


Chairman
Kandi Municipality

Enter in Stock
Register, page No. - 18


18-9-16

শ্রীশ্রী শারদীয়া দুর্গা ঠাকুরাণী দেবতার এস্টেট

ছাতিনাকান্দী, বিশ্বাসের বেড় • কান্দী • মুর্শিদাবাদ

ভাড়ার নাম মোটর গাড়ি ১০০০ ১০/১০

পিতা/স্বামী _____

ক্রমিক নং ২ হোল্ডিং নং ১৩ (৬) মহলা ২য় তলা

থানা কান্দী পোঃ কান্দী জেলা মুর্শিদাবাদ

মাসিক ভাড়া ৪০০ হিসাবে বকেয়া সন ১৪১...../২০০৬.....সালের জ্যৈষ্ঠ - ১৬

১০/১০ মাস হইতে ১০/১০ মাস পর্যন্ত ভাড়া মোট ভাড়া (অফে)

৭.৬০০০ টাকা পয়সা (কথায়) সাত হাজার ৬০০০ শত পাইলাম।

তারিখ ১৫/১/১৬, সেবাহিতগণ আদায়কারীর স্বাক্ষর

567/16-17 15/16
Phone - (03484) 255011

Sri Ramkrishna Co-Op. Printing Press Society Ltd.

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

5585

P.O. - Kandi * Dist. - Murshidabad.

Memo No. 860/IXM/16 Challan No. _____ Bill No. _____
 Date 31/8/16 Date _____ Date _____
 Messrs / To The Chairman
Kandi Municipality, Msd.

Description	Quantity	Rate	Amount
			Rs. P.
<u>Supply of:</u>	<u>per book</u>		
1. Immunization Register.	7-Books	950/-	6,650-00
2. Monthly Report Form - (100x10 pads)	1000 pcs	150/-	1,500-00
3. Weekly Report Form -	2000 pcs	150/-	3,000-00
4. Child Register, -	4-Books	950/-	3,800-00
5. Monthly Report (EXCEL)	1000 pcs	150/-	1,500-00
6. Vaccin Requisition Form.	2500 pcs.	=	1,500-00
Total -			17,950-00

Pay Rs: 17950-00 (Rupees Seventeen thousand nine hundred and sixty only)


Chairman
Kandi Municipality

Enter in Spec Register
Page No - 18
on - 10.9.16
Ajit Das.

(In Words Seventeen thousand nine hundred and sixty only.) E & O.E.

Rs. - 17,950/-

Our Order No. -

Sanda Deval. Dey
For - Sri Ramkrishna Co-Op. P.P.S. Ltd.
10.9.16

Bill of Ad-hoc Bonus to CBPHCS, HHWs, FTS & Staff during 2015-16
Vide GO no.3141-F(p2) dt.13.6.16 & SUDA- Health /532/09/151(73) dt. 20.9.16

Sl. No.	Name of HHWs	Duration work as on 31.3.16	Basic Pay (consolited) Fixed Pay	Amount of Ad-hoc Bonus	signature
1	Rupali Hazra	11 Yrs.	3125.00	3125.00	Rupali Hazra
2	Kumkum Das	11 Yrs.	3125.00	3125.00	Kumkum Das
3	Susoma Barik	11 Yrs.	3125.00	3125.00	Susoma Barik
4	Suparna Siddhanta	11 Yrs.	3125.00	3125.00	Suparna Siddhanta
5	Chameli Nandi	11 Yrs.	3125.00	3125.00	Chameli Nandi
6	Srimati Mondal	11 Yrs.	3125.00	3125.00	Srimati Mondal
7	Aporna Das	11 Yrs.	3125.00	3125.00	Aporna Das
8	Samapti Adhya	11 Yrs.	3125.00	3125.00	Samapti Adhya
9	Sima Mazumdar	11 Yrs.	3125.00	3125.00	Sima Mazumdar
10	Mallika Sinha	11 Yrs.	3125.00	3125.00	Mallika Sinha
11	Nasira Khatun	11 Yrs.	3125.00	3125.00	Nasira Khatun
12	Karabi Dutta	11 Yrs.	3125.00	3125.00	Karabi Dutta
13	Papiya Paul	11 Yrs.	3125.00	3125.00	Papiya Paul

40625.00

Rupees forty thousand six hundred twenty five only

Rs. 40625.00 (Fourty thousand six hundred twenty five only)


 Chairman
 Kandi Municipality

Bill of Ad-hoc Bonus to CBPHCS, HHWs, FTS & Staff during 2015-16
Vide GO no.3141-F(p2) dt.13.6.16 & SUDA- Health /532/09/151(73) dt. 20.9.16

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

13352.00

Rupees Thirteen thousand three hundred fifty two only

Pay Rs. 13352 (Rupees Thirteen thousand
Three Hundred Fifty Two only)


 Chairman
 Kandi Municipality

Bill of Ad-hoc Bonus to CBPHCS, HHWs, FTS & Staff during 2015-16
Vide GO no. 3141-F(p2) dt.13.6.16 & SUDA- Health /532/09/151(73) dt. 20.9.16

Sl. No.	Name of Office Staff	Duration work as on 31.3.16	Basic Pay (consolited) Fixed Pay	Amount of Ad-hoc Bonus	signature
1	Abhijit Das	9 yrs.	7813.00	3400.00	<i>Abhijit Das</i>
2	Rathin Chatterjee	9 yrs.	7813.00	3400.00	<i>Rathin Chatterjee</i>
				6800.00	

Rupees six thousand eight hundred only

Rs. 6800.00 (Rupees Six
Thousand Eight Hundred) only

[Signature]
Chairman
Kandi Municipality

Office of the Board Of Councillors
Kandi Municipality
Kandi, Murshidabad

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

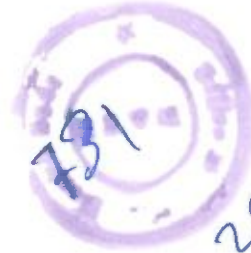
Memo No.

1198/2-KM/16

Date 26.11.16

From
The Chairman
Kandi Municipality
Kandi, Murshidabad.

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



Sub:- Submission of UC & Statement of Expenditure (SOE) along with Requirement of Fund in connection with Community Based Health Care Service, during Oct.' 2016 of Kandi Municipality.

Madam,

I like to submit herewith the statement of expenditure in connection with the Community Based Health Care Service upto the month October' 2016 along with statement of further requirement in this regard for your kind perusal and ready referece.

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

Thanking You,

Yours faithfully,


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

Encl:-

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



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

Sl.No.	Letter No & Date	Amount (in Rs)
1	B/F- April'2015 SUDA-Health -501(P1)-08-198(51) dt.14/10/15 (SUDA Health dt.23.11.2015) (SUDA Health dt.29.1.2016) (SUDA Health dt.9.2.2016) (SUDA Health dt. 6.6.2016) (SUDA Health dt. 15.6.2016)	Rs. 680661.00 Rs. 210500.00 Rs. 108000.00 Rs.257800.00 Rs.108000.00 Rs. 257800.00 Rs. 108000.00
	Total	Rs.1730761.00

Utilization for the month of April.15 Rs. 83660.00 Balance Rs. 597001.00

Utilization for the month of May.15 Rs. 63457.00 Balance Rs. 533544.00

Utilization for the month of June.15 Rs. 72067.00 Balance Rs. 461477.00

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

KINDS OF CHECK EXERCISED

Original Bill, Receipt & Vouchers.



Signature of Chairman/Vice-Chairman

Vice-Chairman
Kandi Municipality

Community Based Primary Health Care Services in 63 nos. KMA-ULBs Statement of Expenditure (SOE) in Kandi Municipality for the month of October -2016

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




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

Voucher details statement for the month of October' 2016

362/16-17 dt.31.10.16	HHW honorarium	Honorarium	40625.00
363/16-17 dt. 31.10.16	FTS honorarium	Honorarium	13352.00
364/16-17 dt. 31.10.16	Office Staff Salary	Salary	15626.00
365/16-17 dt.	Hire charge	Hire charge	6250.00




**Chairman/Vice-Chairman
Kandi Municipality**

**Vice-Chairman
Kandi Municipality**

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


under Kandi Municipality for the Month of -...OCTOBER-16

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

Total Amount Rs. 40625.00

Total Amount Rs. Forty thousand six hundred twenty five only

Pay Rs. 40625.00 (Forty thousand six hundred twenty five only)


Chairman
Kandi Municipality

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


under Kandi Municipality for the Month of OCTOBER 2016

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

Total Amount Rs. 13352.00

Total Amount Rs. Thirteen thousand three hundred fifty two only

Pay Rs. 13352- (Rupees Thirteen thousand three hundred fifty two only)


Chairman
Kandi Municipality

Bill for the Salary of Office Staff For CBPHCS Project (Health) under Kandi Municipality for the month
of 01 TO 30 - 2016

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

Total Amount Rs. 15626.00

Total Amount Rs. Fifteen thousand six hundred twenty six only

Page No. 15626.00 (Pages: 11) only
(Signature)
Chairman
Kandi Municipality

Date..15.10.16.

Mobile :-9475772322
9733528309

GANARAJ TRAVELS

Prop.-Diptesh Banerjee

Chhatinakandi * Kandi * Murshidabad

Name.....CHAIRMAN.....KANDI MUNICIPALITY

Address...KANDI.....Mob. No-

DESCRIPTION	FAIR
KANDI TO SODA NIGHT HALT 2 DAYS	6250.00
Rs. 6250.00 Six Thousand Rupees only Bry Chairman Kandi Municipality	
TOTAL	6250.00

Rupees in words.....Six Thousand and

Two Hundred Fifty only

Party's Signature

Signature

Office of the Board Of Councillors
Kandi Municipality
Kandi, Murshidabad

Ph. No.03484257345
Fax No.03484-257345

Email:- kandimunicipality@yahoo.com

Memo No.

904/9-KM/16

Date 12-9-16

From
The Chairman
Kandi Municipality
Kandi, Murshidabad.

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



Sub:- Submission of UC & Statement of Expenditure (SOE) along with Requirement of Fund in connection with Community Based Health Care Service, during July' 2016 of Kandi Municipality.

Madam,

I like to submit herewith the statement of expenditure in connection with the Community Based Health Care Service upto the month July' 2016 along with statement of further requirement in this regard for your kind perusal and ready referece.

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

Thanking You,

Yours faithfully,


Chairman/Vice-Chairman

Kandi Municipality
Vice-Chairman
Kandi Municipality

Encl:-

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



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

Sl.No.	Letter No & Date	Amount (in Rs)
1	B/F- April'2015 SUDA-Health -501(P1)-08-198(51) dt.14/10/15 (SUDA Health dt.23.11.2015) (SUDA Health dt.29.1.2016) (SUDA Health dt.9.2.2016) (SUDA Health dt. 6.6.2016) (SUDA Health dt. 15.6.2016)	Rs. 680661.00 Rs. 210500.00 Rs. 108000.00 Rs.257800.00 Rs.108000.00 Rs. 257800.00 Rs. 108000.00
	Total	Rs.1730761.00

Utilization for the month of April.15 Rs. 83660.00 Balance Rs. 597001.00

Utilization for the month of May.15 Rs. 63457.00 Balance Rs. 533544.00

Utilization for the month of June.15 Rs. 72067.00 Balance Rs. 461477.00

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

KINDS OF CHECK EXERCISED

Original Bill, Receipt & Vouchers.




Signature of Chairman/Vice-Chairman

Vice-Chairman
Kandi Municipality

Community Based Primary Health Care Services in 63 nos. KMA-ULBs Statement of Expenditure (SOE) in Kandi Municipality for the month of July -2016

Sl.No.	Item of expenditure	Amount in Rs.
	Non -Recurring	
1.	Equipment	Nil
2.	Furniture	Nil
3.	Construction : (Not applicable for the present)	Nil
	a) Sub-Centre	
	b)OPD cum Maternity Home	Nil
	c)OPD	Nil
4.	I.E.C & Materials	Nil
5.	Renovation Works	Nil
6.	Base Line Survey	Nil
7.	Family Schedule, Training manual, HMIS format & HHW Kitbag	
8.	Strengthening of existing Maternity Home & Dispensaries (Not applicable for the present)	
Recurring		
9.	Honorarium	53977.00
10.	Salaries	15626.00
11.	Rent	0.00
12.	Training	0.00
13.	Drug	0.00
14.	I. E. C.	0.00
15.	Operating cost(Sundries, printing, postage & telephone, TA/DA etc.)	8350.00
	TOTAL	77953.00


Chairman/Vice Chairman
Kandi Municipality.

Vice-Chairman
Kandi Municipality




Voucher details statement for the month of July' 2016

337/16-17 dt.31.07.16	HHW honorarium	Honorarium	40625.00
338/16-17 dt.31.07.16	HHW honorarium	Honorarium/FTS	13352.00
339/16-17 dt.31.07.16	Office Staff Salary	Salary	15626.00
340/16-17 dt.11.07.16	Contingency	T.A	2100.00
341/16-17 dt.18.07.16	Contingency	Hire Charge	6250.00




**Chairman/Vice-Chairman
Kandi Municipality**

**Vice-Chairman
Kandi Municipality**


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

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

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

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

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

Date	Name of Place	
	From	To

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

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

Ashjit Das

SIGNATURE OF THE GOVT. SERVANT WITH DATE

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

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

a) Railway / Air / Steamer fare	150 x 2 x 3	Rs.	900.00
b) Road mileage for Kms. @	125 x 3	Days @ Rs.	375.00
c) Daily allowance	100 x 3	Days @ Rs.	300.00
	50 x 4	Rs.	200.00
d) Actual Expenses	100 x 3	Rs.	300.00
Gross Amount	25 x 1	Rs.	25.00
e) Less amount of T.A. Advance, if any drawn vide token No.			

Rs - 2100.00

Date (Bill No.) for Rs.

Two thousand one hundred Rupees only

The expenditure is debitable to

SIGNATURE OF DDO COUNTERSIGNED

Amount for payment Rs. 2100.00
 Rupees only.

Kandi Municipality

Mobile :- 9475772322
9733528309

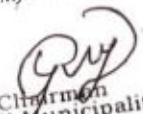
7.16
GANARAJ TRAVELS

Prop. - **Diptesh Banerjee**

Chhatinakandi * Kandi * Murshidabad

Name... *Chairman* *Kandi* *Murshidabad*

Address..... *Kandi* Mob. No-

DESCRIPTION	FAIR
<i>Kandi to Kolkata</i> <i>SUDA - SASTHO GHABAN</i> <i>593. K. M.</i>	<i>6250.00</i>
Pay Rs. <i>6250/-</i> (Rupees <i>six thousand</i> <i>two hundred and fifty</i>) only	
 Chairman Kandi Municipality	
TOTAL-	<i>6250.00</i>





Rupees in words... *Six thousand Two hundred and fifty*

2136 *Rupees* only

Party's Signature

Diptesh Banerjee
Signature

Bill for the Salary of Office Staff under CBPHCS Project (Health) for the month of July 2016

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

Total Amount Rs. 15626.00

Total Amount Rs. Fifteen thousand Six Hundred Twenty Six Rupees only.

Pay Rs. 15626.00 (Rupees: Fifteen thousand) only

Signature only


Chairman
Kandi Municipality

the Honararium of H.H.W. staff under Kandi Municipality CBPHCS Project (Health)
for the Month of -...July...2016...

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

Rs - 40625.00

Pay Rs. 40625.00 (Rupees Forty Thousand Six Hundred and Twenty Five only)


 Chairman
 Kandi Municipality

Bill for the Honorarium of F.T.S staff under Kandi Municipality CBPHCS Project (Health) for the Month of July 2016

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

RS - 13352 = 00

Chairman
Kandi Municipality

13352 (Rupees) only

Memo No.

905/2-KM/16.

Date 12-9-16

From

The Chairman
Kandi Municipality
Kandi, Murshidabad.

To

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



Sub:- Submission of UC & Statement of Expenditure (SOE) along with Requirement of Fund in connection with Community Based Health Care Service, during August' 2016 of Kandi Municipality.

Madam,

I like to submit herewith the statement of expenditure in connection with the Community Based Health Care Service upto the month August' 2016 along with statement of further requirement in this regard for your kind perusal and ready referece.

