

No. 08(05) 8008

DELIVERY CHALLAN

Date 21-08-2008



ELECTRICAL MEASURING INSTRUMENTS

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

PHONE : 23700878

To

The Project Officer

Your Ref.

State Urban Development Agency

2lgus Bhanu, Kolkata

Dated



Please receive the following goods in good order and condition.

Qty.	PARTICULARS	RATE
one	Cartridge HP 852	
one	Cartridge HP 855	

Received
Shank
21.08.08

VAT No. : 19400914032
C.S.T. No. : 19400914226

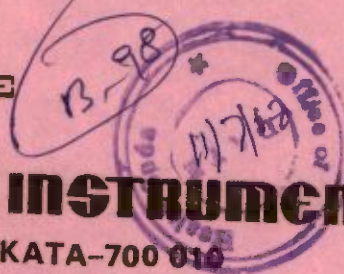
E. & O. E.

Received the above goods in good order & condition.

Signature of the Party
DEPT./PARTY'S COPY

For ELECTRICAL MEASURING INSTRUMENTS

TAX INVOICE



BUYER'S COPY

ELECTRICAL MEASURING INSTRUMENTS

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

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

Buyer's Name & Address : <i>The Project Officer Health Wing State Urban Development Agency Ujas Bhawan, Salt Lake</i>	Tax Invoice No. : <i>EM1/07(02)2008</i> Date : <i>11-07-2008</i> Challan No. : <i>07(02)2008</i> Date : <i>10-07-2008</i>
Buyer's Vat Registration No.	

Sl. No.	Qty.	Description of Goods	Price per Unit		Value		VAT Rate	Tax Amount		Total Amount	
			Rs.	P.	Rs.	P.		Rs.	P.	Rs.	P.
1)	one	HP Cartridge 21	700/-		700/-		4%	28/-		728-00	

Passed for Payment of Rs. *728/-*
 (Rupees *Seven hundred twenty eight*)
 Only out of HHW Scheme.
 DFID, SLDA under sub head *operating cost.*

Received in good Condition
 as per specification and
 enclosed in Stock Ledger Page
 No. *233*
10-7-08

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

Rs. Seven hundred twenty-eight only

*Received payment
 in full
 21/9/08*

TOTAL *728-00*

VAT Registration No. 19400914129
 CST Registration No. 2011A (BE) C
 PAYMENT SHOULD BE MADE WITHIN 7 DAYS.
 On Presentation of Bill otherwise 21% Interest
 will be Charged on Total Amount.

For **ELECTRICAL MEASURING INSTRUMENTS**
Suren Sarkar
 AUTHORISED SIGNATORY

07/05/2008

DELIVERY CHALLAN

Date 10-07-08



ELECTRICAL MEASURING INSTRUMENTS

12/1, SUREN SARKAR ROAD, KOLKATA - 700 010
PHONE : 23700878



To

The Director
SUDA Health wing
Salt lake

Your Ref.

Dated

Please receive the following goods in good order and condition.

Qty.	PARTICULARS	RATE
one	HP Cartridge 91	

Received in good condition
[Signature]
10/07/08

VAT No. : 19400914032

C.S.T. No. : 19400914226

Received the above goods in good order & condition.

E. & O. E.

For **ELECTRICAL MEASURING INSTRUMENTS**

Signature of the Party
DEPT./PARTY'S COPY

P74

Sub:- Release of payment to Sri Asit Majumder,
for presentation of Power Point.

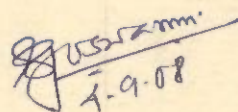
Apropos verbal order, Sri Asit Majumder prepared slides for Power Point presentation on 12.8.08 and 2.9.08.

After completion of the above work, Sri Majumder submitted bills for Rs. 210/- and Rs. 400/- respectively.

The work has been done satisfactorily. Hence, the amount of Rs. 610=00 (Rs. 210+400) Rupees Six hundred ten) only may be released to Sri Asit Majumder debiting HHW Scheme, DFID, SUDA under A/c head - "Operating Cost."

Submitted.


4/9/08


4.9.08

P.O. CEE, SUDA.

B-100

Dt. : 02.09.2008

To
The Project Officer
Health, SUDA
ILGUS Bhawan
HC Block, Sector - III
Kolkata - 700 106.



Bill for preparation of slides for Power Point Presentation on 12.08.2008.

Sl. No.	Particulars	Amount (In Rs.)
1.	21 nos. of Power Point Presentation on Urban Health Programme prepared for meeting of MIC, MA Dept. on 14.08.2008 @ Rs. 10/-	210.00 ✓

Asst Majumdar

Signature

Passed for Payment of Rs 210/-
(Rupees Two hundred Ten.)
Only out of HHW Scheme.
DHID, SUDA under sub head *Operating Cost*

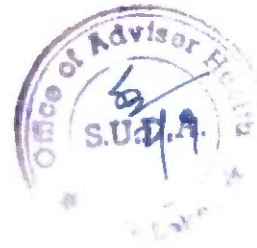
S. Goswami
Dr. S. GOSWAMI
Project Officer
Health Wing
S. U. D. A.

Received Rs. 210/- (Two hundred Ten only).
Asst Majumdar
04.09.2008

Dt. : 02.09.2008

B-101

To
The Project Officer
Health, SUDA
ILGUS Bhawan
HC Block, Sector - III
Kolkata - 700 106.



Bill for preparation of slides for Power Point Presentation on 02.09.2008.

Sl. No.	Particulars	Amount (In Rs.)
1.	40 nos. of Power Point Presentation on CLTS prepared for Health & FW Dept. on 03.09.2008 @ Rs. 10/-	400.00 ✓

Ajit Majumder

Signature

Passed for Payment of Rs. 400/-
(Rupees ~~Four~~ hundred (to...))
Only out of HHW Scheme.
I.F.I.D, SUDA under sub head "operating cost"

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

Received Rs. 400/- (four hundred)

only.

Ajit Majumder
04.09.2008

Received from	Project officer, Health wing, SUDA		FOR BANK SEAL	
	(नाम) Name		73	
से नकद खाते से डेबिट / चेक नं.	Cash/ Debit to	Cheque No.	रु.	For Rs.
		796079		421/-
रु. (शब्दों में)	Rs. (in words)			
	Four hundred twenty one only			
अदाकर्ता / drawn on	State Bank of India, Sector I, Saltlake Branch			
	(बैंक एवं शाखा का नाम) / (Name of the Bank and Branch)		कटौतकर्ता/	
द्वारा से स्त्रोत पर कर संग्रहण (टीसीएस) कटौती (टि.डी.एस.)	कम्पनी/Company	गैर कम्पनी/Non-Company	Deductees	
on account of Tax deducted at Source (TDS)/ Tax Collected at source (TCS) from	g/e		(Fill up Code)	
	(जो लागू या ही उसे काट दें) / (Strike out whichever is not applicable)			
के रूप में निर्धारण वर्ष / for the Assessment Year	के लिए प्राप्त हुआ	2009	-	10
			रु. / Rs.	421/-
			RECEIVE CASH/TCLG. RS.	
			SERIAL NO. 78	
			DEPOSITED 3 11 10	
			RUPEES	
			SWO/BRANCH MANAGER	

करने के लिए अलग चालान का प्रयोग किया जाना है।

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

कृपया आध कर के बैंक पाघती में निम्नलिखित सूत्र उपलब्ध है।

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

आपका इसका आय की विवरणी में उल्लेख करना होगा।

1) Banka Dhar - 209 = 00
2) Banka Khadija - 212 = 00
Total Rs 421 = 00

for July, 08

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

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

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

Forms Available - THE BOOK CORNER, 3, Mangoe Lane 1st Floor, Kolkata-700 001 Phone : 2248-4688/3022-0074 Code : I-281

1-72

Original/Duplicate/Triplicate/Quarduplicate

CHALLAN

Challan No.

0028-00-107-001-03

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

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

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

P. Tax Registration/Enrolment No.	Period from	Period to
R C S I 1 6 5 1 4 3	M M Y Y Y Y	M M Y Y Y Y
	0 7 2 0 0 8	0 7 2 0 0 8

Particulars of Coins & Notes/Cheque

Rs. Paise

Ch. no. 796078 dt. 2.9.08	Tax	380 =		01
on S.P.I. Salt Lake (Sector-I)	Interest			
Branch <u>Salt Lake</u>	Penalty			
Dr. S. GOSWAMI	Comp. Money			
Project Officer,	Total Amount	380 =		00
Health Wing				
S. U. D. A.				