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

Thanking You,

Yours faithfully,


Chairman/Vice-Chairman

Kandi Municipality
Vice-Chairman
Kandi Municipality

Encl:-

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



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

Sl.No.	Letter No & Date	Amount (in Rs)
1	B/F- April'2015 SUDA-Health -501(P1)-08-198(51) dt.14/10/15 (SUDA Health dt.23.11.2015) (SUDA Health dt.29.1.2016) (SUDA Health dt.9.2.2016) (SUDA Health dt. 6.6.2016) (SUDA Health dt. 15.6.2016)	Rs. 680661.00 Rs. 210500.00 Rs. 108000.00 Rs.257800.00 Rs.108000.00 Rs. 257800.00 Rs. 108000.00
	Total	Rs.1730761.00



Utilization for the month of April.15 Rs. 83660.00 Balance Rs. 597001.00
 Utilization for the month of May.15 Rs. 63457.00 Balance Rs. 533544.00
 Utilization for the month of June.15 Rs. 72067.00 Balance Rs. 461477.00
 Utilization for the month of July.15 Rs. 76750.64 Balance Rs. 384726.36
 Utilization for the month of Aug.15 Rs. 87888.00 Balance Rs. 296838.36
 Utilization for the month of Sept.15 Rs. 170317.00 Balance
 Rs. 126521.36+210500.00=Rs.337021.36(SUDA-Health -501(P1)-08-198(51))dt.14/10/15
 Utilization for the month of Oct.15 Rs. 89004.00 Balance Rs. 248017.36
 Utilization for the month of Nov.15 Rs. 74521.00 Balance Rs. 173496.36 + Rs. 108000.00 (SUDA Health dt.23.11.2015) Total=Rs.281,496.36
 Utilization for the month of Dec.15 Rs. 95684.00 Balance Rs.185,812.36
 Utilization for the month of Jan.16 Rs. 61930.00 Balance Rs.123882.36 + 257800.00 (SUDA Health dt.29.1.2016) Total =Rs.381682.36
 Utilization for the month of Feb.16 Rs. 61930.00 Balance Rs.319752.36 + 108000.00 (SUDA Health dt.9.2.2016) Total =Rs.427752.36
 Utilization for the month of Mar.16 Rs. 61930.00 Balance Rs.365822.36
 Utilization for the month of April.16 Rs. 102,197.00 Balance Rs.263625.36
 Utilization for the month of May.16 Rs. 75010.00 Balance Rs.188615.36
 Utilization for the month of June.16 Rs. 94228.00 Balance Rs.94387.36 + 257800.00 (SUDA Health dt.6.6.2016) + 108000.00 (SUDA Health dt.15.6.2016) Total Balance Rs. 460187.36
 Utilization for the month of July.16 Rs. 77953.00 Balance Rs.382234.36
 Utilization for the month of Aug.16 Rs.77564.00 Balance Rs.304670.36

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

KINDS OF CHECK EXERCISED

Original Bill, Receipt & Vouchers.





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


Community Based Primary Health Care Services in 63 nos. KMA-ULBs Statement of Expenditure (SOE) in Kandi Municipality for the month of August -2016

Sl.No.	Item of expenditure	Amount in Rs.
	Non -Recurring	
1.	Equipment	Nil
2.	Furniture	Nil
3.	Construction : (Not applicable for the present)	Nil
	a) Sub-Centre	
	b)OPD cum Maternity Home	Nil
	c)OPD	Nil
4.	I.E.C & Materials	Nil
5.	Renovation Works	Nil
6.	Base Line Survey	Nil
7.	Family Schedule, Training manual, HMIS format & HHW Kitbag	
8.	Strengthening of existing Maternity Home & Dispensaries (Not applicable for the present)	
	Recurring	
9.	Honorarium	53977.00
10.	Salaries	15626.00
11.	Rent	0.00
12.	Training	0.00
13.	Drug	0.00
14.	I. E. C.	0.00
15.	Operating cost(Sundries, printing, postage & telephone, TA/DA etc.)	7961.00
	TOTAL	77564.00




 Chairman/Vice-Chairman
 Kandi Municipality.

Vice-Chairman
 Kandi Municipality


Voucher details statement for the month of August' 2016

342/16-17 dt.31.08.16	HHW honorarium	Honorarium	40625.00
343/16-17 dt.31.08.16	HHW honorarium	Honorarium/FTS	13352.00
344/16-17 dt.31.08.16	Office Staff Salary	Salary	15626.00
345/16-17 dt.04.08.16	Contingency	T.A	1400.00
346/16-17 dt.17.08.16	Contingency	Xerox	311.00
347/16-17 dt. 21.08.16	Contingency	Hire Charge	6250.00



[Signature]
Chairman/Vice-Chairman
Kandi Municipality
Vice-Chairman
Kandi Municipality
[Signature]

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

under Kandi Municipality for the Month ofAUGUST-2016

Name of Health Worker	Designation	Working Days	Payable amount	Net Amount	Signature
1 Rupali Hazra	H.H.W	31	3125.00	3125.00	Rupali Hazra
2 Kumkum Das	H.H.W	31	3125.00	3125.00	Kum Kum Das
3 Susoma Barik	H.H.W	31	3125.00	3125.00	Susoma Barik
4 Suparna Siddhanta	H.H.W	31	3125.00	3125.00	Suparna Siddhanta.
5 Chameli Nandi	H.H.W	31	3125.00	3125.00	Chameli Nandi
6 Srimati Mondal	H.H.W	31	3125.00	3125.00	Srimati Mondal
7 Aporna Das	H.H.W	31	3125.00	3125.00	Aparna Das
8 Samapti Adhya	H.H.W	31	3125.00	3125.00	Samapti Adhya.
9 Sima Mazumdar	H.H.W	31	3125.00	3125.00	Sima Mazumdar
10 Mallika Sinha	H.H.W	31	3125.00	3125.00	Mallika Sinha
11 Nasira Khatun	H.H.W	31	3125.00	3125.00	Nasira Khatun
12 Karobi Dutta	H.H.W	31	3125.00	3125.00	Karobi Dutta
13 Papiya Paul	H.H.W	31	3125.00	3125.00	Papiya Paul

Total Amount Rs. 40625.00

Total Amount Rs. Forty thousand six hundred twenty five only

Pay to the order of (Signature) only

(Signature)
Chairman
Kandi Municipality
(Signature)

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

under Kandi Municipality for the Month of -...AUGUST-2016


Name of Health Worker	Designation	Working Days	Payable amount	Net Amount	Signature
Hira Ghatak	F.T.S	31	3338.00	3338.00	Hira Ghatak
Bhadra Mondal	F.T.S	31	3338.00	3338.00	Bhadra Mondal
Shyamoli Das	F.T.S	31	3338.00	3338.00	Shyamali Dutta Das.
Purnima Das	F.T.S	31	3338.00	3338.00	Purnima Das.

Total Amount Rs. 13352.00

Total Amount Rs. Thirteen thousand three hundred fifty two only


Pay Rs. 13352/- (Rupees Thirteen)

Amount in Words (Rupees Thirteen)


Chairman
Kandi Municipality

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

of.....*AUGUST-2016*.....

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

Total Amount Rs. 15626.00

Pay Rs. 15626.00 Rupees *Fifteen thousand six hundred twenty six only*

(Signature) only

(Signature)
Chairman
Kandi Municipality

Total Amount Rs. Fifteen thousand six hundred twenty six only

Cash / Credit Memo
JOYKANTH CANON XEROX CENTRE

Prop.- Joydeb Dutta

291
 -KANDI & JAIL ROAD & MURSHIDABAD.

Name: **CHAIRMAN**

Address: **KANDI - MUNICIPALITY**

Copies	Description	Rate	Amount	
			Rs.	P.
①	A14 Paper 172 Pcs -	1.00	172	00
②	A13 Book 48 Pgs.	2.00	96	00
③	A14 Paper 43 CPM	1.00	43	00
			/	
			Total:- 311 = 00	

Pay Rs. 311.00 (Rupees) Only

[Signature]
 Chairman
 Kandi Municipality

Date: 17.8.15
[Signature]
 Branch Rep
 Signature

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

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

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

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

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

Date	Name of Place	
	From	To

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

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

Abhijit D.S.

SIGNATURE OF THE GOVT. SERVANT WITH DATE

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

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

a) Railway / Air / Steamer fare	150 K 2	Rs.	600.00
b) Road mileage for Kms. @	100 K 2	Rs.	200.00
c) Daily allowance			
i)	100 K 2	Days @ Rs.	per day 200.00
ii)	75 K 2	Days @ Rs.	per day 150.00
iii)	50 K 2	Days @ Rs.	per day 100.00
d) Actual Expenses	25 K 6	Rs.	150.00

1400.00

Gross Amount Rs.

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

Date (Bill No.) for Rs. 1400.00

f) The expenditure is debitable to *one home for the year*

SIGNATURE OF DOL COUNTERSIGNED

Passed for payment
(Rupees only.

Ray
Kandi Municipality

Date.....

Mobile :- 9475771322
9733528309

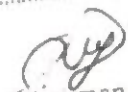
GANARAJ TRAVELS

Proprietor Ganaraj

Chhatinakandi * Kandi * Murshidabad

Name..... CHAIRMAN..... KANDI..... MUNICIPALITY

Address..... KANDI..... M.S.D..... Mob. No-

DESCRIPTION	FAIR
KANDI To Kolkata SUVA - DL-B on - 21.8.16	6250 - 00
(Rupees.....)) only	
 Chairman Kandi Municipality	
TOTAL-	6250 - 00

Rupees in words..... Six Thousand Two Hundred.....

..... only
Signature

Party's Signature
21.8.16

Office of the Board Of Councillors
Kandi Municipality
Kandi, Murshidabad

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

Memo No.

677/E-KM/16

Date 12-7-16

From
The Chairman
Kandi Municipality
Kandi, Murshidabad.

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



Sub:- Submission of UC & Statement of Expenditure (SOE) along with Requirement of Fund in connection with Community Based Health Care Service, during June' 2016 of Kandi Municipality.

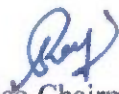
Madam,

I like to submit herewith the statement of expenditure in connection with the Community Based Health Care Service upto the month June' 2016 along with statement of further requirement in this regard for your kind perusal and ready referece.

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

Thanking You,

Yours faithfully,


Chairman/Vice-Chairman
Kandi Municipality

**Vice-Chairman
Kandi Municipality**

Encl:-

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



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

Sl.No.	Letter No & Date	Amount (in Rs)
1	B/F- April'2015 SUDA-Health -501(P1)-08-198(51) dt.14/10/15 (SUDA Health dt.23.11.2015) (SUDA Health dt.29.1.2016) (SUDA Health dt.9.2.2016)	Rs. 680661.00 Rs. 210500.00 Rs. 108000.00 Rs.257800.00 Rs.108000.00
	Total	Rs.1364961.00

Utilization for the month of April.15 Rs. 83660.00 Balance Rs. 597001.00
Utilization for the month of May.15 Rs. 63457.00 Balance Rs. 533544.00
Utilization for the month of June.15 Rs. 72067.00 Balance Rs. 461477.00
Utilization for the month of July.15 Rs. 76750.64 Balance Rs. 384726.36
Utilization for the month of Aug.15 Rs. 87888.00 Balance Rs. 296838.36
Utilization for the month of Sept.15 Rs. 170317.00 Balance
Rs. 126521.36+210500.00=Rs.337021.36(SUDA-Health -501(P1)-08-198(51))dt.14/10/15
Utilization for the month of Oct.15 Rs. 89004.00 Balance Rs. 248017.36
Utilization for the month of Nov.15 Rs. 74521.00 Balance Rs. 173496.36 + Rs. 108000.00 (SUDA Health dt.23.11.2015) Total=Rs.281,496.36
Utilization for the month of Dec.15 Rs. 95684.00 Balance Rs.185,812.36
Utilization for the month of Jan.16 Rs. 61930.00 Balance Rs.123882.36 + 257800.00 (SUDA Health dt.29.1.2016) Total =Rs.381682.36
Utilization for the month of Feb.16 Rs. 61930.00 Balance Rs.319752.36 + 108000.00 (SUDA Health dt.9.2.2016) Total =Rs.427752.36
Utilization for the month of Mar.16 Rs. 61930.00 Balance Rs.365822.36
Utilization for the month of April.16 Rs. 102,197.00 Balance Rs.263625.36
Utilization for the month of May.16 Rs. 75010.00 Balance Rs.188615.36
Utilization for the month of June.16 Rs. 94228.00 Balance Rs.94387.36

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

KINDS OF CHECK EXERCISED

Original Bill, Receipt & Vouchers.



Signature of Chairman/Vice-Chairman

Vice-Chairman
Kandi Municipality

Community Based Primary Health Care Services in 63 nos. KMA-ULBs Statement of Expenditure (SOE) in Kandi Municipality for the month of June -2016

Sl.No.	Item of expenditure	Amount in Rs.
	Non -Recurring	
1.	Equipment	Nil
2.	Furniture	Nil
3.	Construction : (Not applicable for the present)	Nil
	a) Sub-Centre	
	b)OPD cum Maternity Home	Nil
	c)OPD	Nil
4.	I.E.C & Materials	Nil
5.	Renovation Works	Nil
6.	Base Line Survey	Nil
7.	Family Schedule, Training manual, HMIS format & HHW Kitbag	
8.	Strengthening of existing Maternity Home & Dispensaries (Not applicable for the present)	
	Recurring	
9.	Honorarium	53977.00
10.	Salaries	15626.00
11.	Rent	5550.00
12.	Training	0.00
13.	Drug	14080.00
14.	I. E. C.	0.00
15.	Operating cost(Sundries, printing, postage & telephone, TA/DA etc.)	4995.00
	TOTAL	94228.00



(Signature)
Chairman/Vice Chairman
Kandi Municipality.

Vice-Chairman
Kandi Municipality
(Signature)

Voucher details statement for the month of June' 2016

328/16-17 dt.30.06.16	HHW honorarium	Honorarium	40625.00
329/16-17 dt.30.06.16	HHW honorarium	Honorarium/FTS	13352.00
330/16-17 dt.30.06.16	Office Staff Salary	Salary	15626.00
331/16-17 dt.15.06.16	Contingency	Medicine	14080.00
332/16-17 dt.10.06.16	Contingency	T.A	2100.00
333/16-17 dt.30.06.16	Contingency	Rent (Jemo) Apr.-June'16	2550.00
334/16-17 dt.30.06.16	Contingency	Rent (Rasorah) Apr.-June'16	3000.00
335/16-17 dt.09.06.16	Contingency	Xerox	1495.00
336/16-17 dt.20.06.16	Contingency	Hire Charge	1400.00




Chairman/Vice-Chairman
Kandi Municipality

Vice-Chairman
Kandi Municipality


ঘর ভাড়ার রসিদ

তারিখ.....

নাম শ্রীমতী কান্দী সৌভাগ্য

ঠিকানা কান্দী পুরানো

হোল্ডিং নং- ৩৪/২/২০২ মহলা- প্রথম পোতুলি

বিবরণ : এপ্রিল ২০২১ মাস হইতে

জুন ২০২১ মাস পর্যন্ত

৬৫০.০০ টাকা হারে

মোট ২৫৫০.০০ টাকা বুঝিয়া পাইলাম।

তারিখ- ৩০/৬/২০)১

Pay Rs. 2550/- (Rupees Two thousand five hundred only)

শ্রীমতী কান্দী সৌভাগ্য

স্বাক্ষরিত
Chairman
Kandi Municipality

৩০/৬/২০)১ তারিখের পরে এই রসিদটি প্রযোজ্য হবে না।

বার ভাড়া বাসিন্দা

মালিক বিলিন কুমার বসু
কানা ৫৩০৫, কান্দা
ভাড়াটির নাম কান্দা পোড়াল

পিতা/ স্বামীর নাম
ক্রমিক নং হোল্ডিং নং ৫৫/৬/৪৩ ঠিকানা
থানা কান্দা মহল্লা ৫৩০৫
পোঃ ৫৩০৫ জেলা কান্দা

মাসিক ভাড়া ২০০০/- হিসাবে বকেয়া সন
১৪ APR, MAY, JUNE সালের ৩ মাসের
ভাড়া তিন হাজার টাকা

মোট ভাড়া (আছে) ৬,০০০/- টাকা ৩০০০/- পয়সা
(কথায়) তিন হাজার টাকা only পাইলাম।

তারিখঃ- ০১.০৭.১৬

বিলিন কুমার বসু
Chairman
Kandi Municipality

মোট ২

তারিখ- ৩০

Pa,

Handwritten signature

বাণী প্রেস কান্দা, ২৫৫২৬৫ কালার জেরক্স করা হয়

प्रति,

काको खेविडा -

A/4 करा -

284.00

A/3 करा -

96.00

A/4 करा (pelloBook)

1110.00

Cover page -

5.00

RS- 1495.00

One thousand four hundred ninety five only

Present for payment Rs. 1495.00
Ch. ...
Kindly ...

Ray

Shan

Bhavanah

काको खेविडा
काको खेविडा

Date... 20.6.16

Mobile :- 9475772322
9733528309


GANARAJ TRAVELS

Proprietor: Ganaraj Bhatnagar

Chhatinakandi * Kandi * Murshidabad

Name... CHAIRMAN

Address... KANDI MUNICIPALITY Mob. No-

DESCRIPTION	FAIR
KANDI MUNICIPALITY TO BERHOMPORE CIRCUIT HOUSE, HEALTH MEETING	1400.00
Pay Rs. 1400/- (Rupees ONE Thousand Four Hundred only)	/
 Chairman Kandi Municipality	
TOTAL-	1400.00

Rupees in words... one thousand four hundred

..... Rupees one


Party's Signature


Signature

Sankar Pharmacy

Kandi, Murshidabad
Medicine Suppliers

Ref:-

To, The vice chairman
Kandi Municipality

Date:- 15.6.16

Bill

Sl No	NAME OF MEDICINE	BATCH NO	M.F.D.	EXP. DT	Rate	Qty	Amount
1	COTTON	COT-15933	MAR-16	APR-20	140.00	20 BL	2800.00
2	ORS	L024	APR-15	MAR-17	14.50	3 BOX 50 Pi	2175.00
3	P. 500	16075	APR-16	MAR-18	26.70	100	2670.00
4	PREGNANCY TESTER	HC41320006	APR-15	NOV-18	55.00	75 SHP	4125.00
5	AUTREN-	AU-1567	OCT-15	Dec-18	77.00	30 SHP	2310.00

Total — 14080.00

Fourteen thousand eighty Rupees only.

Rs. 14080/- (Rupees. Fourteen thousand eighty)

Fourteen thousand eighty Rupees only

Biplob Das

SANKAR PHARMACY

Kandi, Murshidabad

Enter in Stock
Register page No - 17
Albhej Das
15.6.16.

Chairman
Kandi Municipality

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

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

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

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

If the Journey (8) performed by road between place connected by Rail :

Date	Name of Place	
	From	To

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

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

SIGNATURE OF THE
GOVT. SERVANT WITH DATE

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

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

a) Railway / Air / Steamer fare	150 R 2 K 300 R	Rs.	900.00
b) Road mileage for Kms. @	200 R 30 R	Rs.	600.00
c) Daily allowance	100 R 3 R	per day	300.00
	100 R 3 R	per day	300.00
d) Actual Expenses	100 R 3 R	per day	300.00
Gross Amount		Rs.	2100.00

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

Date: (Bill No. Two thousand one hundred) for Rs.

f) The expenditure is debitable to

SIGNATURE OF DDO
COUNTERSIGNED

For Rs. 2100/- (Rupees Two thousand one hundred only)

[Signature]
Chairman
Kandi Municipality

TRAVELLING ALLOWANCE BILL FOR TOUR

Sub Bill No.

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

1) Name: *Abhijit Das* Residential Address in the case of local Journey:

2) Designation: *Computer Ass. cum clerk.*

3) Head Quarter: *Kend. men's club* Date of half commenced outside Head Quarter:

4) Pay

5) Details and purpose of Journey (s) performed :-

Date & Time	Department	Date & Time	Arrival to	Mode of Travel and Class of Accommodation	Fare paid	Distance in Kms. For road mileage	Distance of Half days Hr.	Purpose & Journey
1	2	3	4	5	6	7	8	9
10.6.16	Health	10 ⁶ / ₇ 3:00 AM - 10 PM	SADA	BY BUS		450 4 PM		office work
21.6.16	DO	21 ⁶ / ₇ 3:00 AM - 10 PM	SADA	BY BUS		00		office work
22.6.16	DO	22 ⁶ / ₇ 3:00 AM - 10 PM	SASTHO BILHARA	BY BUS		00		office work

6) Mode of Journey :

(i) Air :

a) Exchange voucher arranged by office : Yes / no.

b) Ticket / Exchange Voucher arranged by

(ii) Rail :

a) Whether traveled by Main/Express/or Ordinary Train?

b) Whether return tickets available? Yes / no.

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

(iii) Road:

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

a) R.H. and C. L.

b) Not being actually in camp on sundays and Holidays

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

c) Board only

d) Loding

Bill for the Honararium of H.H.W. staff under Kandi Municipality CBPHCS Project (Health)
for the Month of JUN-2016

Sl No.	Name of Health Worker	Designation	Working Days	Total Pay	Net Amount	Signature
1	Rupali Hazra	H.H.W	30	3125-	3125-00	Rupali Hazra
2	Kumkum Das	H.H.W	30	3125-	3125-00	Kumkum Das
3	Susoma Barik	H.H.W	30	3125-	3125-00	Susoma Barik
4	Suparna Siddhanta	H.H.W	30	3125-	3125-00	suparna siddhanta
5	Srimati Mondal	H.H.W	30	3125-	3125-00	Shimati Mondal
6	Aporna Das	H.H.W	30	3125-	3125-00	APARNA DAS
7	Samapti Adhya	H.H.W	30	3125-	3125-00	Samapti Adhya
8	Sima Mazumdar	H.H.W	30	3125-	3125-00	Sima Mazumdar
9	Mallika Sinha	H.H.W	30	3125-	3125-00	Mallika Sinha
10	Nasira Khatun	H.H.W	30	3125-	3125-00	Nasira Khatun
11	Karobi Dutta	H.H.W	30	3125-	3125-00	Karobi Dutta
12	Papiya Paul	H.H.W	30	3125-	3125-00	Papiya Paul
13	Chameli Nandi	H.H.W	30	3125-	3125-00	Chameli Nandi

Rs -

~~40625.00~~

RS - 40625.00

Pay Rs. 40625.00 (Rupees... Fourty...)

... only

Forty thousand six hundred twenty five Rupees only.

Chairman
Kandi Municipality

[Signature]

Bill for the Honararium of F.T.S staff under Kandi Municipality CBPHCS Project (Health)
for the Month of -.....JUN - 2016.....

Sl No.	Name of Health Worker	Designation	Working Days	Total Pay	Net Amount	Signature
1	Hira Ghatak	F.T.S	30	3338	3338-	Hira Ghatak
2	Bhadra Mondal	F.T.S	30	3338	3338-	Bhadra Mondal
3	Shyamoli Das(Dutta)	F.T.S	30	3338	3338-	Shyamoli Das Dutta
4	Purnima Das	F.T.S	30	3338	3338-	Purnima Das

Rs - 13352 = 00

Thirteen thousand three hundred fifty two
Rupees.



Pay, Rs. 13352.00 (Rupees. Thirteen thousand

three hundred fifty two) only

Chairman
Kandi Municipality

[Signature]

Bill for the Salary of Office Staff under CBPHCS Project (Health) for the month of Jan - 2016

Name of Employee	Designation	Working days	Total Pay	Net Pay	Signature
Abhijit Das	Computer Assistant	30	₹ 813.00	₹ 813.00	
Rathin Chatterjee	Health Assistant	30	₹ 813.00	₹ 813.00	

Total Amount Rs. 15,626/-

Total Amount Rs. ₹ 17,846/- Honorarium. Six Hundred and Seventy Six Rupees only.

Pay Rs. 15,626/- Rupees ₹ 15,626/-

Honorarium (Taxable Income) only

Chairman
Kandi Municipality

Office of the Board Of Councillors
Kandi Municipality
Kandi, Murshidabad

Ph. No.03484257345
Fax No.03484-257345

Email:- kandimunicipality@yahoo.com

Memo No. 566/P-K.M/16

Date 17/6/16

From
The Chairman
Kandi Municipality
Kandi, Murshidabad.

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



Sub:- Submission of UC & Statement of Expenditure (SOE) along with Requirement of Fund in connection with Community Based Health Care Service, during May' 2016 of Kandi Municipality.


Madam,

I like to submit herewith the statement of expenditure in connection with the Community Based Health Care Service upto the month May' 2016 along with statement of further requirement in this regard for your kind perusal and ready referece.

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

Thanking You,

Yours faithfully,


Chairman/Vice-Chairman
Kandi Municipality

**Vice-Chairman
Kandi Municipality**

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



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

Sl.No.	Letter No & Date	Amount (in Rs)
1	B/F- April'2015 SUDA-Health -501(P1)-08-198(51) dt.14/10/15 (SUDA Health dt.23.11.2015) (SUDA Health dt.29.1.2016) (SUDA Health dt.9.2.2016)	Rs. 680661.00 Rs. 210500.00 Rs. 108000.00 Rs.257800.00 Rs.108000.00
	Total	Rs.1364961.00

Utilization for the month of April.15 Rs. 83660.00 Balance Rs. 597001.00
Utilization for the month of May.15 Rs. 63457.00 Balance Rs. 533544.00
Utilization for the month of June.15 Rs. 72067.00 Balance Rs. 461477.00
Utilization for the month of July.15 Rs. 76750.64 Balance Rs. 384726.36
Utilization for the month of Aug.15 Rs. 87888.00 Balance Rs. 296838.36
Utilization for the month of Sept.15 Rs. 170317.00 Balance
Rs. 126521.36+210500.00=Rs.337021.36(SUDA-Health -501(P1)-08-198(51))dt.14/10/15
Utilization for the month of Oct.15 Rs. 89004.00 Balance Rs. 248017.36
Utilization for the month of Nov.15 Rs. 74521.00 Balance Rs. 173496.36 + Rs. 108000.00 (SUDA Health dt.23.11.2015) Total=Rs.281,496.36
Utilization for the month of Dec.15 Rs. 95684.00 Balance Rs.185,812.36
Utilization for the month of Jan.16 Rs. 61930.00 Balance Rs.123882.36 + 257800.00 (SUDA Health dt.29.1.2016) Total =Rs.381682.36
Utilization for the month of Feb.16 Rs. 61930.00 Balance Rs.319752.36 + 108000.00 (SUDA Health dt.9.2.2016) Total =Rs.427752.36
Utilization for the month of Mar.16 Rs. 61930.00 Balance Rs.365822.36
Utilization for the month of April.16 Rs. 102,197.00 Balance Rs.263625.36
Utilization for the month of May.16 Rs. 75010.00 Balance Rs.188615.36

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

KINDS OF CHECK EXERCISED

Original Bill, Receipt & Vouchers.


Signature of Chairman/Vice-Chairman


Vice-Chairman
Kandi Municipality



Community Based Primary Health Care Services in 63 nos. KMA-ULBs Statement of Expenditure (SOE) in Kandi Municipality for the month of May.-2016

Sl.No.	Item of expenditure	Amount in Rs.
	Non -Recurring	
1.	Equipment	Nil
2.	Furniture	Nil
3.	Construction : (Not applicable for the present)	Nil
	a) Sub-Centre	
	b)OPD cum Maternity Home	Nil
	c)OPD	Nil
4.	I.E.C & Materials	Nil
5.	Renovation Works	Nil
6.	Base Line Survey	Nil
7.	Family Schedule, Training manual, HMIS format & HHW Kitbag	
8.	Strengthening of existing Maternity Home & Dispensaries (Not applicable for the present)	
Recurring		
9.	Honorarium	43180.00
10.	Salaries	12500.00
11.	Rent	5550.00
12.	Training	0.00
13.	Drug	0.00
14.	I. E. C.	0.00
15.	Operating cost(Sundries, printing, postage & telephone, TA/DA etc.)	13780.00
	TOTAL	75010.00




Chairman/Vice Chairman
Kandi Municipality.

Vice-Chairman
Kandi Municipality


Voucher details statement for the month of May. 2016



317/16-17 dt.31.05.16	HHW honorarium	Honorarium	32500.00
318/16-17 dt.31.05.16	HHW honorarium	Honorarium/FTS	10680.00
319/16-17 dt.31.05.16	Office staff Salary	Salary	12500.00
320/16-17 dt.30.05.16	Contingency	Myking (Polio)	4000.00
321/16-17 dt.18.05.16	Contingency	Fan repairing	1750.00
322/16-17 dt.18.05.16	Contingency	T.A	2100.00
323/16-17 dt.30.05.16	Contingency	Tea	830.00
324/16-17 dt.30.05.16	Contingency	Rent (Jemo)	2550.00
325/16-17 dt.30.05.16	Contingency	Rent (Rasorah)	3000.00
326/16-17 dt.30.05.16	Contingency	T.A	3500.00
327/16-17 dt.20.05.16	Contingency	Net Card.	1600.00



Raj
Chairman/Vice-Chairman
Kandi Municipality

**Vice-Chairman
Kandi Municipality**
su

Bill for the Salary of Office Staff under CBPHCS Project (Health) for the month of MAY 2015

Name of Employee	Designation	Working days	Total Pay	Net Pay	Signature
Abhijit Das	Computer Assistant	31	₹ 2250 ⁰⁰	₹ 2250 ⁰⁰	
Rathin Chatterjee	Health Assistant	31	₹ 2250 ⁰⁰	₹ 2250 ⁰⁰	
Total -			₹ 22500 ⁰⁰		

Total Amount Rs. Tenure Two thousand Rupees only

Pay Rs. 12300 (Rupees Tenure) only


Chairman
Kandi Municipality

Pay

Chairman
Kandi Municipality

Bill for the Honararium of F.T.S staff under Kandi Municipality CBPHCS Project (Health)
for the Month of -.....MAY.....2016.....

Sl No.	Name of Health Worker	Designation	Working Days	Total Pay	Net Amount	Signature
1	Hira Ghatak	F.T.S	31	2670 ⁼⁰⁰	2670 ⁼⁰⁰	Hira Ghatak
2	Bhadra Mondal	F.T.S	31	2670 ⁼⁰⁰	2670 ⁼⁰⁰	Bhadra Mondal
3	Shyamoli Das(Dutta)	F.T.S	31	2670 ⁼⁰⁰	2670 ⁼⁰⁰	Shyamoli Das Dutta
4	Purnima Das	F.T.S	31	2670 ⁼⁰⁰	2670 ⁼⁰⁰	Purnima Das

Total- ~~2670~~ 10680⁼⁰⁰

Ten Thousand Six Hundred eighty Rupee

Pay Rs. 10680 (Rupees Ten Thousand Six Hundred eighty) only


 Chairman
 Kandi Municipality


**Bill for the Honararium of H.H.W. staff under Kandi Municipality CBPHCS Project (Health)
for the Month of -.....MAY-2016.....**

Sl No.	Name of Health Worker	Designation	Working Days	Total Pay	Net Amount	Signature
1	Rupali Hazra	H.H.W	31	2500	2500	Rupali Hazra
2	Kumkum Das	H.H.W	31	2500	2500	Kum Kum Das
3	Susoma Barik	H.H.W	31	2500	2500	Susoma Barik
4	Suparna Siddhanta	H.H.W	31	2500	2500	suparna siddhanta
5	Srimati Mondal	H.H.W	31	2500	2500	Srimati mondel
6	Aporna Das	H.H.W	31	2500	2500	Aporna Das
7	Samapti Adhya	H.H.W	31	2500	2500	samapti Adhya
8	Sima Mazumdar,	H.H.W	31	2500	2500	Sima Mazumdar
9	Mallika Sinha	H.H.W	31	2500	2500	Mallika Sinha
10	Nasira Khatun	H.H.W	31	2500	2500	Nasira Khatun
11	Karobi Dutta	H.H.W	31	2500	2500	Karobidutta
12	Papiya Paul	H.H.W	31	2500	2500	papiya Paul
13	Chameli Nandi	H.H.W	31	2500	2500	chameli Nandi

Total RS- 32,500/-

Pay Rs. 32500/- (Rupees Thirty Two Thousand only)

..... (Rupees Thirty Two Thousand only)


 Chairman
 Kandi Municipality

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

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

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

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

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

Date	Name of Place	
	From	To

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

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

Alphred Des -

SIGNATURE OF THE
GOVT. SERVANT WITH DATE

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

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

a) Railway / Air / Steamer fare		Rs.	
b) Road mileage for Kms. @		Rs.	
c) Daily allowance			
i) 150 x 2 x 3	Days @ Rs.	per day	900.00
ii) 150 x 3	Days @ Rs.	per day	450.00
iii) 100 x 3	Days @ Rs.	per day	300.00
d) Actual Expenses	50 x 6	Rs.	300.00
Gross Amount	50 x 3	Rs.	150.00
e) Less amount of T.A. Advance, if any drawn vide token No.			
			<u>Rs - 2100.00</u>

Date (Bill No.) for Rs.

Two thousand one hundred Rupees only.

f) The expenditure is debitable to

SIGNATURE OF DDO
COUNTERSIGNED

Payment Rs. 2100/-
...
 ...only.
 Chairman
 Kandi Municipality
...

পাল মাইক সার্ভিস

প্রো:- বিনয় পাল
কান্দী - মুর্শিদাবাদ

নং. ৩৫.৫.২৫

স্বাক্ষরিত,

কান্দী - পৌরসভা-

দানয়ি সোলিও প্রোগ. বিস্মা ও

মাইক ৩০০ ২ দি -

৩ ২৬.২৭ ৩০০ - ২৫০০.০০

৩ ৩০০ ৩০০ - ২৫০০.০০

৩০০ - ৩০০ = ০

৩০০ (Rupees) only

Chairman
Kandi Municipality

Melen pul.
(৩০০)

ক্যাশসেনে

অসীমা ইলেকট্রিক্স (বিদ্যুৎ ঘর

প্রোগ্রাম—শ্রীজয়ন্ত ভট্টাচার্য্য

এখানে ইলেকট্রিকের সমস্ত রকম সরঞ্জাম খুলভ গুলো পাইকে।
কান্দি পাবুশালা রোড, মুন্সিরাবাদ।

নাম.....
ঠিকানা.....