(In words) Rupees Three hundred eighty only

Signature of the Depositor

Year end

Case No. if the Payment Relates to assessed dues

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

Bank/Treasury/Code	FOR BANK USE	Date of Entry
	3932451	
	FOR BANK USE	
	30	
	QUEEN NO. SBI, PH. BHAVAN	
	7816	

Received Rs. _____ (Rupees)

Treasurer _____ Journal No. _____
 Accountant _____ Checker ID No. _____ Initials _____
 Treasury Officer/Agent or Manager

For Instructions see overleaf

57-3

INSTRUCTIONS

1) Dr. N. G. G	—	110.00
2) Dr. G. D.	—	110.00
3) Sr. S. P.	—	50.00
4) " S.K.L	—	50.00
5) " P.R.H	—	30.00
6) " S.S.H	—	30.00

A. For depositors :

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

Total Rs 380.00

B. For Bank/Treasury accepting the deposit :

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

D.F.I.D ASSISTED HONORARY HEALTH WORKERS SCHEME
PURULIA MUNICIPALITY
PURULIA

Memo NO - PM/DFID/HHW/53

DATE - 9/9/08

TO
DR. S. GOSWAMI
The Project officer
Health Wings SUDA
KOLKATA

Sub:- Authorization Letter

Madam,

I the undersigned do here by authorized
Sri Taposh Mukherjee (office employee) of our Purulia Municipality
to receive fund from your good office on my behalf.
His signature is given in the document below and duly
attested by me.

This is for your kind information and take
necessary action. Tapas Mukherjee

Attest
[Signature]

CHAIRMAN
PURULIA MUNICIPALITY

To Tapas
[Signature]
12/08
CHAIRMAN
PURULIA MUNICIPALITY

[Signature]
09/09/08
Health Officer
Purulia Municipality
Purulia

VALID ONLY IF COMPUTER PRINTED
 VALID FOR SIX MONTHS ONLY
 जारी करने वाली संस्था SALT LAKE SECTOR - 1 CALCUTTA
 ISSUING BRANCH Tel No. : 33000-235810 KEY : SILBEV

श्री अ. कोड नं.

0 01612

₹. 50,000/- एक शिफ्ट के निम्न दो अधिकारियों द्वारा हस्ताक्षरित होने पर ही वैध है।
 INSTRUMENT FOR ₹50,000- AND OVER IS VALID ONLY WHEN SIGNED BY TWO OFFICERS

DATE

29/08/2008

मनी जनेपर **ON DEMAND PAY CHAIRMAN, HHW SCHEME, DFID, PURILIA MUNICIPALITY**
PALITY** CHAIRMAN, HHW SCHEME, DFID, PURILIA MUNICIPALITY****

या उनके आदेश पर OR ORDER

रुपये RUPEES

ONE	FIVE	THREE	ZERO	ZERO	ZERO
LAKHS	T TSD	THSDS	HNDRS	TENS	UNITS

PAISE ZERO ONLY

Sr. No.: 160397

KEY : SILBEV

153000 PS00

AMOUNT BELOW 153001 (1/6)

अवकाश करें। मूल प्राप्त VALUE RECEIVED

9
8
7
6
5
4
3
2

भारतीय स्टेट बैंक
STATE BANK OF INDIA

श्री अ. कोड नं.

0 00160

अधिकृत हस्ताक्षरकर्ता AUTHORIZED SIGNATORY

(हस्ताक्षर नमूना क्र० / स.स. नं. A 6 650)

SASWATI SAHA
 BRANCH MANAGER

(हस्ताक्षर नमूना क्र० 5716407)

0157

अभिलेखित शाखा / DRAWEE BRANCH

0157000000000759209

759209 0000020000 000157 15

DDm. 759209 dt. 29.8.08
for Rs. 1.53 Lakh.
for Sal/Am, Cont. IEC, OP. Cost.

Rs. 1.53 Lakh only
be released thro.
A/C Payee DD.
28.08.08

DFID - ASSISTED HONORARY HEALTH WORKERS SCHEME
PURULIA MUNICIPALITY
PURULIA

Memo No: PM/DFID/HHW/48



Date: 11/8/08

To
Dr. Goswami
The Project Officer
Health Wing SUDA
Kolkata

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

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

Estimation of Fund requirement for 03 month (July 08 to Sep 08)

01. Salaries -	51,000 = 00
02. Honorarium	171,510 = 00
03. Rent-	6,000 = 00
04. L.E.C.	20,000 = 00
05. Operating cost	30,000 = 00
06. Furniture	—
07. Drugs	—
Grand Total	2,78,510 = 00
Less Furniture	—
less Medicine	—

Fund Released = 5,46,279 = 00
W/C Recd upt. 29.8.08 = 4,21,270 = 00
Balance Rs 1,25,009
77%
2,78,510 = 00
- 1,25,009 = 00
1,53,501 = 00

Total requirement of Rs. 2,78,510 = 00 (Rupees two lakh Seventy eight thousand five hundred ten) only. for three month which effect from July 2008 to Sep 08.

[Signature]
Health Officer
Purulia Municipality
Purulia

[Signature]
CHAIRMAN
PURULIA MUNICIPALITY

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

Ref No. SUDA-Health/DFID/03/58

Date29.08.2008

To : The Manager
State Bank of India
Salt Lake City
Kolkata- 700 064*9c*Sub : Issue of Demand Draft in connection with
DFID assisted Honorary Health Worker Scheme

Sir,

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

Sl. No.	In favour of	Payable at	Amount (in Rs.)
759208 29.8.08	Chairman HHW Scheme, DFID Bishnupur Municipality	Bishnupur	3,40,000.00 (Rupees Three lakhs forty thousand) only
759209 29.8.08	Chairman HHW Scheme, DFID Purulia Municipality	Purulia	1,53,000.00 (Rupees One lakh fifty three thousand) only

Yours faithfully,



Delivered

[Signature]
A. Pat.
Finance Officer
HHW Scheme - DFID, SUDA
Health Wing, SUDA

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

SUDA

STATE URBAN DEVELOPMENT AGENCY

**HEALTH WING
"ILGUS BHAVAN"**

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

Ref No.SUDA-Health/DFID/08/59

Date01.09.2008

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

To : The Chairman
Bishnupur Municipality

Sub. : Release of fund worth Rs. 3,40,000/- towards expenditure in
connection with DFID assisted Honorary Health Worker Scheme.

Sir,

Apropos your communication bearing no.84 DFID-XI-8 dt. 23.08.08, an Account Payee Demand Draft bearing no. 759208 dt. 29.08.2008 on State Bank of India, Salt Lake Branch for an amount of Rs. 3,40,000/- (Rupees Three lakhs forty thousand) only is released for payment towards Salary Honorarium, IEC, Medicine, Training and Operating Cost.

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

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

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

Received one D/D bearing no- 759208 dated 29.8.08 on S.B. I.
Self dekte amosnting Rs (Three lakhs forty thousand) 3,40,000/-

Arunkan.
Acct Amt
Bishnupur Municipality
1.9.2008

Yours faithfully:

Project Officer

SUDA-Health/DFID/08/59(1)
CC

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

DL ... 01.09.2008

Project Officer

STATE URBAN DEVELOPMENT AGENCY
OFFICE OF THE ADVISOR (HEALTH)

P-69

DEBIT VOUCHER

Voucher No. P-69
Date. 29-08-2008

HHW Scheme, DFID

PARTICULARS OF PAYMENT	AMOUNT	
	Rs.	P.
Being the amount spent on contingent charges as per vouchers attached, the amount spent from Permanent Advance.	698 =	00
Rupees Six hundred ninety eight only.	698 =	00

Prepared by :

Checked by :

Pay order given by :

- ① Rs. 46 = 00
- ② " 30 = 00
- ③ " 50 = 00
- ④ " 400 = 00
- ⑤ " 72 = 00
- ⑥ " 100 = 00

Total Rs 698 = 00

[Signature]
29/8/08

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

Money Receipt.

Received Rs. 46/- (Rupees forty six only)
from Health Wing, SUDA, UGUS BHAVAN, HE-Block, Sector III
Salt Lake, Kolkata - 700 106 for supply of tea & snacks
to Health Wing, SUDA on 01-08-2008.

PAID & CANCELLED

①

[Signature]
26-8-2008
(Signature with date.)

Money Receipt.

Received Rs. 30/- (Rupees Thirty) only.
from Health Wing, SUDA, UGUS BHAVAN, HE-Block, Sector III
Salt Lake, Kolkata - 700 106 for washing of office towers

PAID & CANCELLED

②

RASU TURI 26-8-2008
Signature with date

Money Receipt.

Received Rs. 50/- (Rupees Fifty only)
from Health Wing, SUDA, UGUS BHAVAN, HE-Block, Sector I
Salt Lake, Kolkata - 700 106 for supply of tea & snacks
to Health Wing, SUDA on 19.8.08.

PAID & CANCELLED

③

[Signature]
20-8-2008
(Signature with date.)

Money Receipt.

Received Rs. 400/- (Rupees four hundred) only from Health Wing, SUDA, LIGUS BHAVAN, H2-Block, Sector III, Salt Lake, Kolkata - 700 106 for supply of drinking water to Health Wing, SUDA and cleaning of Chairs & Tables of officers of Health Wing during July, 08 (01-7-08 to 31-7-08).

④

PAID & CANCELLED

Rohit Sharma
(Signature with date.)
5-8-2008

ROAD CHALLAN / ORDER / ESTIMATE / APPROVAL

PUJA Since 1995

School, College & Office Stationers
Shop No. - 68 (1st Floor)

BJ-MARKET, SALT LAKE, KOLKATA - 700 091

Working Hrs. : 9.30 A.M. - 1.30 P.M.
4.30 P.M. - 9.30 P.M.

THURSDAY FULL CLOSED

3 Rs. W. B. Marker Pen - 72/-

PAID & CANCELLED

72/-

10/8/08
R

⑤

No.

CASH MEMO

Ph. : 2321-2708

STUDENTS CORNER

Stall No. - 47, GD Market, Kolkata-700 106

M/s

Cash

Qty.	DESCRIPTION	AMOUNT
200	10 1/2 White window cover	100.00
TOTAL		100.00

PAID & CANCELLED

⑥

Date 2/8/08

(MONDAY CLOSED)

Signature

P-68

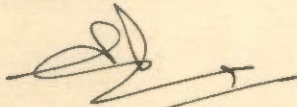
Sub:- Release of payment to M/s Lokenath
Enterprise for supply of Stationary articles.

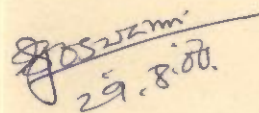
Apropos verbal order M/s. Lokenath Enterprise supplied the stationary articles as per our requirement on 21.8.08. The said articles have been received and entered in stock ledger.

After causing supply, the firm submitted a bill for Rs. 2449/- for payment. The bill has been checked and the rate quoted by the firm is reasonable. The bill is placed below for pay order please.

Hence, the amount of Rs. 2449/- (Rupees Two thousand four hundred forty nine) only may be released in favour of Lokenath Enterprise debiting HHW Scheme, SFID, SUDA under Ac head - "Operating Cost".

Submitted.


29/8/08


29.8.08

~~P.O. CEO, SUDA~~

No. **677**CASH MEMODate 21/08/2008**LOKENATH ENTERPRISE**

General Order Supplier

20, K. B. SARANI, DUM DUM MALL ROAD,
KOLKATA-700 080Name Project officerAddress SUDA

Qty.	DESCRIPTION	Rate	Rs.	P.
10 rim	A4 X-erox paper	@85/-	1550	00
12 pes	Folder	@12/-	144	00
3 pu	Fax roll	@85/-	255	00
1000 pes	Envelope		500	00
<p>(Rupees Two Thousand Four hundred and Fourty nine only.)</p> <p>(Received in full)</p> <p><i>Atty</i> 21/08/08</p> <p>Received in good condition. I entered in stock 1 dgwr. pg. no. (10)</p>				
TOTAL			2449	00

(R.T.O)

Signature

Atty
21/08/08

Passed for Payment of Rs

2449/-

(Rupees ~~Two thousand four~~
~~hundred and forty nine~~)

Only out of HHW Scheme.

DFID, SLDA under sub head

“Operating Cost”

S. Goswami

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

62
23/8

No. 585

Mega Trade Centre

CHEQUE RECEIPT

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

Date: 15/11/08

Received with thanks from M/s.

Project Officer, Health Wing S.W.D.A.

Drawee Bank

by Cheque/Draft No. 798076

Dated 28.8.08 Rs. 231/-

Rupees *Two hundred thirty one only* on account of following bills.

Customer Code	Bill No.	Date	Bill Amount		TDS		Net Amount		Collector Code
			Rs.	P.	Rs.	P.	Rs.	P.	
			231	00			231	00	
TOTAL							231	00	

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

For MEGA TRADE CENTRE

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

9-677



MEGA TRADE CENTRE

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

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

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Service Pro



Collector Code : 11

INVOICE / BILL No. FSA/0708/6575		Date : 21/8/08	
M / C Serial No. : 2903899932	Model :	5834	
A / C No. : M/3288	Installation No. :	M/3288	Customer TIN No. :
Customer :	STATE URBAN DEV AGENCY		PAN : AAGFM3064L
Installation Address :	BLOCK, SECTOR III, 2nd FLOOR, ADVISER HE, SALT LAKE CITY ILGUS BHAWAN, BIDHANNAGAR KOLKATA N		VAT No. : 19200372061 CST No. : 19200372255 SRVTAX : 111 / MRS / SB-03 / KOL/04-05 Dt. 22/12

Meter Reading	Date	NOTE						
Current	233686	21/8/08	PLEASE DO NOT MAKE PAYMENT IN CASH. ONLY CHEQUE / DD PAYMENT ACCEPTED					
Previous	233376	21/07/08	Subject to the terms and conditions of the above agreement, Payment Received beyond the due date shall be subject to interest @ 24% P.A. From the due date to the date of payment.					
Gross	310							
Less 1%	3	Per Copy Charge	Gross	AMC	Sales Tax/ WCT/CST/ VAT @ 4% on 15% of Gross	Sales Tax/ WCT/CST/ VAT @ 12.5% on 65% of Gross	Service Tax @ 12.24% on value of taxable service (20% of Gross)	Net
Billable Copies	307	0.34	104.38	0.00	0.62	8.48	2.55	116/-

Customer Acceptance :
Signature & Date with Seal

[Handwritten Signature]
21/8/08

Passed for Payment of Rs. 116/-
(Rupees One hundred sixteen)

Only out of HHW Scheme.
DFID, SUDA under sub head .. Operating Cost.

For Mega Trade C

[Handwritten Signature]

Authorised Signat

XEROX Premium Partner



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

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Multi-Function devices, Engineering Copiers & Printers etc.

Call - 2498 9684

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

COPIER
AVAILABLE
ON ATTRACTIVE
RENTAL S



MEGA TRADE CENTRE

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

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

XEROX
Authorised
Service Pro



Collector Code : 11

INVOICE / BILL No. FSA/0608/6584	Date : 21/7/08
M / C Serial No. : 2903899932 Model : 5834	
A / C No. : M/3288 Installation No. :	Customer TIN No. :
Customer : STATE URBAN DEV AGENCY	
Installation Address : DCK, SECTOR III, 2nd FLOOR, ADVISER HE, SALT LAKE CITY ILGUS BHAWAN, BIDHANNAG ILGUS BHAWAN, BIDHANNAGAR KOLKATA N	PAN : AAGFM3064L VAT No. : 19200372061 CST No. : 19200372255 SRVTAX : 111 / MRS / SB-03 / KOL/04-05 Dt. 22/




Meter Reading	Date	NOTE					
Current 233376	21/7/08	PLEASE DO NOT MAKE PAYMENT IN CASH. ONLY CHEQUE / DD PAYMENT ACCEPTED					
Previous 233069	19/06/08						
Gross 307							
Subject to the terms and conditions of the above agreement, Payment Received beyond the due date shall be subject to interest @ 24% P.A. From the due date to the date of payment.							
Less 1%	Per Copy Charge	Gross	AMC	Sales Tax/ WCT/CST/ VAT @ 4% on 15% of Gross	Sales Tax/ WCT/CST/ VAT @ 12.5% on 65% of Gross	Service Tax @ 12.24% on value of taxable service (20% of Gross)	Net
3	0.34		0.00				
Billable Copies 304		103.36		0.62	8.39	2.53	115.7

Customer Acceptance :
Signature & Date with Seal

For Mega Trade C

Accepted for Payment of Rs. 115/-
(one hundred fifteen)
Operating Cost.

Authorised Signa

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

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Call - 2498 9684

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

COPY
AVAIL
ON A
REN

State Urban Development Agency

P-66

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

Health Wing

Statement of Bill for Car Hiring Charges

of Smt. Rinke Bhatta Chatterjee.