ক্র: নং	বিবরণ	পরিমাণ	দর	দাম টাকা
১	স্থান বসান	৩ টি		৭৫০-০০
২	৩০	৪	২৫-	৫০০-০০
৩	৩০			৫০০-০০

Pay Rs. 1750/- (Rupees 1750/-) only

Chairman
Kandi Municipality

মোট— ১৭৫০-০০

স্বাক্ষর

তারিখ— 18.5.16

କଟକ ମିନିଷ୍ଟର

ପ୍ରୋଃ- ନିର୍ମଳ ଦତ୍ତ

ଜେମ୍ସା ରାମଚନ୍ଦ୍ର ସରକାରୀ • ବାଗିଚୀ • ଗୁମ୍ଫାଦିଆଦ

ତାରିଖ
୦୨.୦୮.୨୦୧୬


କାମଗୀତି
କାମର ଲେବରାଣ

ଘର - ୨୦୦ ମୌଜା x ୩-୦୦ = ୬୦୦.୦୦
 ବିଲ୍ଡିଂ - ୧୦ ମିଟର x ୨.୦୦ = ୨୦୦.୦୦
 ଲାଲ୍‌ପାଟ - ୨୨୦ ମୌଜା x ୨-୦୦ = ୪୪୦.୦୦

ମୋଟ - ୧୨୪୦.୦୦

ପାଠକର ଦସ୍ତଖତ
ନିର୍ମଳ ଦତ୍ତ

ମୂଲ୍ୟ ୨୩୦/-
 (ଅଧିକାରୀଙ୍କ ଦସ୍ତଖତ) only


 Chairman
 Kanak Municipality


সি কোমোবাইল

৯২২

প্রোগ্রাম স্ক্রুত পাল

কোম্পানীর মোবাইল হ্যাণ্ডসেট, কভার, চার্জার, বটামার, সিম কার্ড, ক্যাশ কার্ড পাওয়া যায় ও ডাউনলোড করা হয়

তিনাকান্দী + বনিকপাড়া + মুর্শিদাবাদ

ক্রমং	বিবরণ	দান	টাকা
	Net - Card - Beetal -		9000 7000
<p>Pay Rs. 16000 (Rupees.....) only</p> <p>১৬০০০ টকা</p>			
IMEI No. 20-5-16		Chairman Kandi Municipality	16000
Battary No.:			8

গ্রাহকের স্বাক্ষর

বিঃ দ্রঃ- (১) বিক্রিত মাল ফেরতযোগ্য নহে। (২) কোন মালের সমস্যা দেখা দিলে কোম্পানীর সার্ভিসিং সেন্টার ব্যবস্থা করিবে, আমরা সহযোগিতা করিব না। (৩) কোন রকম খোলা, ভাঙা, তেল জাতীয় কোন কিছু প্রবেশ করিলে, জলে, বা গিট দেওয়া মালের কোন রকম সার্ভিসিং বা ওয়ারেন্টি হবে না। (৪) মোবাইল সেট খারাপ হলে সার্ভিসিং-এর দায়িত্ব কোম্পানীর নিজের। (৫) দোকান ছাড়িবার পূর্বে সমস্ত মাল বুঝিয়া লইবেন।

Enter in Shop Regd No.

page No. - (17)

Date - 20-5-16

a) Date on w.n.c.
b) Board only
c) Loding

৪-৩০০০/-

ঘর ভাড়ার রসিদ

ঘরের মালিক: পাইলাম হুসেইন

ঠিকানা: এসআজ, কান্দী

ভাড়াটিয়ার নাম: এসআজহারুলী পাইলাম ঠিকানা: কান্দী

পিতা/স্বামীর নাম: — হোল্ডিং নং: ৫৫/ক/৪৬ মহলা

ক্রমিক নং: — থানা: কান্দী পোঃ: এসআজ জেলা: পাইলামে

মাসিক ভাড়া: ১৪ হিসাবে বকেয়া সন

১৪. Jan, Feb, Mar ২০১৬ সালের ৩ মাসের

ভাড়া: ৩x১০০০

মোট ভাড়া (অঙ্কে): ৩০০০/- টাকা: ০০ পয়সা

(কথায়): তিন হাজার টাকা পাইলাম

তারিখ: ২২/০৬/২০২৬ পাইলাম হুসেইন আদায়কারীর স্বাক্ষর

Vice-Chairman
Kandi Municipality

বাণী প্রেস কান্দী, ২৫৫, ২৬৫ কালার জেরঙ্গ করা হয়।

c) If a
(iii) Road:
Mode of conveyance
by sharing with another Gov.
a) R.H. and C. L.
b) Not being actually in camp on sun days
Date on which free and / or lodging provided by the

Memo No.

197/L-2.M/16

Date

05/03/16

From

The Chairman
Kandi Municipality
Kandi, Murshidabad.

To

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

Sub:- Submission of UC & Statement of Expenditure (SOE) along with Requirement of Fund in connection with Community Based Health Care Service, during Feb' 2016 of Kandi Municipality.

Madam,

I like to submit herewith the statement of expenditure in connection with the Community Based Health Care Service upto the month Feb, 2016 along with statement of further requirement in this regard for your kind perusal and ready referece.

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

Thanking You,

Yours faithfully,

Chairman/Vice-Chairman

Kandi Municipality
Vice-Chairman
Kandi Municipality

Encl:-

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



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

Sl.No.	Letter No & Date	Amount (in Rs)
1	B/F- CBPHC memorandum no. SUDA-(Draft) dt.28.05.13	1547190.00
	CBPH memorandum no. SUDA- 67/2006(Pt.-II)95(64) dt.17.06.13	348540.00
	Salary for CBPH memorandum no. SUDA- 67/2006(Pt.-II)158(72) 14.08.13	96000.00
	CBPH memorandum no. SUDA- 67/2006(Pt.-II) 189(57) 14.09.13	348540.00
	Salary & Ors. For CBPH memorandum no.SUDA-67/2006(Pt.II)238(78) 26.11.13	96000.00
	CBPH memorandum no. SUDA- 67/2006 (Pt.-II)270(63)02.01.13	414440.00
	SUDA-67/2006(Pt.-II)340(64) dt.04.03.14	96000.00
	SUDA-393, dt.24.02.2014	96000.00
		348540.00
	Total	3391250/-

Certified that out of Rs. 3391250/- of Grants-in-aid sanctioned during the year 2013-14 & 2014-15 in favour of Kandi Municipality under this Ministry/Department. Expenses of this year a sum of Rs.1542501/- has been utilized for the purpose it was sanctioned and the balance of Rs.1848749/- and the UC for the month of June 14 Rs. 123552/-, Balance Rs. 1725197/- Remaining unutilized at the end and has been carried forward to the A/C of next quarter of Financial year 2013-14 & 2014-15.

Balance Rs.-1725197/- the UC for the month of July 14 is - Rs.117713/- Remaining Balance is-Rs.1607484/- Utilization for the month of Aug-14 Rs.111889/-, Balance Rs.1495595/- Exp. For the month of Sept.14 Rs.216615.00, Balance Rs. 1278980.00 Utilization for the month of Oct.14 Rs.131951.00 Balance Rs. 1147029.00

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

Utilization for the month of Nov.14 Rs. 124070.00 Balance Rs. 1022959.00
 Utilization for the month of December.14 Rs. 76448.00 Balance Rs. 946511.00
 Utilization for the month of January.15 Rs. 100233.00 Balance Rs. 846278.00
 Utilization for the month of February.15 Rs. 86455.00 Balance Rs. 759823.00
 Utilization for the month of March.15 Rs. 79162.00 Balance Rs. 680661.00
 Utilization for the month of April.15 Rs. 83660.00 Balance Rs. 597001.00
 Utilization for the month of May.15 Rs. 63457.00 Balance Rs. 533544.00
 Utilization for the month of June.15 Rs. 72067.00 Balance Rs. 461477.00
 Utilization for the month of July.15 Rs. 76750.64 Balance Rs. 384726.36
 Utilization for the month of Aug.15 Rs. 87888.00 Balance Rs. 296838.36
 Utilization for the month of Sept.15 Rs. 170317.00 Balance

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

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

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

Utilization for the month of Dec.15 Rs. 95684.00 Balance Rs.185,812.36 + Rs. 118000.00+2000(Training) (SUDA Health dt.7/8/2015) Total= Rs. 305812.36

Utilization for the month of Jan.16 Rs. 61930.00 Balance Rs.243882.36

Utilization for the month of Feb.16 Rs. 61930.00 Balance Rs.181952.36

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

KINDS OF CHECK EXERCISED

Original Bill, Receipt & Vouchers.




Signature of Chairman/Vice-Chairman

Vice-Chairman
Kandi Municipality

Community Based Primary Health Care Services in 63 nos. KMA-ULBs Statement of Expenditure (SOE) in Kandi Municipality for the month of Feb.-2016

Sl.No.	Item of expenditure	Amount in Rs.
	Non -Recurring	
1.	Equipment	Nil
2.	Furniture	Nil
3.	Construction : (Not applicable for the present)	Nil
	a) Sub-Centre	
	b)OPD cum Maternity Home	Nil
	c)OPD	Nil
4.	I.E.C & Materials	Nil
5.	Renovation Works	Nil
6.	Base Line Survey	Nil
7.	Family Schedule, Training manual, HMIS format & HHW Kitbag	
8.	Strengthening of existing Maternity Home & Dispensaries (Not applicable for the present)	
	Recurring	
9.	Honorarium	43180.00
10.	Salaries	12500.00
11.	Rent	0.00
12.	Training	0.00
13.	Drug	0.00
14.	I. E. C.	0.00
15.	Operating cost(Sundries, printing, postage & telephone, TA/DA etc.)	6250.00
	TOTAL	61930.00




 Chairman/Vice Chairman
 Kandi Municipality.


 Vice-Chairman
 Kandi Municipality

Voucher details statement for the month of Feb. 2016

297/15-16 dt.29.02.16	HHW honorarium	Honorarium	32500.00
298/15-16 dt.29.02.16	HHW honorarium	Honorarium/FTS	10680.00
299/15-16 dt.29.02.16	Office staff Salary	Salary	12500.00
300/15-16 dt.29.02.16	Contingency	Hire Charge	6250.00




Chairman/Vice-Chairman
Kandi Municipality

Vice-Chairman
Kandi Municipality


**Bill for the H.H.W staff of Kandi Municipality for CBPHCS Project
under Kandi Municipality for the Month of - FEBRUARY - 2016**

No.	Name of Health Worker	Designation	Working Days	Payable amount	Net Amount	Signature
1	Rupali Hazra	H.H.W	29	2500 -	2500	Rupali Hazra
2	Kumkum Das	H.H.W	29	2500 -	2500 -	Kumkum Das
3	Susoma Barik	H.H.W	29	2500 -	2500 -	Susoma Barik
4	Suparna Siddhanta	H.H.W	29	2500 -	2500 -	Suparna Siddhanta
5	Chameli Nandi	H.H.W	29	2500 -	2500 -	Chameli Nandi
6	Srimati Mondal	H.H.W	29	2500 -	2500 -	Srimati Mondal
7	Aporna Das	H.H.W	29	2500 -	2500 -	Aporna Das
8	Samapti Adhya	H.H.W	29	2500 -	2500 -	Samapti Adhya
9	Sima Mazumdar	H.H.W	29	2500 -	2500 -	Sima Mazumdar
10	Mallika Sinha	H.H.W	29	2500 -	2500 -	Mallika Sinha
11	Nasira Khatun	H.H.W	29	2500 -	2500 -	Nasira Khatun
12	Karobi Dutta	H.H.W	29	2500 -	2500	Karobi Dutta
13	Papiya Paul	H.H.W	29	2500	2500 -	Papiya Paul

Rs - 32500 = 00

Thirty Two Thousand Five Hundred Rupees only

Pay Rs. 32500/- (Rupees Thirty Two Thousand Five Hundred) only


 Chairman
 Kandi Municipality


**Bill for the F.T.S staff of Kandi Municipality for CBPHCS Project
under Kandi Municipality for the Month of - February. 16**

# No.	Name of Health Worker	Designation	Working Days	Payable amount	Net Amount	Signature
1	Hira Ghatak	F.T.S	29	2680-	2680-	Hira Ghatak
2	Bhadra Mondal	F.T.S	29	2680.	2680.	Bhadra Mondal
3	Shyamoli Das	F.T.S	29	2680-	2680.	Shyamoli Das Dutta.
4	Purnima Das	F.T.S	29	2680-	2680-	Purnima Das.



Rupees - 10,680 = 00

Ten thousand six hundred eighty Rupees only.

Pay Rs. 10,680/- (Rupees Ten thousand six hundred eighty only)


 Chairman

Bill for the Salary of Office Staff under CBPHCS Project (Health) for the month of.....FEBRUARY..... - 2016

Name of Employee	Designation	Working days	Total Pay	Net Pay	Signature
Abhijit Das	Computer Assistant	29	₹2500 = 00	₹2500 = 00	
Rathin Chatterjee	Health Assistant	29	₹2500 = 00	₹2500 = 00	

Rs - 12500 = 00

Total Amount Rs. Twelve Thousand Five Hundred Rupees only.

Pay Rs. 12500/- (Rupees Twelve Thousand Five Hundred only)

Chief Health Officer
Karachi Municipal Authority



Party's Signature

10/02/16

1 of 2-16 to 30th

Mobile :- 9415772322
9733528309

GANARAJ TRAVELS

Prop. - Diptesh Banerjee

Chhatinakandi * Kandi * Murshidabad

Name..... CHAIRMAN..... KANDI..... MUNICIPALITY

Address..... Mob. No-

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DESCRIPTION	FAIR
① Berhampore C.M.O.H. OR	3600.00
② petrol money	1800.00
③ zilopna	850.00
Chairman Kandi Municipality	
Pay Rs. (Rupees) / (only)	
TOTAL-	
	6250.00

Rupees in words. Six thousand Two hundred and Fifty

Party's Signature

Signature

Office of the Board Of Councillors
Kandi Municipality
Kandi, Murshidabad

Ph. No.03484257345
Fax No.03484-257345

Email:- kandimunicipality@yahoo.com

Memo No.

362/L-K.M/16

Date

22/4/16.

From

The Chairman
Kandi Municipality
Kandi, Murshidabad.

To

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

Sub:- Submission of UC & Statement of Expenditure (SOE) along with Requirement of Fund in connection with Community Based Health Care Service, during Mar.' 2016 of Kandi Municipality.

Madam,

I like to submit herewith the statement of expenditure in connection with the Community Based Health Care Service upto the month Mar.' 2016 along with statement of further requirement in this regard for your kind perusal and ready referece.

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

Thanking You,

Yours faithfully,

Chairman/Vice-Chairman

Kandi Municipality

**Vice-Chairman
Kandi Municipality**

Encl:-

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



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

Sl.No.	Letter No & Date	Amount (in Rs)
1	B/F- CBPH memorandum no. SUDA-(Draft) dt.28.05.13	1547190.00
	CBPH memorandum no. SUDA- 67/2006(Pt.-II)95(64) dt.17.06.13	348540.00 96000.00
	Salary for CBPH memorandum no. SUDA- 67/2006(Pt.-II)158(72) 14.08.13	348540.00
	CBPH memorandum no. SUDA- 67/2006(Pt.-II) 189(57) 14.09.13	96000.00
	Salary & Ors. For CBPH memorandum no.SUDA-67/2006(Pt.II)238(78) 26.11.13	414440.00
	CBPH memorandum no. SUDA- 67/2006 (Pt.-II)270(63)02.01.13	96000.00
	SUDA-67/2006(Pt.-II)340(64) dt.04.03.14	96000.00
	SUDA-393, dt.24.02.2014	96000.00
	Total	348540.00 3391250/-

Certified that out of Rs. 3391250/- of Grants-in-aid sanctioned during the year 2013-14 & 2014-15 in favour of Kandi Municipality under this Ministry/Department. Eepenses of this year a sum of Rs.1542501/- has been utilized for the purpose it was sanctioned and the balance of Rs.1848749/- and the UC for the month of June 14 Rs. 123552/-, Balance Rs. 1725197/- Remaining unutilized at the end and has been carried forward to the A/C of next quarter of Financial year 2013-14 & 2014-15.

Balance Rs.-1725197/- the UC for the month of July 14 is - Rs.117713/- Remaining Balance is-Rs.1607484/- Utilization for the month of Aug-14 Rs.111889/-, Balance Rs.1495595/- Exp. For the month of Sept.14 Rs.216615.00, Balance Rs. 1278980.00 Utilization for the month of Oct.14 Rs.131951.00 Balance Rs. 1147029.00

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

Utilization for the month of Nov.14 Rs. 124070.00 Balance Rs. 1022959.00
 Utilization for the month of December.14 Rs. 76448.00 Balance Rs. 946511.00
 Utilization for the month of January.15 Rs. 100233.00 Balance Rs. 846278.00
 Utilization for the month of February.15 Rs. 86455.00 Balance Rs. 759823.00
 Utilization for the month of March.15 Rs. 79162.00 Balance Rs. 680661.00
 Utilization for the month of April.15 Rs. 83660.00 Balance Rs. 597001.00
 Utilization for the month of May.15 Rs. 63457.00 Balance Rs. 533544.00
 Utilization for the month of June.15 Rs. 72067.00 Balance Rs. 461477.00
 Utilization for the month of July.15 Rs. 76750.64 Balance Rs. 384726.36
 Utilization for the month of Aug.15 Rs. 87888.00 Balance Rs. 296838.36
 Utilization for the month of Sept.15 Rs. 170317.00 Balance
 Rs. 126521.36+210500.00=Rs.337021.36(SUDA-Health -501(P1)-08-198(51))dt.14/10/15
 Utilization for the month of Oct.15 Rs. 89004.00 Balance Rs. 248017.36
 Utilization for the month of Nov.15 Rs. 74521.00 Balance Rs. 173496.36 + Rs. 108000.00 (SUDA Health dt.23.11.2015) Total=Rs.281,496.36
 Utilization for the month of Dec.15 Rs. 95684.00 Balance Rs.185,812.36 + Rs. 118000.00+2000(Training) (SUDA Health dt.7/8/2015) Total= Rs. 305812.36
 Utilization for the month of Jan.16 Rs. 61930.00 Balance Rs.243882.36
 Utilization for the month of Feb.16 Rs. 61930.00 Balance Rs.181952.36
 Utilization for the month of Mar.16 Rs. 61930.00 Balance Rs.120022.36

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

KINDS OF CHECK EXERCISED

Original Bill, Receipt & Vouchers.