For the Month of July, 2008

Vehicle No. WB 29-6662

Bill for Rs. 15,398/-

(Rupees Fifteen thousand +

Rs. 15,398 = 00

three hundred ninety-eight) only.

i) Less I.T. Deduction @ 2.04% on Rs. 9890/- on actual hire charge (-) Rs. 202 = 00

ii) Less I.T. Deduction @ 2.04% on Rs. 522/- on overtime (-) Rs. 10 = 00


Net Payable

Rs. 15,186 = 00

Passed for payment Rs. 15,186/- (Rupees Fifteen thousand one
hundred eighty six) only be cheque to the above person and

Rs. 212/- to be deposited to Reserve Bank of India, Calcutta for I.T. Deduction and the bill

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


(S. Pal)
Finance Officer
Health Wing, SUDA

MONEY RECEIPT

Received the Cheque No. 796075 dt. 28.08.08 from the

Project Officer, Health Wing, SUDA, amounting to Rs. 15,186/- (Rupees)

Fifteen thousand one hundred eighty six on

Prerna Bhattacharjee



29/8/08

BILL

Bill for Car Hiring Charge in respect of Car No. WB-29 6662 for the Month of

July '08

Car No. : WB-29 6662
Car Owner : Rinku Bhattacharjee

Sl. No.	Date on which the car place	Reporting time of the car	Releasing time of the car	Total duration of the car for the days	Excess hour of O.T. charge	Reporting K.M.	Releasing K.M.	Total Distance Run	Diesel	Mobil Oil	Remarks
1.	10.7.08	9-15	7-30	10h.15m	—	60058	60125	67			
2.	2.7.08	9-15	7-00	9h.45m	—	60145	60225	80			
3.	3.7.08	9-20	7-00	9h.40m	—	60247	60307	60			
4.	4.7.08	9-15	8-55	11h.40m	2	60329	60367	39			
5.	7.7.08	9-15	9-00	11h.45m	2	60391	60440	49			
6.	8.7.08	9-15	8-15	11h.	1	60452	60484	32			
7.	9.7.08	9-15	8-05	10h.50m	1	60506	60555	49			
8.	10.7.08	9-15	8-50	11h.35m	2	60597	60635	38			
9.	11.7.08	9-15	8-00	10h.45m	1	60657	60712	55			
10.	14.7.08	9-15	8-00	10h.45m	1	60730	60799	69			
11.	15.7.08	9-15	8-45	11h.30m	1	60809	60860	51			
12.	16.7.08	9-15	8-50	11h.35m	2	60881	60913	32			
13.	17.7.08	9-15	7-50	10h.35m	1	60934	60986	52			
14.	18.7.08	9-15	8-30	11h.15m	1	61002	61044	42			
15.	19.7.08	9-15	9-30	12h.15m	2	61060	61110	50			
16.	21.7.08	9-30	8-30	11h.	1	61131	61209	78			
17.	22.7.08	9-15	7-15	10h.	1	61224	61298	74			
18.	23.7.08	9-15	8-15	11h.	1	61293	61334	41			
19.	24.7.08	9-15	9-00	11h.45m	2	61357	61406	49			
20.	25.7.08	9-15	9-40	12h.25m	2	61427	61479	52			
21.	29.7.08	9-15	10-15	10h.30m	3	61707	61964	257			
22.	30.7.08	9-15	9-45	12h.30m	2	61986	62045	59			
23.	31.7.08	9-15	8-45	11h.30m	1	62062	62130	68			

Certified that the distance reported above has been ascertained by the driver and the Car filled that the diesel and Mobil Oil used by the driver are correct and the driver is certified to the driver.

(Signature)

23.8.08

29h.

1436km

+

R-97

1436 Dms

	Rs.	P.
(a) Car Hiring Charges for 23 days @ Rs/430/- per day	9890	00
(b) Overtime Charge for 29 hours @ Rs. 18/- per hour	522	00
(c) Cost of 119.66 litres of Diesel @ Rs. 38.06 per litre	4454	25
(d) Cost of 2872 litres of Mobil Oil @ Rs. 185 per litre	531	32
(e) Gross payment (Total from A to D)	15397	57

Rs. 15,398/-

Prinkee Battacharjee.

Prated for Payment of Rs. 15,398/-
 (Rupees Fifteen thousand three hundred and thirty eight only out of MW Scheme) rightly
 B.F. 184, 66, 67 & 68 under sub head, Operating Cost.

Bill passed for Rs. 15,398 = 00
 Less I.T. deduction. " 212 = 00

Net payable Rs. 15,186 = 00

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

received

S. U. D. A. 18/8/08

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

MEMO

No. **83665**

Car No.....

Phone : 2334-9853

SALT LAKE SERVICE STATION

(Indian Oil)

DD-29, Salt Lake, Kolkata-64

Against.....Bank Cards

Charge Slip No.....

Quantity	Description	Rs.	P.
	PETROL		
2	DIESEL <i>Sup</i>	76.	12
	ENGINE OIL		
<i>Thanking you!</i>		Total	76. 12

Date.....*24.07.08*

[Signature]
Signature

No. 4899

TAX INVOICE
CASH / CREDIT

Date 13.12.07
Original - Buyer's Copy


CALCUTTA LUBE CENTRE



241, B. T. Road (Near Ananya Cinema), Kolkata - 700 036
Phone : 2577 2580
Lubricating Licence No. 28 / L-DL / BNG-2000
W.B.S.T. : 19321571136 • VAT : 19321571039



Name Rinker - Bhattacharyya Buyer's VAT No.
Address B. T. Road

Qty.	DESCRIPTION	Rate	Rs.	P.
1x1	666 Serro Super Mfg. VAT (12.5%) 		175 9	55 45
INDUSTRIAL OIL AVAILABLE HEAR AT REASONABLE PRICES		TOTAL	185	00

Thank You!

Vehicle No. W.B. 29-6662

Signature 13.12.07
CALCUTTA LUBE CENTRE

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Telephone Bill
August, 2008

Calcutta Telephones
Bharat Sanchar Nigam Limited
(A Govt. of India Enterprise)

Paid for payment of Rs 1340.00
(Rupees One thousand Three hundred and forty only)
(By out of HHW Scheme)
S.U.D.A. under sub head . operating cost.

Customer ID	0106009900364
(Code)(Class)(Usg)(Cat)	(11)()(5)
Installation Date	1/06/1999

Telephone No.	23593184
Bill Period	Jun to Jul
Due Date	27/08/2008
Net amount payable	Rs 1340.00

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

STATE URBAN DEVELOPMENT AGENCY
BIDHANNAGAR
1ST FLOOR
SECTOR:III, BL-HC ,
700091

Telephone No.	Opening Meter Reading Date	Closing Meter Reading Date	Metered Units	TKT Units	CR Units	Free Units	Chargeable Units
23593184	00112293 30/06/2008	00112913 31/07/2008	620	0	0	50	570
23593184	00111980 31/05/2008	00112293 30/06/2008	313	0	0	50	263

NET AMOUNT PAYABLE IN THIS BILL	1340.00
TOTAL CALL CHARGE	833.00
MONTHLY FIXED CHARGE	360.00
SERVICE TAX	143.16
OTHER CHARGES/ADJUSTMENT	3.84

Last Payment :Rs 1351.00

Bill Dt. 05/06/2008

Recd. on 25/06/2008

Service Tax + Education Cess revised to 12.24%.
Surcharge of **Rs. 40** will be levied in next bill if not paid by **27/08/2008**
The Telephone is liable for disconnection if not paid within due date

000698 26/08/08 11-31 05H1 01
3593184 C1340.00



State Urban Development Agency

Office of the Project Officer (Health)

Central co-ordinating Cell, SUDA


August, 2008

Bill No. : CCC/SUDA/Remu/53 dated 28-08-2008

Name	Designation	Contractual Remuneration	Gross Pay	Professional Tax	Income Tax	Net amount Payable
Dr. N.G. Gangopadhyay	Health Adviser, SUDA	10000.00	10000.00	110.00	0.00	9890.00
Dr. Gargi De	Medical Specialist	10000.00	10000.00	110.00	0.00	9890.00
Sri Sankhamoy Pal	Accounts Officer CCC, SUDA	8000.00	8000.00	50.00	0.00	7950.00
Sri Satit Kumar Lahiri	MHS Officer	8000.00	8000.00	50.00	0.00	7950.00
Sri Pratiba Ranjan Majumder	Clerk-cum-Store Keeper	3350.00	3350.00	30.00	0.00	3320.00
Sri Sasanka Sekhar Marik	Data Entry Operator	5000.00	5000.00	30.00	0.00	4970.00
TOTAL		44350.00	44350.00	380.00	0.00	43970.00

Rupees forty three thousand nine hundred seventy) only


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


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



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State Urban Development Agency

Office of the Project Officer (Health)

Central co-ordinating Cell, SUDA

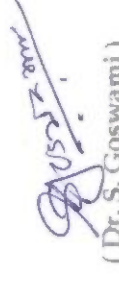
Month : August, 2008

Bill No. : CCC/SUDA/Remu/53 dated 28-08-2008

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

(Rupees Forty three thousand nine hundred seventy) only


(*[Signature]*)
Finance Officer
Health Wing, SUDA


(*[Signature]*)
Project Officer
Health Wing, SUDA

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[Handwritten notes and stamps]
 Dr. N.G. Gangopadhyay 28/8/08
 Dr. Gargi De 28/8/08
 Sri Sukhamoy Pal 28/8/08
 Sri Salil Kumar Lahiri 11/9/08
 Sri Pratiba Ranjan Majumder 28/8/08
 Sri Sasanka Sekhar Marik

Office of the Councillors of
MIDNAPORE MUNICIPALITY
MIDNAPORE

Memo No 2804/D.F.I.D

Dated, Midnapore the 25.08.08

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

Memo No

Dated:

Received from Project Officer, Health Wing SUDA the sum of Rupees 2,14,000/- (Rupees Two lakh fourteen thousand only on account of expenditure in connection with DFID assisted Honorary Health workers scheme.

Vide Demand Draft No 759097 Dt. 19.08.08
Rs. 2,14,000/-

[Handwritten Signature]
28/08/08

Chairman
Midnapore Municipality



Office of the Councillors of
MIDNAPORE MUNICIPALITY
MIDNAPORE

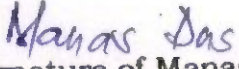
Memo No 2803/D.F.I.D

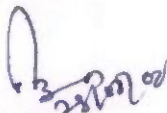
Dated, Midnapore the 25.08.08

From: Chairman
Midnapore Municipality

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

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


Signature of Manas Das.


Chairman
Midnapore Municipality

ATTESTED


Chairman
Midnapore Municipality

SUDA

STATE URBAN DEVELOPMENT AGENCY

HEALTH WING

"ILGUS BHAVAN"

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

West Bengal

Ref No. SUDA-Health/DFID/08/57

Date 22.08.2008

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

To : The Chairman
Midnapore Municipality

Sub. : Release of fund worth Rs. 2,14,000/- towards expenditure in connection with DFID assisted Honorary Health Worker Scheme.

Sir,

Apropos your communication bearing no. 2486/DFID dt. 11.08.08, an Account Payee Demand Draft bearing no. 759097 dt. 19.08.2008 on State Bank of India, Salt Lake Branch for an amount of Rs. 2,14,000/- (Rupees Two lakhs fourteen thousand) only is released for payment towards Salary/Honorarium.

The unspent balance of Rs.73,761/- (Seventy three thousand seven hundred sixty one) only which was allotted for furniture may be diverted and utilised for the Honorarium/Salary.

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

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

Received D/D vide No:- 759097. dt:- 19.08.08. of an amount of Rs-2,14,000/-
Manas Das.
(Accts. Asst. DFID).
25/08/08

Yours faithfully,

Project Officer

Dt .. 22.08.2008

SUDA-Health/DFID/08/57(1)
CC

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

Project Officer

D:\Dr. Goswami\DFID\DFID - ILGUS.doc

Tel/Fax No.: 359-3184

Office of the Councillors of
MIDNAPORE MUNICIPALITY
MIDNAPORE

Ref No 2486/DFID.

Dated Midnapore the 11.08.08.

*Rs. 2-14 lakhs, then
my cc returned
MC phys D/D.
12.08.08.*

*D.D. No. 759097
dt. 19.8.08.*

DFID assisted Honorary Health Worker Scheme

Estimated Statement of Expenditure

Name of the Municipality: - Medinipore

For the Period of - June to August 08

Request now for amount.

Sl.No	Item of Expenditure	Expenditure
	Non - Recurring	
1	Equipment	
2	Furniture	
3	Construction	
	a) Sub Centre - Rent	
	b) OPD	
4.	LE.C Aids & Materials	
5.	Renovation Works	
6.	Documentation	
7.	Printing of HMIS forms	
8.	NGO Involvement	
	Total -	
	RECURRING	
9.	HONORARIUM (74,810 X 3)	2,24,430=00
10.	Salaries (20,850 X 3)	62,550=00
11.	Rent	
12.	Training	
13.	Drug	
14.	I.E.C	
15.	Operating Cost	
	GRAND TOTAL	2,86,980=00

Fund Released - 3,66,056

W/c Recd. - 2,60,317

1,05,739

[Signature]
Chairman

Midnapore Municipality

11.08.08.

Fur - 73,761 Hm/Sal.

Rent - 6,500

I.E.C - 10,325

OP.Cost - 14,892

105,478

~~2,87,000~~

73,

2,86,980

73,761

2,13,219 (sum 2-14 lakhs)

A sum of Rs. 2,14,000/- is released for Hm/Sal.
The unspent balance of Rs. 73,761/- which was allotted for Furniture may be diverted and utilised for Honorarium/Salary.

Phone : 275384
266483

Office of the Councillors of
MIDNAPORE MUNICIPALITY
MIDNAPORE

Ref No 2486/DFID.

Dated Midnapore the 11-08-08.

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

From
Chairman
Midnapore Municipality

Sub: - Requisition of Allotment.

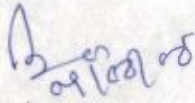
Madam,

We have received an amount of **Rs. 3,66,056/-** (Three lac sixty six thousand fifty six) only upto the month of May - 08 from SUDA. Amount of U.C already send to SUDA is Rs. 2,09,193/- (Two lac nine thousand one hundred ninety three) only upto the month of May. 08 Now, an amount of Rs. 1,56,863/- (One lac fifty-six thousand eight hundred sixty three) only remain in our account. We have also utilized amount of Rs. 51,124/- (Fifty one thousand one hundred twenty four) only during the running month and amount of Rs. 1,05,739/- (One lac five thousand seven hundred thirty nine) only remain in our account. So, in this position we need an amount of **Rs. 2,86,980/-** (Two lac eighty six thousand nine hundred eighty) only in the salary / Hon head for the month of June to August 08.

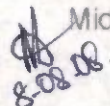
Now, it is placed before you for your kind approval. Necessary order may kindly be given.

Thanking You.

Yours faithfully


Chairman

Midnapore Municipality


8-08-08.

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GOURANGA GOSWAMI

CHAIRMAN

KALNA MUNICIPALITY
KALNA, BURDWAN

KALNA MUNICIPALITY OFFICE
PHONE NO (☎): -255004(03454)
FAX NO: -256242(03454)

D.O.No. 484/DFID

Date: - 01/09/08

To
The Project Officer,
Health Wing SUDA,
Ilgus Bhavan,
H.C.Block, Sector-III,
Bidhannagar, Kolkata-91

Madam,

I do hereby authorise Sri Manish Biswas, Accountants Assistant, HHW Project under Kalna Municipality to collect the Cheque / Draft No...759096..... dated 19.08.2008..... amounting to Rs.2,73,000 (Two lakhs seventy three thousand.....) for account of expenditure in connection with DFID ASSISTED Honorary Health Worker Scheme Kalna Municipality, on behalf of me.

Thanking you,

Manish Biswas

Yours Sincerely,

Signature attested

Gouranga Goswami
Chairman
Kalna Municipality
Chairman
Kalna Municipality

Gouranga Goswami
Chairman
Kalna municipality
Chairman
Kalna Municipality

Miscellaneous Receipt
West Bengal Municipal (Finance and Accounting)
From no.39

NO 488/DFID

Date: 15-09-08

Received from **Project Officer**, Health wing, SUDA the sum of Rupees 2, 73,000.00 (Two lakhs Seventy three thousand) only on account of expenditure in connection with DFID ASSISTED Honorary Health Worker Scheme.

Vide Demand Draft No. 759096 Dt: 19-08-2008 ✓

RS. 2, 73,000.00

Revenue Stamp



[Handwritten Signature]
Chairman
Kalna Municipality
[Handwritten Initials]

SUDA

STATE URBAN DEVELOPMENT AGENCY

**HEALTH WING
"ILGUS BHAVAN"**

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

Ref No.SUDA-Health/DFID/08/56

Date22.08.2008

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



To : The Chairman
Kalna Municipality

Sub. : Release of fund worth Rs. 2,73,000/- towards expenditure in connection with DFID assisted Honorary Health Worker Scheme.