Signature of Chairman/Vice-Chairman

Vice-Chairman
Kandi Municipality

Community Based Primary Health Care Services in 63 nos. KMA-ULBs Statement of Expenditure (SOE) in Kandi Municipality for the month of Mar.-2016

Sl.No.	Item of expenditure	Amount in Rs.
	Non -Recurring	
1.	Equipment	Nil
2.	Furniture	Nil
3.	Construction : (Not applicable for the present)	Nil
	a) Sub-Centre	
	b)OPD cum Maternity Home	Nil
	c)OPD	Nil
4.	I.E.C & Materials	Nil
5.	Renovation Works	Nil
6.	Base Line Survey	Nil
7.	Family Schedule, Training manual, HMIS format & HHW Kitbag	
8.	Strengthening of existing Maternity Home & Dispensaries (Not applicable for the present)	
Recurring		
9.	Honorarium	43180.00
10.	Salaries	12500.00
11.	Rent	0.00
12.	Training	0.00
13.	Drug	0.00
14.	I. E. C.	0.00
15.	Operating cost(Sundries, printing, postage & telephone, TA/DA etc.)	6250.00
	TOTAL	61930.00



[Signature]
Chairman/Vice Chairman
Kandi Municipality.

Vice-Chairman
Kandi Municipality
[Signature]

Voucher details statement for the month of Mar. 2016

301/15-16 dt.31.03.16	HHW honorarium	Honorarium	32500.00
302/15-16 dt.31.03.16	HHW honorarium	Honorarium/FTS	10680.00
303/15-16 dt.31.03.16	Office staff Salary	Salary	12500.00
304/15-16 dt.12.03.16	Contingency	Hire Charge	6250.00



Chairman/Vice-Chairman
Kandi Municipality

Vice-Chairman
Kandi Municipality



for the Honararium of H.H.W. staff under Kandi Municipality CBPHCS Project (Health)
for the Month of -...March...2016

Sl No.	Name of Health Worker	Designation	Working Days	Total Pay	Net Amount	Signature
1	Rupali Hazra	H.H.W	31	2500 = 00	2500 = 00	Rupali Hazra
2	Kumkum Das	H.H.W	31	2500 = 00	2500 = 00	Kum Kum Das
3	Susoma Barik	H.H.W	31	2500 = 00	2500 = 00	Susuma Barik
4	Suparna Siddhanta	H.H.W	31	2500 = 00	2500 = 00	Suparna Siddhanta
5	Srimati Mondal	H.H.W	31	2500 = 00	2500 = 00	Saimati Mondal
6	Aporna Das	H.H.W	31	2500 = 00	2500 = 00	Aporna Das
7	Samapti Adhya	H.H.W	31	2500 = 00	2500 = 00	Suma Pti Adhya
8	Sima Mazumdar	H.H.W	31	2500 = 00	2500 = 00	Sima Mazumdar
9	Mallika Sinha	H.H.W	31	2500 = 00	2500 = 00	Mallika Sinha
10	Nasira Khatun	H.H.W	31	2500 = 00	2500 = 00	Nashira Khatun
11	Karobi Dutta	H.H.W	31	2500 = 00	2500 = 00	Karabi Dutta
12	Papiya Paul	H.H.W	31	2500 = 00	2500 = 00	papiya Paul
13	Chameli Nandi	H.H.W	31	2500 = 00	2500 = 00	Chameli Nandi

RS- 32 500.00

Rs. 32500.00 (Rupees)

(In Words) only

Chairman
Kandi Municipality

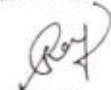
**Bill for the Honararium of F.T.S staff under Kandi Municipality CBPHCS Project (Health)
for the Month of -.....March.....2016.**

Sl No.	Name of Health Worker	Designation	Working Days	Total Pay	Net Amount	Signature
1	Hira Ghatak	F.T.S	31	2670=00	2670=00	H. Ghatak
2	Bhadra Mondal	F.T.S	31	2670=00	2670=00	Bhadre-Mondal
3	Shyamoli Das(Dutta)	F.T.S	31	2670=00	2670=00	Shyamali Das.
4	Purnima Das	F.T.S	31	2670=00	2670=00	Purnima Das

RS - 10680 = 00

Pay Rs. 10680 / (Rupees 10680)

10680 (10680) only


 Chairman
 Kandi Municipality

12-3-16

Mobile :- 9475772322
9733528309

GANARAJ TRAVELS

Prop. - Dipresh Banerjee

Chhatinakandi * Kandi * Murshidabad

Name..... *Chakraborty* Kandi..... *Murshidabad*.....





Address..... *Kandi*..... Mob. No-

DESCRIPTION	FAIR
SUDA AND SASTHO DHAN	6250 20
<p>DT - 12-3-16</p> <p>Rs. 6250/- (Rupees <i>6250</i> only)</p> <p><i>[Signature]</i> Chairman Kandi Municipality</p>	/
TOTAL-	

Rupees in words..... *Six*..... *Hundred*..... *Two*..... *Hundred*.....

Party's Signature *Alakrish Das* Signature *[Signature]*

Bill for the Salary of Office Staff under CBPHCS Project (Health) for the month of MARCH 2016

Name of Employee	Designation	Working days	Total Pay	Net Pay	Signature
Abhijit Das	Computer Assistant	31	6250 = 00	6250 = 00	 
Rathin Chatterjee	Health Assistant	31	6250 = 00	6250 = 00	 

RS - 12500 = 00

Total Amount Rs. *faulore thoms give Harba rps ay*

Pay Rs. 12500/- Rupees Twelve Thousand
Harba Rps ay only

 Chairman
 Rural Municipality

Office of the Board Of Councillors

Kandi Municipality

Kandi, Murshidabad

Ph. No.03484257345

Fax No.03484-257345

Email:- kandimunicipality@yahoo.com

Memo No.

401/2-KM/16

Date

03.5.16

From

The Chairman
Kandi Municipality
Kandi, Murshidabad.

To

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

Sub:- Submission of UC & Statement of Expenditure (SOE) along with Requirement of Fund in connection with Community Based Health Care Service, during April.' 2016 of Kandi Municipality.

Madam,

I like to submit herewith the statement of expenditure in connection with the Community Based Health Care Service upto the month April.' 2016 along with statement of further requirement in this regard for your kind perusal and ready referece.

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

Thanking You,

Yours faithfully,


Chairman/Vice-Chairman

Kandi Municipality

**Vice-Chairman
Kandi Municipality**

Encl:-

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



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

Sl.No.	Letter No & Date	Amount (in Rs)
1	B/F- CBPHC memorandum no. SUDA-(Draft) dt.28.05.13	1547190.00
	CBPH memorandum no. SUDA- 67/2006(Pt.-II)95(64) dt.17.06.13	348540.00 96000.00
	Salary for CBPH memorandum no. SUDA- 67/2006(Pt.-II)158(72) 14.08.13	348540.00
	CBPH memorandum no. SUDA- 67/2006(Pt.-II) 189(57) 14.09.13	96000.00
	Salary & Ors. For CBPH memorandum no.SUDA-67/2006(Pt.II)238(78) 26.11.13	414440.00
	CBPH memorandum no. SUDA- 67/2006 (Pt.-II)270(63)02.01.13	96000.00
	SUDA-67/2006(Pt.-II)340(64) dt.04.03.14	96000.00
	SUDA-393, dt.24.02.2014	348540.00
	Total	3391250/-

Certified that out of Rs. 3391250/- of Grants-in-aid sanctioned during the year 2013-14 & 2014-15 in favour of Kandi Municipality under this Ministry/Department. Expenses of this year a sum of Rs.1542501/- has been utilized for the purpose it was sanctioned and the balance of Rs.1848749/- and the UC for the month of June 14 Rs. 123552/-, Balance Rs. 1725197/- Remaining unutilized at the end and has been carried forward to the A/C of next quarter of Financial year 2013-14 & 2014-15.

Balance Rs.-1725197/- the UC for the month of July 14 is - Rs.117713/- Remaining Balance is-Rs.1607484/- Utilization for the month of Aug-14 Rs.111889/-, Balance Rs.1495595/- Exp. For the month of Sept.14 Rs.216615.00, Balance Rs. 1278980.00 Utilization for the month of Oct.14 Rs.131951.00 Balance Rs. 1147029.00

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

Utilization for the month of January.15 Rs. 100233.00 Balance Rs. 846278.00
Utilization for the month of February.15 Rs. 86455.00 Balance Rs. 759823.00
Utilization for the month of March.15 Rs. 79162.00 Balance Rs. 680661.00
Utilization for the month of April.15 Rs. 83660.00 Balance Rs. 597001.00
Utilization for the month of May.15 Rs. 63457.00 Balance Rs. 533544.00
Utilization for the month of June.15 Rs. 72067.00 Balance Rs. 461477.00
Utilization for the month of July.15 Rs. 76750.64 Balance Rs. 384726.36
Utilization for the month of Aug.15 Rs. 87888.00 Balance Rs. 296838.36
Utilization for the month of Sept.15 Rs. 170317.00 Balance

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

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

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

Utilization for the month of Dec.15 Rs. 95684.00 Balance Rs.185,812.36 + Rs. 118000.00+2000(Training) (SUDA Health dt.7/8/2015) Total= Rs. 305812.36

Utilization for the month of Jan.16 Rs. 61930.00 Balance Rs.243882.36

Utilization for the month of Feb.16 Rs. 61930.00 Balance Rs.181952.36

Utilization for the month of Mar.16 Rs. 61930.00 Balance Rs.120022.36

Utilization for the month of April.16 Rs. 102,197.00 Balance Rs.17825.36

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

KINDS OF CHECK EXERCISED

Original Bill, Receipt & Vouchers.



Signature of Chairman/Vice-Chairman

Vice-Chairman
Kandi Municipality

Community Based Primary Health Care Services in 63 nos. KMA-ULBs Statement of Expenditure (SOE) in Kandi Municipality for the month of April-2016

Sl.No.	Item of expenditure	Amount in Rs.
	Non -Recurring	
1.	Equipment	Nil
2.	Furniture	Nil
3.	Construction : (Not applicable for the present)	Nil
	a) Sub-Centre	
	b)OPD cum Maternity Home	Nil
	c)OPD	Nil
4.	I.E.C & Materials	Nil
5.	Renovation Works	Nil
6.	Base Line Survey	Nil
7.	Family Schedule, Training manual, HMIS format & HHW Kitbag	
8.	Strengthening of existing Maternity Home & Dispensaries (Not applicable for the present)	
	Recurring	
9.	Honorarium	43180.00
10.	Salaries	12500.00
11.	Rent	0.00
12.	Training	0.00
13.	Drug	17497.00
14.	I. E. C.	0.00
15.	Operating cost(Sundries, printing, postage & telephone, TA/DA etc.)	29020.00
	TOTAL	102,197.00




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

Voucher details statement for the month of April, 2016

305/15-16 dt.30.04.16	HHW honorarium	Honorarium	32500.00
306/15-16 dt.30.04.16	HHW honorarium	Honorarium/FTS	10680.00
307/15-16 dt.30.04.16	Office staff Salary	Salary	12500.00
308/15-16 dt.20.04.16	Contingency	Vaccine Training <i>STATIONERS</i>	6250.00
309/15-16 dt.22.02.16	Contingency	Myking	7700.00
310/15-16 dt.11.02.16	Contingency	Tiffin	3200.00
311/15-16 dt.18.01.16	Contingency	Vecales	4600.00
312/15-16 dt.20.02.16	Contingency	Xerox	2070.00
313/15-16 dt.10.01.16	Contingency	Pendrive	1100.00
314/15-16 dt.28.01.16	Contingency	Tea	600.00
315/15-16 dt.28.01.16	Contingency	T.A	3500.00
316/15-16 dt.18.01.16	Contingency	Medicine	17497.00

Chairman/Vice-Chairman
Kandi Municipality

Vice-Chairman
Kandi Municipality



পাল মাইক সার্ভিস

প্রো:- বিনয় পাল
কান্দী - মুর্শিদাবাদ

স্বাক্ষরিত

তারিখ - ২২.২.১৬

কান্দী প্রৌরসভা

মাইক প্রচার পালসি জোড়িত কর্মসূচী:-

২৪ই জানুয়ারী থেকে ২৭ই জানুয়ারী -

জানুয়ারী মাসে ৪ দিন ১২২০০ = ৪৪০০.০০

২৮ই জানুয়ারী থেকে ২০ই ফেব্রুয়ারী ৩ দিন ৪২০০ = ১২৬০০.০০

মোট মাসিক আওতাধীন কর্মসূচী

মোট = ১৭০০০.০০

বিনয় পাল

Pa, Rs. 17000 (Rupees 17000)

(Rupees 17000) only

Chairman
Kandi Municipality

(৭)

(৫)

on / Credit Memo
WATH CANON XEROX CENTRE
 Prop.- Joydeb Dutta
 ANDI ☆ JAIL ROAD ☆ MURSHIDABAD.

CHAIRMAN
 Address: KANDI - MUNICIPALITY

Copies	Description	Rate	Rs.	Amount P.
53	Set 10	1.00	530.	00
1100	police room	1.00	1100.	00
40	A13	3.00	240.	00
175	A14	1.00	175.	00
	cover pag.		25.	00
Pay Rs. 2070/- (Rupees)		only	2070.00	
		Total:-	2070.00	

Date.- 20.2.16
 Chairman
 Kandi Municipality

Signature

মোবাইলঃ- ৯৯৩২১১১৫৩৭ (তাপস), ৯৭৩২০৬২৮৩৩ (কেশব)

বিমাতা মিস্টার ভাণ্ডার

প্রোঃ- শ্রী কেশব চন্দ্র দাস

বিবাহ, উপনয়ন ও যে কোন অনুষ্ঠানে সমস্ত রকম মিষ্টি যত্ন সহকারে
অর্ডার সাপ্লাই দেওয়া হয়।

জেমো স্কুল রোড * কান্দী * মুর্শিদাবাদ

তারিখ..... 11.2.16

ডেমোর ম্যান

কান্দী পৌরসভা-

শৌচিক জৈনিক প্রস্তুতি

জানুয়ারী ও ফেব্রুয়ারী মাস -

- ১) টিকিট ৬০ মিঃ x ২৫.০০ = ১৫০০.০০ টকা
- ২) টিকিট ২০ মিঃ x ৫০.০০ = ১০০০.০০ "
- ৩) টিকিট ৪০ মিঃ x ২০.০০ = ৮০০.০০ "
- ৪) স্নান - ২০ মিঃ x ২০.০০ = ২০০.০০ "
- ৫) ছাদ জেট - ২০ মিঃ x ২০.০০ = ২০০.০০ "

মোট - ৬২০০.০০ টকা

কেশব চন্দ্র দাস

Issued for payment Rs. 3200/-
(Rupees) *Three Thousand Two Hundred*
Only.

[Signature]
Chairman
Kandi Municipality

Mobile :-9475772322
9733528309

8.1.16

GANARAJ TRAVELS

Prop. - **Diptesh Banerjee**

Chhatinakandi * Kandi * Murshidabad

Name.....CHAIRMAN.....KANDI.....MUNICIPALITY

Address. KANDI...M.I.D...Mob. No-

DESCRIPTION	FAIR
Date. 08-1-16 Kandi Municipality to SUDA Kolkata Home charge	4600 = 00
Pay Rs. 4600/- (Rupees / 100)	
Chairman Kandi Municipality	
TOTAL-	4600 = 00

Rupees in words... Four thousand and

..... Six Hundred Rupees only

Party's Signature

Diptesh Banerjee
Signature

গজিক ডট কম

জেমো রঘুনাথপুর * কান্দী * মুর্শিদাবাদ
(জেমো লিলুসাহার মোড়ের কাছে)
মোবাইল- ৯১২৬৪৬২৫০৮

(এখানে গান, ছবি ইত্যাদি ডাউনলোড করা হয়, পাসপোর্ট ছবি তোলা হয়)
এছাড়া এখানে Zen, Lava, Magicon, Nokia Mobile প্রভৃতি
মোবাইল সেট সুলভ মূল্যে বিক্রয় করা হয় ও সার্ভিসিং এর জন্য
Collection করা হয়। এবং বিভিন্ন মোবাইলের পের্যার্স পার্টস সুলভ
মূল্যে পাওয়া যায়।

তারিখ.....10.1.16.....

Chairman

Kandi Municipality.

Sony pendrive 2 Bt

550 x 2 = 1100.00

total - 1100.00

one thousand one hundred Rupees only.

Passed for payment Rs. 1100.00
(Rupees. One thousand one hundred
only.)

Chairman
Kandi Municipality

Enter in Stock Register
page no - 16

১১-১০-১-১৬

Am

କଂଗ୍ରେସ

ପ୍ରୋଃ- ନିର୍ମଳ ଦତ୍ତ

ଜେ.ଏ. ରାମେନ୍ଦ୍ର ରାମଣୀ • କାନ୍ଦି • ଖୁର୍ଦ୍ଧାବାଦ

ତାରିଖ

୨୫-୧-୨୫

ଅଫାମତି

କାନ୍ଦି ପୋଲିସ୍ ଠାଣା

ଟା - ୫୦ କାମ x ୭.୦୦ = ୨୫୦.୦୦

ସିଲ୍ଲା - ୫୦ ଲିଟର x ୨.୦୦ = ୧୦୦.୦୦

ଲାଇଟ ୫୦ କାମ x ୨.୦୦ = ୧୦୦.୦୦

ଟୋଟାଲ - ୪୫୦.୦୦

ହୁଅନ୍ତୁ ଠାଣା ଠାଣା

ନିର୍ମଳ ଦତ୍ତ

Pay Rs. ୫୦୦/- (Rupees ୫୦୦/-)

Number Rupees only

Chairman
Kandi Municipality

S. SANKAR PHARMACY

Chemist & Drugist

Prop. :- Biplab Dey

Jemo Bazar * Kandi * Murshidabad

Ref. No. The Chairman
Kandi Municipality.

Date 18.1.16

No	NAME OF MEDICINE	BATCH No	QUANTITY	RATE	TOTAL
1)	P-500	PFT 5052S	150 SHIP	16.36	2454.00
2)	P-250 oral suspension	PTS 5152V	68 SHIP	38.55	2621.00
3)	MACBERRY Junior	MMJ 5027	40 SHIP	53.85	2154.00
4)	AUTRIN IRON	A.U. 1567	40 SHIP	77.00	3080.00
5)	Biolin Pyloric	HCG 613120006	55 SHIP	55.00	3025.00
6)	CALVAM BID	WR 65161	30 CC.	63.78	1913.00
7)	COTTON	JRYKL29914	15 ROLL	150.00	2250.00

Total Rs - 17497.00

Passed for payment Rs. 17497.00

(Rupees Seventeen thousand four hundred ninety seven only.)

[Signature]
Chairman
Kandi Municipality

Seventeen thousand four hundred ninety seven Rupees only

[Signature]
SANKAR PHARMACY
Jemo Bazar Kandi Msd

Enter in Stock Register
Page No - 16

[Signature]
18.1.16

are to furnished along with hotel receipt etc. in case where higher rate of DA is claimed for stay in hotel, other
 ment providing board and / or lodging at scheduled tariffs

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

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

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

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

Date	Name of Place	
	From	To

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

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

Abhijit D.S.

SIGNATURE OF THE
GOVT. SERVANT WITH DATE

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

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

a) Railway / Air / Steamer fare		Rs.		
b) Road mileage for Kms. @		Rs.		
c) Daily allowance				
i)	150 K 2 K 5	Days @ Rs.	per day	1500 - 00
ii)	100 K 5	Days @ Rs.	per day	500 - 00
iii)	150 K 5	Days @ Rs.	per day	750 - 00
d) Actual Expenses	75 K 5	Rs.		225 - 00
Gross Amount	105 K 5	Rs.		525 - 00

3500 - 00

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

Date (Bill No. Three Thousand Five Hundred) for Rs.

f) The expenditure is debitable to

SIGNATURE OF DDO
COUNTERSIGNED

Present for payment Rs. 2500/-

Unit No. 18

Char. Nat.
Kandi Municipality

[Signature]

বীভা ষ্টেশনাস

পাতা, কাগজ, কলম ও ষ্টেশনারী দ্রব্য বিক্রতা ও
অভার সাপ্লায়াস
জেম্মা রামেন্দ্রসরনী । কান্দী * মুর্শিদাবাদ

সংস্কৃতি, তারিখ... ০৪.৪.১৬
কান্দী জেলায়.

① Cover 2in	25 B x 25.00	= 625.00
② Pen 50 B x 15.00		= 750.00
③ Ink 50 B x 30.00		= 1500.00
④ Paper 4 B x 300.00		= 1200.00
⑤ Marker 40 B x 15.00		= 600.00
⑥ Plastic Box 10 B x 50.00		= 500.00
⑦ Ball 1 B x 75 x 1		= 75.00
⑧ Plastic cover + Box, Disthm etc -		= 1000.00
		<hr/>
		6250 = 00

Passed for payment Rs. 6250 = 00
(Rupees... Six... Two... Five... Hundred...
...only.)

Chairman
Kandi Municipality

[Signature]

Postpaid Des.

Enter in Book
Register Page
No (10)

[Signature]
08.4.16

Bill for the H.H.W staff of Kandi Municipality for CBPHCS Project
 under Kandi Municipality for the Month of - **APRIL-2016**

Name of Health Worker	Designation	Working Days	Payable amount	Net Amount	Signature
Rupali Hazra	H.H.W	31	2500.00	2500.00	Rupali Hazra
Kumkum Das	H.H.W	31	2500.00	2500.00	Kumkum Das
Susoma Barik	H.H.W	31	2500.00	2500.00	Susoma Barik
Suparna Siddhanta	H.H.W	31	2500.00	2500.00	Suparna Siddhanta
Chameli Nandi	H.H.W	31	2500.00	2500.00	Chameli Nandi
Srimati Mondal	H.H.W	31	2500.00	2500.00	Srimati Mondal
Aporna Das	H.H.W	31	2500.00	2500.00	Aporna Das
Samapti Adhya	H.H.W	31	2500.00	2500.00	Samapti Adhya
Sima Mazumdar	H.H.W	31	2500.00	2500.00	Sima Mazumdar
Mallika Sinha	H.H.W	31	2500.00	2500.00	Mallika Sinha
Nasira Khatun	H.H.W	31	2500.00	2500.00	Nasira Khatun
Karobi Dutta	H.H.W	31	2500.00	2500.00	Karobi Dutta
Papiya Paul	H.H.W	31	2500.00	2500.00	Papiya Paul

Total - 32500.00

Thirty Two Thousand Five Hundred Rupees

32500/- (Rupees) only
 Chairman
 Kandi Municipality

Bill for the F.T.S staff of Kandi Municipality for CBPHCS Project
 under Kandi Municipality for the Month of - **APRIL 2016**

Name of Health Worker	Designation	Working Days	Payable amount	Net Amount	Signature
Hira Ghatak	F.T.S	31	2670 ⁰⁰	2670 ⁰⁰	Hira Ghatak
Bhadra Mondal	F.T.S	31	2670 ⁰⁰	2670 ⁰⁰	Bhadra Mondal
Shyamoli Das	F.T.S	31	2670 ⁰⁰	2670 ⁰⁰	Shyamoli Das Dutta.
Purnima Das	F.T.S	31	2670 ⁰⁰	2670 ⁰⁰	Purnima Das.

Total - 10680⁰⁰

Ten thousand six hundred eighty Rupees



Pay Rs. 10680⁰⁰ (Rupees)

Signature: [Handwritten Signature]

Chairman
Kandi Municipality

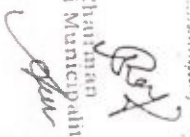
[Handwritten Signature]

Bill for the Salary of Office Staff under CBPHCS Project (Health) for the month of APRIL - 2016

Name of Employee	Designation	Working days	Total Pay	Net Pay	Signature
Abhijit Das	Computer Assistant	31	6250.00	6250.00	
Rathin Chatterjee	Health Assistant	31	6250.00	6250.00	

Rs - 12,500/-

Total Amount Rs. Twelve thousand five hundred only.

12500/-
 Chairman
 Kandi Municipality


Office of the Board Of Councillors
Kandi Municipality
Kandi, Murshidabad

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

Memo No. 198/P.K.M/16

Date 05/05/16

From
The Chairman
Kandi Municipality
Kandi, Murshidabad.

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

Sub:- Submission of UC & Statement of Expenditure (SOE) along with Requirement of Fund in connection with Community Based Health Care Service, during Jan' 2016 of Kandi Municipality.

Madam,

I like to submit herewith the statement of expenditure in connection with the Community Based Health Care Service upto the month Jan, 2016 along with statement of further requirement in this regard for your kind perusal and ready referece.

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

Thanking You,

Yours faithfully,

Chairman/Vice-Chairman

Kandi Municipality
Vice-Chairman
Kandi Municipality



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

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

Sl.No.	Letter No & Date	Amount (in Rs)
1	B/F- CBPHC memorandum no. SUDA-(Draft) dt.28.05.13	1547190.00
	CBPH memorandum no. SUDA- 67/2006(Pt.-II)95(64) dt.17.06.13	348540.00 96000.00
	Salary for CBPH memorandum no. SUDA- 67/2006(Pt.-II)158(72) 14.08.13	348540.00
	CBPH memorandum no. SUDA- 67/2006(Pt.-II) 189(57) 14.09.13	96000.00
	Salary & Ors. For CBPH memorandum no.SUDA-67/2006(Pt.II)238(78) 26.11.13	414440.00
	CBPH memorandum no. SUDA- 67/2006 (Pt.-II)270(63)02.01.13	96000.00
	SUDA-67/2006(Pt.-II)340(64) dt.04.03.14	96000.00
	SUDA-393, dt.24.02.2014	
		348540.00
	Total	3391250/-

Certified that out of Rs. 3391250/- of Grants-in-aid sanctioned during the year 2013-14 & 2014-15 in favour of Kandi Municipality under this Ministry/Department. Eepenses of this year a sum of Rs.1542501/- has been utilized for the purpose it was sanctioned and the balance of Rs.1848749/- and the UC for the month of June 14 Rs. 123552/-, Balance Rs. 1725197/- Remaining unutilized at the end and has been carried forward to the A/C of next quarter of Financial year 2013-14 & 2014-15.

Balance Rs.-1725197/- the UC for the month of July 14 is - Rs.117713/- Remaining Balance is-Rs.1607484/- Utilization for the month of Aug-14 Rs.111889/-, Balance Rs.1495595/- Exp. For the month of Sept.14 Rs.216615.00, Balance Rs. 1278980.00 Utilization for the month of Oct.14 Rs.131951.00 Balance Rs. 1147029.00

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

Utilization for the month of Nov.14 Rs. 124070.00 Balance Rs. 1022959.00
Utilization for the month of December.14 Rs. 76448.00 Balance Rs. 946511.00
Utilization for the month of January.15 Rs. 100233.00 Balance Rs. 846278.00
Utilization for the month of February.15 Rs. 86455.00 Balance Rs. 759823.00
Utilization for the month of March.15 Rs. 79162.00 Balance Rs. 680661.00
Utilization for the month of April.15 Rs. 83660.00 Balance Rs. 597001.00
Utilization for the month of May.15 Rs. 63457.00 Balance Rs. 533544.00
Utilization for the month of June.15 Rs. 72067.00 Balance Rs. 461477.00
Utilization for the month of July.15 Rs. 76750.64 Balance Rs. 384726.36
Utilization for the month of Aug.15 Rs. 87888.00 Balance Rs. 296838.36
Utilization for the month of Sept.15 Rs. 170317.00 Balance

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

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

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

Utilization for the month of Dec.15 Rs. 95684.00 Balance Rs.185,812.36 + Rs. 118000.00+2000(Training) (SUDA Health dt.7/8/2015) Total= Rs. 305812.36

Utilization for the month of Jan.16 Rs. 61930.00 Balance Rs.243882.36

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

KINDS OF CHECK EXERCISED

Original Bill, Receipt & Vouchers.



Signature of Chairman/Vice-Chairman

Vice-Chairman
Kandi Municipality

Community Based Primary Health Care Services in 63 nos. KMA-ULBs Statement of Expenditure (SOE) in Kandi Municipality for the month of Jan.-2016

Sl.No.	Item of expenditure	Amount in Rs.
	Non -Recurring	
1.	Equipment	Nil
2.	Furniture	Nil
3.	Construction : (Not applicable for the present)	Nil
	a) Sub-Centre	
	b)OPD cum Maternity Home	Nil
	c)OPD	Nil
4.	I.E.C & Materials	Nil
5.	Renovation Works	Nil
6.	Base Line Survey	Nil
7.	Family Schedule, Training manual, HMIS format & HHW Kitbag	
8.	Strengthening of existing Maternity Home & Dispensaries (Not applicable for the present)	
Recurring		
9.	Honorarium	43180.00
10.	Salaries	12500.00
11.	Rent	
12.	Training	0.00
13.	Drug	
14.	I. E. C.	
15.	Operating cost(Sundries, printing, postage & telephone, TA/DA etc.)	6250.00
	TOTAL	61930.00






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

Voucher details statement for the month of Jan. 2016

293/15-16 dt.31.01.16	HHW honorarium	Honorarium	32500.00
294/15-16 dt.31.01.16	HHW honorarium	Honorarium/FTS	10680.00
295/15-16 dt.31.01.16	Office staff Salary	Salary	12500.00
296/15-16 dt.03.01.16	Contingency	Hire Charge	6250.00




Chairman/Vice-Chairman
Kandi Municipality

Vice-Chairman
Kandi Municipality


Bill for the H.H.W staff of Kandi Municipality for CBPHCS Project
under Kandi Municipality for the Month of - **JANUARY 2016**

Name of Health Worker	Designation	Working Days	Payable amount	Net Amount	Signature
Rupali Hazra	H.H.W	31	2500.00	2500.00	Rupali Hazra
Kumkum Das	H.H.W	31	2500.00	2500.00	Kum Kum Das
Susoma Barik	H.H.W	31	2500.00	2500.00	Susoma Barik
Suparna Siddhanta	H.H.W	31	2500.00	2500.00	Suparna Siddhanta
Chameli Nandi	H.H.W	31	2500.00	2500.00	Chameli Nandi
Srimati Mondal	H.H.W	31	2500.00	2500.00	Srimati Mondal
Aporna Das	H.H.W	31	2500.00	2500.00	Aporna Das
Samapti Adhya	H.H.W	31	2500.00	2500.00	Samapti Adhya
Sima Mazumdar	H.H.W	31	2500.00	2500.00	Sima Mazumdar
Mallika Sinha	H.H.W	31	2500.00	2500.00	Mallika Sinha
Nasira Khatun	H.H.W	31	2500.00	2500.00	Nasira Khatun
Karobi Dutta	H.H.W	31	2500.00	2500.00	Karobi Dutta
Papiya Paul	H.H.W	31	2500.00	2500.00	Papiya Paul

Total - 32500.00

Thirty Two Thousand Five Hundred Rupees

32500/ (Rupees) only
Thirty Two Thousand Five Hundred Rupees only

Chairman
Kandi Municipality

Bill for the F.T.S staff of Kandi Municipality for CBPHCS Project
under Kandi Municipality for the Month of - **JANUARY 2016**

Name of Health Worker	Designation	Working Days	Payable amount	Net Amount	Signature
Hira Ghatak	F.T.S	31	2670-00	2670-00	Hira Ghatak
Bhadra Mondal	F.T.S	31	2670-00	2670-00	Bhadra Mondal
Shyamoli Das	F.T.S	31	2670-00	2670-00	Shyamoli Das Dutta
4 Purnima Das	F.T.S	31	2670-00	2670-00	Purnima Das.


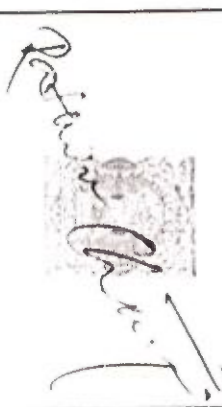
Totl. 10680-00
Ten thousand six hundred eighty Rupees

Pay Rs. 10680/- (Rupees Ten thousand six hundred eighty)

Six thousand eight hundred eighty


Chairman
Kandi Municipality


Bill for the Salary of Office Staff under CBPHCS Project (Health) for the month of JANUARY 2016

Name of Employee	Designation	Working days	Total Pay	Net Pay	Signature
Abhijit Das	Computer Assistant	31	₹ 250.00	₹ 250.00	
Rathin Chatterjee	Health Assistant	31	₹ 250.00	₹ 250.00	

Rs - 12,500/-

Total Amount Rs. Twelve thousand five hundred only.