Sir,

Apropos your communication bearing no. 475/DFID dt. 11.08.08, an Account Payee Demand Draft bearing no. 759096 dt. 19.08.2008 on State Bank of India, Salt Lake Branch for an amount of Rs. 2,73,000/- (Rupees Two lakhs seventy three thousand) only is released for payment towards Salary/Honorarium, Drug, IEC and Operating Cost.

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

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

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

Yours faithfully,


Project Officer

Dt .. 22.08.2008

SUDA-Health/DFID/08/56(1)

CC

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

*Received in full
Rs - 2,73,000/-
D.D. No - 759096.
dt. - 19/08/08.
Manish Biswas
02/9/08.*


Project Officer

JOURANGA GOSWAMI
CHAIRMAN
KALNA MUNICIPALITY
KALNA, BURDWAN

KALNA MUNICIPALITY OFFICE
PHONE NO (☎): -255004(03454)
FAX NO: -256242(03454)

M.O.No. 475 / DFID

Date: - 11/08/08

To
The Project Officer
Health Wing (SUDA)
Ilgus Bhavan
H.C. Block, Sector-III
Bidhannagar, Kolkata-91

Sal/Hm - 1,77,750
Drug - 65,250
IEC - 15,000
OP. Cost - 15,000
2,73,000

Sub: - Further fund for running DFID Assisted HHW Scheme at Kalna Municipality.

Madam,

This is to inform you that Kalna Municipality had received during 2008-09 Rs. 3, 64,141.00 only. Out of this fund (3, 64,141.00), we have already spent Rs. 2, 79,880.00 (Two lakhs Seventy nine thousand Eight hundred Eighty) only, which is 77% of the total amount.

Now, you are requested to issue further fund of Rs. 2, 88,030.00 for three months (August, September & October 2008). The item-wise necessary fund is shown bellow: -

Sl No.	Item of expenditure	Amount in Rupees
1.	Training	Rs-15000.00
2.	IEC	Rs-15000.00
3.	Drugs	Rs-65,250.00
4.	Salaries for MMC	Rs-86,550.00
5.	Honorarium	Rs-91,230.00
6.	(Operation & Maintenance) Operating Cost	Rs-15000.00
TOTAL		Rs. 2,88,030.00

Hope, you would be kind enough to allot fund at an early date so that the scheme may run smoothly.

Sincerely Yours

Fund Released Rs. 3,64,141 = u
W/c Recd upto July, 08 = 2,79,880 = o
Bal. Rs. 84,261 = u

Rs. 2.73 lakhs may
be released through
A/C prjce DO.
14.8.08

Jouranga Goswami
Chairman
Kalna Municipality
Mzi

DD No. 759096
dt. 19.8.08

STATE URBAN DEVELOPMENT AGENCY**HEALTH WING****"ILGUS BHAVAN"****H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091****West Bengal**Ref No. **SUDA-Health/DFID/08/54**Date**14-08-2008**

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

9c

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

Sir,

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

Sl. No.	In favour of	Payable at	Amount (in Rs.)
DD no - 759096 dt. 19.8.08	1. Chairman HHW Scheme, DFID Kalna Municipality	Kalna	2,73,000.00 ✓ (Rupees Two lakhs seventy three thousand) only
759097 dt. 19.8.08	2. Chairman HHW Scheme, DFID Midnapore Municipality	Midnapore	2,14,000.00 ✓ (Rupees Two lakhs fourteen thousand) only

Yours faithfully,



[Signature]
S. Pal

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

[Signature]
Dr. S. Goswami

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

DELIVERED

State Urban Development Agency

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

0-60

Health Wing

Statement of Bill for Car Hiring Charges

of Smt. Pula Dhar.....

For the Month of July, 2008

Vehicle No. WB04B0704

Bill for Rs. 16,854/-

(Rupees Sixteen thousand eight Rs. 16,854 = 00
hundred fifty four) only.

i) Less I.T. Deduction @ 2.04% on Rs. 9890/- on actual hire charge (-) Rs. 202 = 00

ii) Less I.T. Deduction @ 2.04% on Rs. 360/- on overtime (-) Rs. 7 = 00

Net Payable

Rs. 16,645 = 00

Passed for payment Rs. 16,645/- (Rupees Sixteen thousand six
hundred forty-five) only be cheque to the above person and

Rs. 209/- to be deposited to Reserve Bank of India, Calcutta for I.T. Deduction and the bill amount may be booked out of HHW-Scheme, DFID under sub-head O & M Car Hire Charges.



(S. Pal)

Finance Officer
Health Wing, SUDA

Rs-96

- ① Hiring Charge for 23 days @ 430/- per day - - - - - RS. 9890 - 00
- ② over time charge for 20 Hour @ 18/- per Hour - - - - - RS. 360 - 00
- ③ Diesel consumed 157.16 litres @ 38.06 per litre - - - - - RS. 5981 - 50
- ④ Mobile oil consumed 3.772 litres @ 165/- per litre - - - - - RS. 622. - 38

1886

Rs. 16,853 - 88

Rounded off. Rs. 16,854/-

Sixteen thousand eight hundred fifty three and Eighty eight Paise only.

Passed for Payment of Rs 16,854/-
(Rupees Sixteen thousand and eighty
four paise only) (for 96 items)
Only out of HHW Scheme, "Operating Cost"
DFID, SUDA under sub head -

Bula Dhar

Bill passed for Rs. 16,854 = on 4/8/08

Less I.T. deducted " 209 = 00
Net payable Rs. 16,645 = 00

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

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

Received by Cheque 166457-

on 12/8/08



Bula Dhar

12/8/08

22/9/08

CASH MEMO

No. 5415

Date

V.L.P. SUPER SERVICE STATION

9, Sure East Road, Kollata-11, Phone 23705292

Car No. Rate Rs. P.

Car No.	Rate	Rs.	P.
Ex Mile 404	38.00	1522	40
U.L.P.			
H.S.D.			
Ex Premium			
Engine Oil			
Cool			
Gear Oil			
Brake Fluid			
Service			
Total		1522	40

VAT No. 19401918079

BEN 4320
signature



To
Dr. Shibani Goswami,
Project Officer, Health Wing, SUDA,
Ilgues Bhaban, Bidhannagar,
K O L K A T A - 7 0 0 0 9 1 .

KRISHNAGAR MUNICIPALITY
MISCELLANEOUS RECEIPT
WEST BENGAL MUNICIPAL (FINANCE AND ACCOUNTING)
FORM NO. 39

Memo.No. 77/DFID/18-1(A)08

Date: 21.8.08

Received from Project Officer, Health, SUDA the sum of
Rupees... 6,38,098/- /-(Rupees... Six lakh thirty eight
thousand ninety eight Only.) only on account
of expenditure in connection with DFID assisted Honorary Health Worker
Scheme.

Vide Demand Draft / Cheque No. 726070 Dated... 12.8.08

RS. 6,38,098/-



Wayan M
Chairman,
KRISHNAGAR MUNICIPALITY
&
President, Municipal Level Health &
Family Welfare Committee,
Krishnagar Municipality.

21/8



159

STATE URBAN DEVELOPMENT AGENCY

HEALTH WING

"ILGUS BHAVAN"

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

West Bengal

Ref No.SUDA-Health/DFID/08/53

Date13.08.2008

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

To : The Chairman
Krishnagar Municipality

Sub. : Release of fund worth Rs. 6,38,098/- towards expenditure in connection with DFID assisted Honorary Health Worker Scheme.

Sir,

Apropos your communication bearing no. 72/DFID/18-1(A)08 dt. 06.08.08, an Account Payee Cheque bearing no. 796070 dt. 12.08.2008 on State Bank of India, Salt Lake Branch for an amount of Rs.6,38,098/- (Rupees Six lakhs thirty eight thousand and ninety eight) only is released for payment towards Drug.

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

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

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

Yours faithfully,

Project Officer

SUDA-Health/DFID/08/53(1)

CC

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

Dt .. 13.08.2008

Project Officer

A/c Payee Only

दिनांक / Date 12/08/2008

PAY Chairman, HHW Scheme, DFID,
Krishnagar Municipality,
रुपये RUPEES Six lakhs thirty eight thousand -
ninety-eight only.

या धारक को OR BEARER

₹.RS. 6,38,098/-

अदा करें

अ.सं.
A/c. No. 30255770088

भारतीय स्टेट बैंक
State Bank of India SBIN0001612

SALT LAKE(SECTOR-1)CALCUTTA
DB-2 SECTOR-1, CALCUTTA,
KOLKATA

Prithi
0823700003

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

[Signature]
Dr. S. Goswami

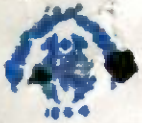
Dr. S. GOSWAMI
Project Officer,
Health Wing
U. D. A.

HHW SCHEME, DFID, SUDA

⑈ 796070⑈ 700002145⑈ 000080⑈ ⑈⑈

Kind Attention : F.D.
KRISHNAGAR MUNICIPALITY

KRISHNAGAR - 741101



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

CHAIRMAN IN COUNCIL

Chairman

UDAY KUMAR MITRA

Vice - Chairman

ASHIM SAHA

Members :

SAJAL BIKASH BHADAR

DILIP SARMA

SUPRAVAT GHOSH

Resi : 254111 & 253596

Resi : 224111

Off. - 252240

9434129345 (M)

Resi : 252989

Memo No. **72/DFID/18-1(A)08**

Date **6.8.08**

*Rs. 6,38,098/-
may be returned
through A/c payee
cheque.
12.08.08*

To

Dr. Shibani Goswami

Project Officer

Health Wing, SUDA, Ilgues Bhawan, HC Block, Sector - V

Bidhannagar, Kolkata-700091

Ch. No. 796070 A-12.8.08

for Rs. 6,38,098/-

Sub:- For further allotment of Rs. 6,38,098 (Rupees Six Lakhs Thirty Eight Thousand Ninety Eight.) only.

Respected Madam,

This is to inform you that we have received Rs.8,21,507/- (Rs.6,70,000/- + bal. as on 1st April 2008 Rs.1,51,507/-) (**Rupees Eight Lakhs Twenty One Thousand Five Hundred Seven**) only for DFID Assisted HHW Scheme, Krishnagar Municipality up to July 2008 for the FY 2008-09.

I have already submitted the Utilization Certificate for the expenditure up to July 2008 of Rs.5,17,432/- (Rupees Five Lakhs Seventeen Thousand Four Hundred Thirty Two) only.

So, I request you to place further allotment of fund for **Rs.6,38,098 (Rupees Six Lakhs Thirty Eight Thousand Ninety Eight.)** only for purchase of medicines (FY- 2008-09) of DFID Assisted HHW Scheme, Krishnagar Municipality. Details of the requisition are given below.

Thanking you,

Yours faithfully,

he

**Chairman
Krishnagar Municipality**

Memo **72(7)/DFID/18-1(A)08** Dated **6.8.08**

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

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

he

**Chairman
Krishnagar Municipality**

**DFID Assisted HHW Scheme
Krishnagar Municipality**

Requirement Amount for the Purchase of Medicine Financial Year – 2008-09

Sl No	Medicines	Strength	Name of the Company	The acceptance rate quoted by you. (Rs.)	Quantity to be supplied	Amount (In Rs.)
1.	Combined Gastric Antacid	Aluminium Hydroxide and Magnesium Hydroxide total salt being not less than 500mg.	Ranbaxy	Rs.7.75/- 10s	2,00,000 tabs	Rs.1,55,000=00
2.	Ranitidine	150 mg.	Nicholas	Rs.6.40/- 10s	1,50,000 tabs	Rs.96,000=00
3.	Dom Peridone	10 mg/tab	BioChem	Rs.19.20/- 10s	15,000 tabs	Rs.28,800=00
4.	Folifer (Large)	Ferrous Sulphet 180 mg. & Folic Acid 0.5mg./tab	Biochem	Rs.22.00/- 10s	20,000 tabs	Rs.44,000=00
5.	Folifer (Small)	Ferrous Sulphet 60 mg. & Folic Acid 0.1mg./tab	Leo Biochem Alkem	Rs.19.50/- 10s	30,000 tabs	Rs.58,500=00
6.	Metronidazole	400 mg./tab	Seriviba	Rs.8.25/- 10s	50,000 tabs	Rs.41,250=00
7.	ORS Citrate		Biochem / Cipla	Rs.9.75/- sachets	1,000 sachets	Rs.9,750=00
8.	Dicyclomine	20 mg/tab	Concespt	Rs.42.00/- 10s	6,000 tabs	Rs.25,200=00
9.	Ibuprofen	400 mg/tab	Parking	Rs.7.75 /- 10s	5,000 tabs	Rs.3,875=00
10.	Co-Trimoxazole (Pediatric)	Sulphamethoxazole 100mg. & Trimethoprim 20mg./tab	Parking	Rs.4.40/- 10s	70,000 tabs	Rs.30,800=00
11.	Chlorampheniclle Eye Apiclap	1% w/w in apiclap to contain 250mg. of oint	Pfizar / Joti	Rs.75.00/- 50caps	1,000	Rs.1,500=00
12.	Benzyl Benzoyate Lotion	25% 100 ml.	Biochem	Rs.25.00/- per bottle	420 bottle	Rs.10,500=00
13.	Povidone Iodine Oint.	5%	Biochem	Rs.26.50/- per tube	5,000 tube	Rs.1,32,500=00
14.	Absorbent Gauge	Containing 10 pcs. Pf 10 cms x separately polypad	Indian Surgical	Rs.47.00/- 12 piece	108 Pieces	Rs.423=00
TOTAL						Rs.6,38,098=00

Dr. Jayaram Kumar Shree
Health Officer
Krishnagar Municipality

W. Jayashankar
Chairman 06/08/08
Krishnagar Municipality

Krishnagar Municipality
DFID Assisted HHW Scheme

Memo No. 74/DFID/18-1(A)08 Dt. 6.8.08

To
The Bhattacharjee Distributor
P.O. – Krishnagar.
Dist – Nadia.

Sub :- Supply order of medicines for DFID Assisted HHW Scheme, Krishnagar Municipality.

Sir,

The rate offered by you for supplying the following medicines are accepted. You are, therefore, requested to supply the medicines within 15 (fifteen) days at DFID office within Municipal Tourist Lodge, Krishnagar, Nadia as per quantity stated below.

Sl No	Medicines	Strength	Name of the Company	The acceptance rate quoted by you. (Rs.)	Quantity to be supplied
1.	Combined Gastric Antacid	Aluminium Hydroxide and Magnesium Hydroxide total salt being not less than 500mg.	Ranbaxy /	Rs.7.75/- 10s	2,00,000 tabs
2.	Ranitidine	150 mg.	Nicholas	Rs.6.40/- 10s	1,50,000 tabs
3.	Dom Peridone	10 mg/tab	BioChem	Rs.19.20/- 10s	15,000 tabs
4.	Folifer (Large)	Ferrous Sulphet 180 mg. & Folic Acid 0.5mg./tab	Biochem	Rs.22.00/- 10s	20,000 tabs
5.	Folifer (Small)	Ferrous Sulphet 60 mg. & Folic Acid 0.1mg./tab	Leo Biochem Alkem	Rs.19.50/- 10s	30,000 tabs
6.	Metronidazole	400 mg./tab	Seriviba	Rs.8.25/- 10s	50,000 tabs
7.	ORS Citrate		Biochem / Cipla	Rs.9.75/- sachets	1,000 sachets
8.	Dicyclomine	20 mg/tab	Concespt	Rs.42.00/- 10s	6,000 tabs
9.	Ibuprofen	400 mg/tab	Parking	Rs.7.75 /- 10s	5,000 tabs
10.	Co-Trimoxazole (Pediatric)	Sulphamethoxazole 100mg. & Trimethoprim 20mg./tab	Parking	Rs.4.40/- 10s	70,000 tabs
11.	Chloramphenicle Eye Apiclap	1% w/w in apiclap to contain 250mg. of oint	Pfizar / Joti	Rs.75.00/- 50caps	1,000 caps
12.	Benzyl Benzoyate Lotion	25% 100 ml.	Biochem	Rs.25.00/- per bottle	420 bottle
13.	Povidone Iodine Oint.	5%	Biochem	Rs.26.50/- per tube	5,000 tube
14.	Absorbent Gauge	Containing 10 pcs. Pf 10 cms x separately polypad	Indian Surgical	Rs.47.00/- 12 piece	108 Pieces

Sd/-

Chairman
&
President
MLH & FW Committee.
Krishnagar Municipality.