12500/- (Rupees) only
 Chairman
 Kandi Municipality


Mobile :- 9475772322
9733528309

Date 03.1.16

GANARAJ TRAVELS

Prop. - Diptesh Banerjee

Chhatinakandi * Kandi * Murshidabad

Name..... CHAIRMAN

Address..... KANDI Mob. No-

DESCRIPTION	FAIR
① up down SUDA	4800.00
② CMOT office 204	1450.00
Rs. 6250/- (Rupees 6250/- only)	
Chairman Kandi Municipality <i>[Signature]</i>	
TOTAL-	6250.00

Print
H. d
&

Rupees in words... SIX THOUSAND TWO HUNDRED FIFTY

[Signature]
Party's Signature

[Signature]
Signature

Office of the Board Of Councillors
Kandi Municipality
Kandi, Murshidabad

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

Memo No.

16/2-KM/16

Date 06.1.16

From
The Chairman
Kandi Municipality
Kandi, Murshidabad.

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



Sub:- Submission of UC & Statement of Expenditure (SOE) along with Requirement of Fund in connection with Community Based Health Care Service, during Dec' 2015 of Kandi Municipality.

Madam,

I like to submit herewith the statement of expenditure in connection with the Community Based Health Care Service upto the month Dec, 2015 along with statement of further requirement in this regard for your kind perusal and ready referece.

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

Thanking You,

Yours faithfully,



Chairman

Kandi Municipality
Chairman
Kandi Municipality

Enclo:-

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

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

Sl.No.	Letter No & Date	Amount (in Rs)
1	B/F- CBPHC memorandum no. SUDA-(Draft) dt.28.05.13	1547190.00
	CBPH memorandum no. SUDA- 67/2006(Pt.-II)95(64) dt.17.06.13	348540.00 96000.00
	Salary for CBPH memorandum no. SUDA- 67/2006(Pt.-II)158(72) 14.08.13	348540.00
	CBPH memorandum no. SUDA- 67/2006(Pt.-II) 189(57) 14.09.13	96000.00
	Salary & Ors. For CBPH memorandum no.SUDA-67/2006(Pt.II)238(78) 26.11.13	414440.00
	CBPH memorandum no. SUDA- 67/2006 (Pt.-II)270(63)02.01.13	96000.00
	SUDA-67/2006(Pt.-II)340(64) dt.04.03.14	96000.00
	SUDA-393, dt.24.02.2014	
		348540.00
	Total	3391250/-

Certified that out of Rs. 3391250/- of Grants-in-aid sanctioned during the year 2013-14 & 2014-15 in favour of Kandi Municipality under this Ministry/Department. Eepenses of this year a sum of Rs.1542501/- has been utilized for the purpose it was sanctioned and the balance of Rs.1848749/- and the UC for the month of June 14 Rs. 123552/-, Balance Rs. 1725197/- Remaining unutilized at the end and has been carried forward to the A/C of next quarter of Financial year 2013-14 & 2014-15.

Balance Rs.-1725197/- the UC for the month of July 14 is - Rs.117713/- Remaining Balance is-Rs.1607484/- Utilization for the month of Aug-14 Rs.111889/-, Balance Rs.1495595/- Exp. For the month of Sept.14 Rs.216615.00, Balance Rs. 1278980.00 Utilization for the month of Oct.14 Rs.131951.00 Balance Rs. 1147029.00

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

Utilization for the month of Nov.14 Rs. 124070.00 Balance Rs. 1022959.00
Utilization for the month of December.14 Rs. 76448.00 Balance Rs. 946511.00
Utilization for the month of January.15 Rs. 100233.00 Balance Rs. 846278.00
Utilization for the month of February.15 Rs. 86455.00 Balance Rs. 759823.00
Utilization for the month of March.15 Rs. 79162.00 Balance Rs. 680661.00
Utilization for the month of April.15 Rs. 83660.00 Balance Rs. 597001.00
Utilization for the month of May.15 Rs. 63457.00 Balance Rs. 533544.00
Utilization for the month of June.15 Rs. 72067.00 Balance Rs. 461477.00
Utilization for the month of July.15 Rs. 76750.64 Balance Rs. 384726.36
Utilization for the month of Aug.15 Rs. 87888.00 Balance Rs. 296838.36
Utilization for the month of Sept.15 Rs. 170317.00 Balance

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


Utilization for the month of Oct.15 Rs. 89004.00 Balance Rs. 248017.36
Utilization for the month of Nov.15 Rs. 74521.00 Balance Rs. 173496.36 + Rs. 108000.00 (SUDA Health dt.23.11.2015) Total=Rs.281,496.36
Utilization for the month of Dec.15 Rs. 95684.00 Balance Rs.185,812.36

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

KINDS OF CHECK EXERCISED

Original Bill, Receipt & Vouchers.




 Signature of Chairman/Vice-Chairman
 Chairman
 Kandi Municipality

Community Based Primary Health Care Services in 63 nos. KMA-ULBs Statement of Expenditure (SOE) in Kandi Municipality for the month of Dec.-2015

Sl.No.	Item of expenditure	Amount in Rs.
	Non -Recurring	
1.	Equipment	Nil
2.	Furniture	Nil
3.	Construction : (Not applicable for the present)	Nil
	a) Sub-Centre	
	b)OPD cum Maternity Home	Nil
	c)OPD	Nil
4.	I.E.C & Materials	Nil
5.	Renovation Works	Nil
6.	Base Line Survey	Nil
7.	Family Schedule, Training manual, HMIS format & HHW Kitbag	
8.	Strengthening of existing Maternity Home & Dispensaries (Not applicable for the present)	
	Recurring	
9.	Honorarium	43180.00
10.	Salaries	12500.00
11.	Rent	5550.00
12.	Training	0.00
13.	Drug	19829.00
14.	I. E. C.	
15.	Operating cost(Sundries, printing, postage & telephone, TA/DA etc.)	14625.00
	TOTAL	95684.00



Seen

Chairman
Kandi Municipality.
Chairman
Kandi Municipality

Voucher details statement for the month of Dec 2015

282/14-15 dt.31.12.15	HHW honorarium	Honorarium	32500.00
283/14-15 dt.31.12.15	HHW honorarium	Honorarium/FTS	10680.00
284/14-15 dt.31.12.15	Office staff Salary	Salary	12500.00
285/14-15 dt.03.12.15	Contingency	TA	2800.00
286/14-15 dt.30.12.15	Contingency	Rent (Jemo)	2550.00
287/14-15 dt.26.12.15	Contingency	Rent (Rasorah)	3000.00
288/14-15 dt.05.12.15	Operating Cost	Drug	19829.00
289/14-15 dt.03.12.15	Contingency	Mike	4000.00
290/14-15 dt.04.12.15	Contingency	Xerox	2200.00
291/14-15 dt.02.12.15	Contingency	Tiffin	3000.00
292/14-15 dt.02.12.15	Contingency	Stationary	2625.00




Chairman
Kandi Municipality
Chairman
Kandi Municipality

ফোন নম্বর (M)-9474578284

শাকর ফার্মেসী

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

তারিখ : 05.12.15

অতঃপর
কান্দি পৌ.সভা.

① Ciprona 500mg -
90899x66.00 = 5940.00

② Coffor 3Ru = 310.00

6250.00

Pay Rs. 6250/- (Rupees Six thousand two hundred and fifty only)
Six thousand two hundred and fifty only

বাণী পোস্ত সনাক্ত

০৬

Enter in ShexRosa
Pj No - 15


Chairman
Kandi Municipality

বীভা টেশনাস

খাতা, কাগজ, কলম ও টেশবারী দ্রব্য বিক্রতা ও
অর্ডার সাপ্লায়ারস
জোয়া রামমন্ডসরবী। কাকী * মুর্শিদাবাদ

তারিখ 02-12-15

অজমাতি
কাকী প্রবিসজ -

- ① folder size 45 Ps x 15.00 = 675.00
- ② pen 50 Ps x 8.00 = 400.00
- ③ Kloter 50 Ps x 10.00 = 500.00
- ④ Copy paper 1/2 x 250.00 = 250.00
- ⑤ Zepor 300 Ps x 1.00 = 300.00
- ⑥ stapler 2 Ps x 50.00 = 100.00
- ⑦ pin 400 x 40.00 = 160.00
- ⑧ Marker pen 4 Ps x 40.00 = 160.00
- ⑨ Soap 4 Ps x 20.00 = 80.00

~~৳~~ 2625.00

Passed for payment Rs. 2625/-
(Rupees Two Thousand Six Hundred and Twenty Five only)
Date 02-12-15

[Signature]
Name: *[Signature]*

Debit
Order in check
Register page
no - 15
[Signature]

বাকী বেশ কাকী, ২৫৫২৬৫ কাকীর জেরস করা যা
তারিখ
চক্ৰ-১১

Cash / Credit Memo

MOHENATH CANON XEROX CENTRE

Prop. - Joydeb Dutta

694

P.O.-KANDI ☆ JAIL ROAD ☆ MURSHIDABAD.

Name: CHAIRMAN
Address: KANDI MUNICIPALITY

Copies	Description	Rate	Amount	
			Rs.	P.
	C: D to Kandi			
	2 Set	1.00	2200	00
PAID in FULL				
Rs. 2200/- (Rupees Two Thousand and No. only)				
S. M. Sen Chairman Kandi Municipality			Total	2200-00

Boomer W
Signature

Date - 04/12/15

পাল মাইক সার্ভিস

প্রোঃ- বিনয় পাল
কান্দী কলাবাগান, কান্দী, মুর্শিদাবাদ

স্বাক্ষরিত

কান্দী পৌরসভা

তারিখ- 03.12.15

মাইক সার্ভিস সার্বভৌমতা ও প্রাকৃতিক

(৪) বছর দিন ইক টুক সার্ভিস

২০০০ x ৪

= ৪০০০.০০

সর্বস্বত্ব টাকার মত

Passed for payment Rs. 4000/-

(Rupees) Four thousand

Chairman
Kandi Municipality

বিলম্বপাল
ইক টুক সার্ভিস

Property
uses

মোবাইলঃ- ৯৯৩২১১১৫৩৭ (তাপস), ৯৭৩২০৬২৮৩৩ (কেশব)

শ্রীমতী মিস্টারী ভাণ্ডার

প্রাঃ- শ্রী কেশব চন্দ্র দাস

বিবাহ, উপনয়ন ও যে কোন অনুষ্ঠানে সমস্ত রকম মিষ্টি যত্ন সহকারে
অর্ডার সাপ্লাই দেওয়া হয়।

জেমো স্কুল রোড * কান্দী * মুর্শিদাবাদ

তারিখ... 02.12.15

সভাপতি,

কান্দী সোসাইটি -

মাদাম মিষ্টি, ও মফস্বিলে ফ্রুইটস,

- | | | |
|---------|----------------|-----------|
| ① | Rs 25 x 100 | = 2500.00 |
| ② | Doctor, 50 x 4 | = 200.00 |
| ③ | water - | = 150.00 |
| ④ | VANFAIR - | = 150.00 |
| | | <hr/> |
| Total - | | 3000.00 |

কেশব চন্দ্র দাস

Passed for payment Rs. 3000/-
(Rupees Three thousand only.)


Chairman
Kandi Community

To the chairman
 Kandi Municipality
 Kandi Munshidabad

hotel, other

Amount paid (rs.)

sub - এক নম্বর খেলায় জেতার জন্য অনুরোধ

স্বাক্ষর,

is was used.

Name of the entitled
 Class

আমি আবেদনকারী স্রী কামেশ্বর চক্রবর্তী সিং

কামেশ্বর চক্রবর্তী প্রোগ্রামে অংশগ্রহণের জন্য একটি লেট - প্রোগ্রাম
 সাদৃশ্যে, উক্ত নং নং এর অধীনে কাজ করা, অধিকার
 বাজীর খেলার নং ৩৪/৫/০৫ - এর একটি খেলার খেলায়
 জেতার খেলায় অংশগ্রহণ, স্বাক্ষর জেতা বাক্য প্রতি মাসে
 ৫০০ টাকা (আমিত পঞ্চাশ টাকা) হিসাবে অর্থের
 ২০১৫ হতে ২০১৬ সাল পর্যন্ত পর্যন্ত (৫০০x৩)
 মোট ২৫০০ টাকা (দুই হাজার পাঁচশ পঞ্চাশ টাকা)
 পারিশ্রমিক আদায় হানে বাধিত বসবে।

Des

স্বাক্ষর

ATE

(SECTION)

filled below:

আমি -

কামেশ্বর চক্রবর্তী

200 = 00
 500 = 00
 700 = 00
 200 = 00
 200 = 00
 200 = 00
 2800 = 00

ATURE OF DDO
 ERSIGNED

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

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

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

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

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

Date	Name of Place	
	From	To

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

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

Abhijit Das

SIGNATURE OF THE GOVT. SERVANT WITH DATE

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

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

a) Railway / Air / Steamer fare	750 x 2 x 4	Rs.		
b) Road mileage for Kms. @		Rs.		1200 = 00
c) Daily allowance				
i)	150 x 4	Days @ Rs.	per day	600 = 00
ii)	100 x 4	Days @ Rs.	per day	400 = 00
iii)		Days @ Rs.	per day	200 = 00
d) Actual Expenses	50 x 4	Rs.		200 = 00
Gross Amount	25 x 4	Rs.		200 = 00
e) Less amount of T.A. Advance, if any drawn vide token No.				200 = 00
				<u>2800 = 00</u>

Date (Bill No. *Five thousand eight hundred and*) for Rs.

f) The expenditure is debitable to

SIGNATURE OF DDO COUNTERSIGNED

payment Rs. *2800/-*
Five thousand eight hundred
Shree
Shree

TRAVELLING ALLOWANCE BILL FOR TOUR

Sub Bill No

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

1) Name :- *Abhijit Das* Residential Address in the case of local Journey:

2) Designation :- *Computer Asst (Health)*

3) Head Quarter :- *Kendri Municipality* Date of half commnaced outside Head Quarter :

4) Pay :-

5) Details and purpose of Journey (s) performed :-

Date & Time	Department	Date & Time	Arrival to	Mode of Travel and Class of Accommodation	Fare paid	Distance in Kms. For road mileage	Distance of Half days Hr.	Purpose & Journey
1	2	3	4	5	6	7	8	9
03.12.15	K.M. Health	03/15	SUDH Kolk.	BY Bus		450		state work
15.12.16	Health	08 AM to 10 PM	DO	DO		DO		DO
16.12.16	Health	DO	SUDH	DO		DO		DO
22.12.16	Health	DO	SUDH	DO		DO		DO

6) Mode of Journey :

(i) Air :

a) Exchange voucher arranged by office : Yes / no.

b) Ticket / Exchange Voucher arranged by

(ii) Rail :

a) Whether traveled by Main/Express/or Ordinary Train?

b) Whether return tickits available? Yes / no.

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

(iii) Road:

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

a) R.H. and C. L.

b) Not being actually in camp on sundays and Holidays

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

c) Board only

d) Loding

Sankar Pharmacy

Kandi, Murshidabad
Medicine Suppliers

MEDICINE BILL

Ref:-

To,
The Chairman
Kandi Municipality

Date:- 05.12.15

SL NO	NAME OF MEDICINE	BATCH NO	EXPIRY-DT	RATE	QUANTITY	TOTAL
1.	PARACETAMOL - ORAL P- 250 CHILD	PT55058Y	MAR-2018	35.10	120 CC	4212 = 00
2.	BIO LINE PREGNENCY TESTER	HCG13120006	OCT-17	55.00	100 SHIP	5500 = 00
3.	PARACETAMOL P- 500 MG	PFT5052S	MARCH-18	16.36	130 SHIP	2127 = 00
4.	LUPIN ORS	L024	MARCH-2017	14.50	120 packet	1740 = 00

Thirteen thousand three hundred seventy nine Rupees total - 13579 = 00

Rs. 13579/- (Rupees Thirteen thousand three hundred seventy nine only)

For Kandi Municipality (D.D.S. No.) only

[Signature]
Chairman
Kandi Municipality

[Signature]
SANKAR PHARMACY

Enter in Stock Register

page No - 15

[Signature]
05.12.15

Bill for the F.T.S staff of Kandi Municipality for CBPHCS Project
under Kandi Municipality for the Month of - **DECEMBER, 2015**

Sl No.	Name of Health Worker	Designation	Working Days	Payable amount	Net Amount	Signature
1	Hira Ghatak	F.T.S	31	2670 ⁰⁰	2670 ⁰⁰	Hira Ghatak
2	Bhadra Mondal	F.T.S	31	2670 ⁰⁰	2670 ⁰⁰	Bhadra Mondal
3	Shyamoli Das	F.T.S	31	2670 ⁰⁰	2670 ⁰⁰	Shyamali Das Dutta
4	Purnima Das	F.T.S	31	2670 ⁰⁰	2670 ⁰⁰	Purnima Das.

Total Rs - 10680/-⁰⁰

Four thousand six hundred eighty
Rupees only.

Pay Rs. 10680/- (Rupees Ten thousand

Six hundred eighty Rupees) only

[Signature]
Chairman
Kandi Municipality

Bill for the H.H.W staff of Kandi Municipality for CBPHCS Project
under Kandi Municipality for the Month of - **DECEMBER 2015**

Sl No.	Name of Health Worker	Designation	Working Days	Payable amount	Net Amount	Signature
1	Rupali Hazra	H.H.W	31	2500-	2500	Rupali Hazra
2	Kumkum Das	H.H.W	31	2500-	2500	Kumkum Das.
3	Susoma Barik	H.H.W	31	2500-	2500	Susoma Barik
4	Suparna Siddhanta	H.H.W	31	2500	2500	Suparna Siddhanta
5	Chameli Nandi	H.H.W	31	2500	2500	Chameli Nandi
6	Srimati Mondal	H.H.W	31	2500	2500	Srimati Mondal
7	Aporna Das	H.H.W	31	2500	2500	APORNA DAS
8	Samapti Adhya	H.H.W	31	2500	2500	Samapti Adhya
9	Sima Mazumdar	H.H.W	31	2500	2500	Sima Mazumdar
10	Mallika Sinha	H.H.W	31	2500	2500	Mallika Sinha
11	Nasira Khatun	H.H.W	31	2500	2500	Nasira Khatun
12	Karobi Dutta	H.H.W	31	2500	2500	Karobi Dutta
13	Papiya Paul	H.H.W	31	2500	2500	Papiya Paul

Total Rs. 32500/-



Thirty Two Thousand, Five Hundred Rs.

Rs. 32500/- (Rupees ...)

...


Chairman
Kandi Municipality

Bill for the Salary of Office Staff under CBPHCS Project (Health) for the month of.....DECEMBER 2015.....

Name of Employee	Designation	Working days	Total Pay	Net Pay	Signature
Abhijit Das	Computer Assistant	31	6250 = 00	6250 = 00	
Rathin Chatterjee	Health Assistant	31	6250 = 00	6250 = 00	

RS = 12500 = 00

Pay Rs. 12500/- (Rupees 12500/-) only

(Signature)

Total Amount Rs. Twelve Thousand, Five Hundred Rupees only.


Chairman
Kandi Municipality

Office of the Board Of Councillors
Kandi Municipality
Kandi, Murshidabad

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

Memo No.

2703/9-KM/15

Date 12/12-15

From
The Chairman
Kandi Municipality
Kandi, Murshidabad.



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



Sub:- Submission of UC & Statement of Expenditure (SOE) along with Requirement of Fund in connection with Community Based Health Care Service, during Oct' 2015 of Kandi Municipality.

Madam,

I like to submit herewith the statement of expenditure in connection with the Community Based Health Care Service upto the month Oct, 2015 along with statement of further requirement in this regard for your kind perusal and ready referece.

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

Thanking You,

Yours faithfully,


Chairman

Kandi Municipality
CHAIRMAN
KANDI MUNICIPALITY

Enclo:-

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

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

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 Utilization for the month of Sept.15 Rs. 170317.00 Balance
 Rs. 126521.36+210500.00=Rs.337021.36(SUDA-Health -501(P1)-08-198(51))dt.14/10/15
 Utilization for the month of Oct.15 Rs. 89004.00 Balance Rs. 248017.36

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

KINDS OF CHECK EXERCISED

Original Bill, Receipt & Vouchers.



Signature of Chairman/Vice-Chairman

CHAIRMAN
KANDI MUNICIPALITY

Community Based Primary Health Care Services in 63 nos. KMA-ULBs Statement of Expenditure (SOE) in Kandi Municipality for the month of Oct.-2015

Sl.No.	Item of expenditure	Amount in Rs.
	Non -Recurring	
1.	Equipment	Nil
2.	Furniture	Nil
3.	Construction : (Not applicable for the present)	Nil
	a) Sub-Centre	
	b)OPD cum Maternity Home	Nil
	c)OPD	Nil
4.	I.E.C & Materials	Nil
5.	Renovation Works	Nil
6.	Base Line Survey	Nil
7.	Family Schedule, Training manual, HMIS format & HHW Kitbag	
8.	Strengthening of existing Maternity Home & Dispensaries (Not applicable for the present)	
	Recurring	
9.	Honorarium	43180.00
10.	Salaries	18750.00
11.	Rent	0.00
12.	Training	0.00
13.	Drug	4550.00
14.	I. E. C.	
15.	Operating cost(Sundries, printing, postage & telephone, TA/DA etc.)	22524.00
	TOTAL	89004.00




 Chairman
 Kandi Municipality.
CHAIRMAN
KANDI MUNICIPALITY

Voucher details statement for the month of Oct 2015

259/14-15 dt.31.10.15	HHW honorarium	Honorarium	32500.00
260/14-15 dt.31.10.15	HHW honorarium	Honorarium/FTS	10680.00
261/14-15 dt.31.10.15	Office staff Salary	Salary	18750.00
262/14-15 dt.31.10.15	Contingency	Hire Charge	1500.00
263/14-15 dt.31.10.15	Contingency	Stationers	2210.00
264/14-15 dt.31.10.15	Contingency	Medicine	4550.00
265/14-15 dt.31.10.15	Operating Cost	Xerox	1940.00
266/14-15 dt.31.10.15	Contingency	Tiffin	3740.00
267/14-15 dt.31.10.15	Contingency	Tea	540.00
268/14-15 dt.31.10.15	Contingency	Mike	4350.00
269/14-15 dt.31.10.15	Contingency	Placard	3044.00
270/14-15 dt.31.10.15	Contingency	TA	2800.00
271/14-15 dt.31.10.15	Contingency	Center Repairing	2400.00




Chairman
Kandi Municipality
**CHAIRMAN
KANDI MUNICIPALITY**

**Bill for the F.T.S staff of Kandi Municipality for CBPHCS Project
under Kandi Municipality for the Month of - OCTOBER 2015**

Name of Health Worker	Designation	Working Days	Payable amount	Net Amount	Signature
Hira Ghatak	F.T.S	31	2670-00	2670-00	Hira Ghatak
Bhadra Mondal	F.T.S	31	2670-00	2670-00	Bhadra Mondal
Shyamoli Das	F.T.S	31	2670-00	2670-00	Shyamoli Das.
Purnima Das	F.T.S	31	2670-00	2670-00	Purnima Das.

Total- 10680-00

Ten Thousand Six Hundred Eighty Rupees

Passed for payment Rs. 10680/-

(Rupees Ten Thousand Six Hundred Eighty only)

(S.D.A.) only.

[Signature]
Chairman

Kandi Municipality

[Signature]

**Bill for the H.H.W staff of Kandi Municipality for CBPHCS Project
under Kandi Municipality for the Month of - OCTOBER 2015**

No.	Name of Health Worker	Designation	Working Days	Payable amount	Net Amount	Signature
1	Rupali Hazra	H.H.W	31	2500 = 00	2500 = 00	Rupali Hazra
2	Kumkum Das	H.H.W	31	2500 = 00	2500 = 00	Kumkum Das
3	Susoma Barik	H.H.W	31	2500 = 00	2500 = 00	Susoma Barik
4	Suparna Siddhanta	H.H.W	31	2500 = 00	2500 = 00	Suparna Siddhanta.
5	Chameli Nandi	H.H.W	31	2500 = 00	2500 = 00	Chameli Nandi
6	Srimati Mondal	H.H.W	31	2500 = 00	2500 = 00	Srimati Mondal
7	Aporna Das	H.H.W	31	2500 = 00	2500 = 00	Aporna Das
8	Samapti Adhya	H.H.W	31	2500 = 00	2500 = 00	Samapti Adhya.
9	Sima Mazumdar	H.H.W	31	2500 = 00	2500 = 00	Sima Mazumdar
10	Mallika Sinha	H.H.W	31	2500 = 00	2500 = 00	Mallika Sinha
11	Nasira Khatun	H.H.W	31	2500 = 00	2500 = 00	Nasira Khatun
12	Karobi Dutta	H.H.W	31	2500 = 00	2500 = 00	Karobi Dutta
13	Papiya Paul	H.H.W	31	2500 = 00	2500 = 00	Papiya Paul







Total: - 32500 = 00

Fifty two thousand five hundred only.

Passed for payment Rs. 32500/-
(Rupees.....) only.


[Signature]
Chairman
Kandi Municipality

Bill for the Salary of Office Staff under CBPHCS for the month of ... OCTOBER 2015

Name of Employee	Designation	Working days	Total Pay	Deduction of Excess Payment	P. Tax	Net Pay	Signature
Ashrit Das	Computer Assistant	31	₹250 = 00	NIL	No	₹250 = 00	 
Rathin Chatterjee	Health Assistant	31	₹250 = 00	NIL	No	₹250 = 00	 
Sudip Mondal	Store Keeper cum Clerk	31	₹250 = 00	NIL	No	₹250 = 00	 

Rs - 18750 = 00

Passed for payment Rs. 18750/- Total Amount Rs.
 (Rupees) Eighteen thousand Seven hundred & fifty Rupees only.

Handed Asstt. Commr.
 (Chairman)
 Kandi Municipality


বীভা ষ্টেশনাস

পাতা, কাগজ, কলম ও ষ্টেশনারী দ্রব্য বিক্রতা ও
অর্ডার সাপ্লায়ার্স
জামা রামেন্দ্রসরনী । কান্দী ★ মুর্শিদাবাদ

তারিখ ২২-১০-১৬

স্বাক্ষরিত

কান্দী জেমিসরা

- ① 12 No ~~১০০~~ 18 Pk K 50.00 = 900.00
- ② A4 paper 1 Rm = 350.00
- ③ Cover Bill 15 Pk K 20.00 = 300.00
- ④ SOAP 5 Pk K 20.00 = 100.00
- ⑤ Sock 5 Pack K 20.00 = 100.00
- ⑥ Zepor 500 Pk = 400.00
- ⑦ pin box 3x20 = 60.00

২২১০ = ০
Two thousand two hundred and ten

Passed for payment Rs. 2210/-
(Rupees Two thousand two hundred and ten
.....) only.

[Signature]
Chairman

Kandi

[Signature]

Enter in check Register
Page No. (15)

[Signature]

ব্যাপ্তাল স্লিপ (M)-9474578284

শঙ্কর ফার্মেসী +

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

Chairman
Kandi Municipality.
তারিখ : 09.10.15

① Pepsin 50 Pcs 155.00 = 2750.00

② Cotton 6 Roll 150.00 = 900.00

③ WARS 50 PCK 18.00 = 900.00

total 4550.00

Issued for payment Rs. 4550/-
(Rupees... Four Five Five) only.
Date in Stamp Register

১৬

Sam

Chairman
Kandi Municipality

১৭

কান্দী
কান্দী পৌরসভা

তারিখ-02-20-25

৳১০০০

২৬০০ ৳১০০ = ২৬০০.০০

৳১০০ ৳২

= ২০০.০০

মোট-২৮০০ = ০০

সহকারী কমিশনার

Passed for payment Rs. 1940/-
(Rupees only)
A.D. 1940

Chairman
Kandi Municipality

স্বাক্ষরিত
স্বাক্ষরিত

জেমোবাজার, ইন্দ্রতলা
কান্দী, মুর্শিদাবাদ

মরিমাতা মিষ্টান্ন ভাণ্ডার

প্রাঃ- শ্রী কেশব চন্দ্র দাস

বিবাহ, উপনয়ন ও যে কোন অনুষ্ঠানে সমস্ত রকম মিষ্টি
যত্ন সহকারে অর্ডার সাপ্লাই দেওয়া হয়।

জেমো স্কুল রোড * কান্দী * মুর্শিদাবাদ

তারিখ: ২৫-১০-১৫

সংবাদিত
কান্দী প্রকৌশল -

- ১) টিকিট - ২০০ টিকিট x ২৫.০০ = ৫০০০.০০
- ২) ডিফিন্ড - ৩০ টিকিট x ৪০.০০ = ১২০০.০০
- ৩) জল - ২০ x ২ = ৪০.০০

মোট - ৬২৪০.০০

কিনয়: ১০০০০ টাকা প্রায়

১৫.১০.১৫

Passed for payment Rs. 3740/-
 (Rupees Three thousand Seven hundred and forty
only) only.
 Chairman
 Kandi Municipality

କେ.ଜି.ଏ.ଇ.ଏ.

ପ୍ରୋଃ- ନିର୍ମଳ ଦତ୍ତ

ଜ୍ୟୋତୀ ରାମେନ୍ଦ୍ର କରମା • ବାଲି • ଖୁର୍ଦ୍ଧାବାଦ

ତାରିଖ

24.10.15

Chairman
Kandi Muncip

ଟା - 220 ଟଙ୍କା x 3.00 = 660.00

ସିମ୍ଟ - 80 ଟଙ୍କା x 2.00 = 160.00

ମାଲଟା - 80 ଟଙ୍କା x 2.50 = 200.00

ମୋଟ = 1020.00

ମୋଟ ମାତ୍ର ଚଳିତା ଟଙ୍କା ୧୩

ନିର୍ମଳ ଦତ୍ତ

Issued for payment Rs. 540/-
inpees...
Pays... only.

Chairman
Kandi Municipality

Mobile :- 9475772322
9733528309

Date.....

GANARAJ TRAVELS

Prop. - **Diptesh Banerjee**

Chhatinakandi * Kandi * Murshidabad

Name..... *Chairman*..... *Kandi Municipality*.....

Address *Kandi*..... *M.*..... Mob. No-

DESCRIPTION	FAIR
<i>Meeting on Bordenpura</i> <i>Correct time 300</i> <i>NUHM</i>	<i>1500 = 0</i>
Issued for payment Rs. <i>1500</i> Rupees..... <i>one thousand five hundred</i>)only.	
<i>[Signature]</i> Chairman Kandi Municipality	
TOTAL-	<i>1500 = 0</i>

Rupees in words..... *one thousand five hundred*.....

[Signature]
Party's Signature

[Signature]
Signature

(Rup-
.....)01.

Phone—(M)9733923011

अथ मा मनसा माताय नमः

(M)—9733686552 & 9732909329

मल्लिका साउथ

ये कोन अनुष्ठाने माईक, स्टेज-माईक ओ सिडि डाडा पाओया यार।
प्राः—मिजन सिंह आओ व्रदास

असो राजवाडो तालो घुशिदावाद

तारिख... 15.10.15

To: The Chairman
Kend's men's party.

कुन अर्थक विवरणे Campaign and Rally.
Kend: Hospital Road to Beshland -

Total Rs -

4350 - 00

Total Rs - 4350 = 00
Four thousand three hundred fifty Rupees only.

मिजन सिंह

Paid me
and properly issues.
Abhijit Das.
15.10.15

Passed for payment Rs. 4350/-
(Rupees... Four thousand three hundred fifty
...only.)

Chairman
Kend's Municipality
[Signature]

Encl 1

-ঃ মধু আর্টস :-

পোঃ- কান্দী * (কালীবাড়ী রোড) * মুর্শিদাবাদ

বিল

তারিখ 15.10.15

অসমতি
কান্দী পৌরসভা-

<i>pledged</i>			= 2964.00
১১৪ মিঃ ২৬.০০			
<i>Rally.</i>	<i>VAN Fair</i>		= 80.00

Total - 3044 = 00

Three thousand zero four rupees only.

স্বীকৃত (স্বাক্ষর)
MADHU ARTS
Candi (Panthasala Road)
Murshidabad

Received.
Amount Rs - 3044 = 00
15.10.15

স্বীকৃত (স্বাক্ষর)
MADHU ARTS
Candi (Panthasala Road)
Murshidabad

Passed for payment Rs. 3044
(Rupees three thousand zero four
rupees only.)

Chairman
Kandi Municipality

৬
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১

End P

खिन्तः -

२१-२०-२०-२८-

एतरे ग्राम्मे तमासु दुर्गापूजाय
प्राक्काले एकदि अन्तोरे
सामेसु वरु ३ दुर्दि अन्तोरे
समिञ्जकारे समिञ्जरे कथा सारत.
जादे सवरे -

३ वन x ८००.०० = २४००.००

*uses properly
and paid.
Alhijitos
A 10-10-15*

Total - 2400-00

For them for their Reps only.

*अ इत्युयवाग्ये
सामक राजवा
वा ७५ १ २२*

Passed for payment Rs. 2400f.....
(Rupees.....*For them for their Reps*.....
.....)only.
Chairman
Kandi Municipality.
Am

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

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

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

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

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

Date	Name of Place	
	From	To

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

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

Abhijit Das

SIGNATURE OF THE GOVT. SERVANT WITH DATE

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

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

a) Railway / Air / Steamer fare	1500 200	Rs.	1200.00
b) Road mileage for Kms. @		Rs.	
c) Daily allowance			
i) 20000	Days @ Rs.	per day	800.00
ii) 10000	Days @ Rs.	per day	400.00
iii) 5000	Days @ Rs.	per day	200.00
d) Actual Expenses	5000	Rs.	200.00
Gross Amount	2500	Rs.	200.00
e) Less amount of T.A. Advance, if any drawn vide token No.			
			<u>2800.00</u>

Two Thousand Eight Hundred Rs.

Date (Bill No.) for Rs.

f) The expenditure is debitable to

SIGNATURE OF DDO COUNTERSIGNED

Passed for payment Rs. 2800/-
 (Rupees Two Thousand Eight Hundred
 only.)
 Chairman
 Kandi Municipality