Memo No:- 74(7)/DFID/18-1(A)08

Date:- 6.8.08

Copy forwarded for necessary action to :-

- ✓ 1. Project Officer, Dr. Shibani Goswami, Healthwings SUDA, Kolkata – 91.
2. Project Director DFID Assisted HHW Scheme, Krishnagar Municipality, ADM (Dev.), Nadia.
3. Councilor In Charge of Health, Krishnagar Municipality.
4. Executive Officer, Krishnagar Municipality.
5. Assistant CMOH (sadar) Nadia.
6. Health Officer, Krishnagar Municipality.
7. Store Keeper Cum Clerk, DFID Assisted HHW Scheme, Krishnagar Municipality.

Chairman
&
President
MLH & FW Committee.
Krishnagar Municipality.

JANA ENTERPRISE

59/D, Hem Chandra Road, Barisha (Behala)

Kolkata - 700 008

Ph. : 2494 0480

3100300

No. 38

Date ... 11.01.2008

Receipt

Received with thanks from Messrs Project Officer (Auth)

Rupees Seven hundred seventy one only

On account of 790008 Date 18/08

by Cash/Cheque / D. D. No. _____ Subject to realisation

₹ 771 /



For Jana Enterprise

[Signature]





JANA ENTERPRISE

58

59/D, Hemchandra Mukherjee Road, Barisha, Kolkata - 700 008
Mobile : 9331003067, 9339867808, Phone : 2494 0486, 033 32501154
E-mail : HP_Jana-3067@yahoo.co.in

All kinds of :

Training Centre House Keeping & Catering Service • Guest House Maintenance & Catering • Labour Contractor
• Office Cleaning & Dusting • Office Canteen Maintenance • Garden & Office Nursery Works • Security Service

Ref. No.

Date 6/9/09

11/9/08

To

The Project Officer, SUDA.

ILGUS Bhaban

Salt Lake

Kolkata - 106

SUB: Authorized.

Dear Sir,

This is to inform you that, Shri Manik Shee is an employee of my organisation. I do hereby authorized him to collect any cheque from your office and any official dealings to you office. His Signature attested given below.

Thanking you,

Manik Shee
0 11/9/08

Manik Shee

Speciman Signature.

JANA ENTERPRISE

U. P. Jena
Proprietor.

Yours faithfully,

JANA ENTERPRISE

U. P. Jena

Sub: Release of payment to M/s. Jana Enterprise
for supply of tea, tiffin, working lunch etc.

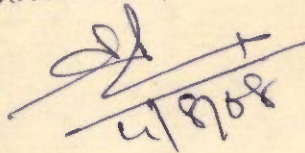
Apropos verbal order of this office
M/s. Jana Enterprise supplied, tea, tiffin,
working lunch etc. to the participants of
the meeting held at SUDA during June, 68.

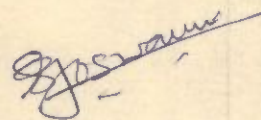
After comply with the above job,
the firm submitted a bill for Rs. 771/- for
payment.

The bill has been checked and the
rate quoted by the firm seems to be
reasonable and as per schedule rate of
SUGOS Bharan. The bill is placed below
for pay order please.

Hence, the amount of Rs. 771/- (Rupee
Seven hundred seventy one) only may be
released in favour of M/s. Jana Enterprise
through A/c payee cheque debiting H.H. Saha,
A/CID, SUDA under the A/c head - "Operating Cost"

Submitted


4/8/68



~~P.O. e.d.c. SUDA~~

13-93

Bill

Ph. : 494 0486

Mobile : 9830058169

M/s:

Project Officer (Health)

Salt lake, Kot-106

Dr.

To **JANA ENTERPRISE**

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

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

Bill No. JE/2013/Health/08-89 Order No. _____ Date _____

Date 2/7/08 Challan No. _____ Date _____

Item	Quantity	PARTICULARS	Rate	Amount	
				Rs.	P.
		Month of JUNE-08			
		During meeting on 11/6/08, 16/6/08 and 26/6/08			
	274	cup Tee	2.00	548	00
	4	heads Lunch	35.00	140	00
	23	pc biscuit	1.00	23	00
	5	heads tiffin	12.00	60	00
		(seven hundred seventy one only.)			
		(P.T.O)			
		TOTAL Rs.		771	00

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

E. & O. E.

For JANA ENTERPRISE

[Signature]

No. 057

Date 11.8.2008

ELECTRICAL MEASURING INSTRUMENTS

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

0-57

Received with thanks from

Project Officer, Health Wing

Sida Salt Lake

the sum of Rupees One thousand six hundred sixty four

against our Bill No.

EM/DT/01/2008

Date 9.07.2008

By Cash/DT/Cheque No.

796067

Date 05-08-2008

FOR ELECTRICAL MEASURING INSTRUMENTS

Rs. (1664/-)

Partner



ELECTRICAL MEASURING INSTRUMENTS

MANUFACTURERS ● EXPORTERS ● IMPORTERS

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

Phone : 2360-0878, Fax : 23631433, Email : pkbcal @vsnl.net

The Project Officer
Health. wing
Suda
Salt lake

11-08-2008

Dear Sir/Madam

We are authorising our representative MR. S. Paul
to collect payment of our bill no. EM/107(01) 2008
for Rs. 1664/- The specimen signature of MR. S. Paul
is attested below.

Thanking you
Yours faithfully

ELECTRICAL MEASURING INSTRUMENTS

Sanjay Paul
specimen signature
of MR. S. Paul

ELECTRICAL MEASURING INSTRUMENTS

arizee

Sub:- Release of payment to M/s. Electrical Measuring Instruments for supply of HP Cartridge-22.

Apropos verbal order of this office, M/s. Electrical Measuring Instruments supplied two nos. of HP Cartridge-22 for our office use.

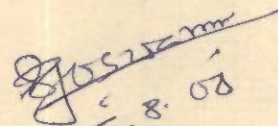
After comply with the above job, the firm submitted a bill for Rs. 1664/- duly supported by challan in original for payment.

The bill has been checked and the rate quoted by the firm seems to be reasonable. The bill is placed below for pay order please.

Hence, the amount of Rs. 1664/- (Rupees one thousand six hundred sixty four) only may be released in favour of M/s Electrical Measuring Instruments through A/c payee cheque debiting H/W Sewer, SUDA under A/c head - "Operating Cost"

Submitted


4/8/08


5.8.08

P.O. ccc, SUDA

B-95

TAX INVOICE

BUYER'S COPY

ELECTRICAL MEASURING INSTRUMENTS

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

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

Buyer's Name & Address :
Project Officer
The Director
S.U.D.A., Health Wing -
Salt Lake City
Buyer's Vat Registration No.

Tax Invoice No. : EMI/07 (01) 2008
Date : 09-07-2008
Challan No. : 07 (01) 2008
Date : 09-07-2008

Sl. No.	Qty.	Description of Goods	Price per Unit		Value		VAT Rate	Tax Amount		Total Amount	
			Rs.	P.	Rs.	P.		Rs.	P.	Rs.	P.
1)	2-NO.	HP Cartridge-22	800/-		1600/-		4%	64/-		1664=02	
<p>Passed for Payment of Rs 1664/- (Rupees One thousand six hundred and sixty four) Only out of HHW Scheme, DFID, SE/DA under sub head ... Operating Cost.</p> <p><i>S. Goswami</i> Dr. S. GOSWAMI Project Officer, Health Wing S. U. D. A.</p> <p>Ch. m. 796067 dt. 5.8.08</p> <p>Rs. one thousand six hundred sixty four only</p> <p>Received rupees 1664/- (one thousand six hundred and sixty four) <i>Sanjay Paul</i> 11/08/2008</p>											

TOTAL 1664=02

VAT Registration No. 19400914100032
CST Registration No. 2011A (BE) C
PAYMENT SHOULD BE MADE WITHIN 7 DAYS.
On Presentation of Bill otherwise 21% Interest will be Charged on Total Amount.

For ELECTRICAL MEASURING INSTRUMENTS
[Signature]
AUTHORISED SIGNATORY

TAX INVOICE

BUYER'S COPY

ELECTRICAL MEASURING INSTRUMENTS

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

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

Buyer's Name & Address :
Project office
The ~~Project~~
S.U.D.A., Health Wing.
Salt lake City

Buyer's Vat Registration No.

Tax Invoice No. : *EMI/07(01)2008*
 Date : *09-07-2008*
 Challan No. : *07(01)2008*
 Date : *09-07-2008*

Sl. No.	Qty.	Description of Goods	Price per Unit		Value		VAT Rate	Tax Amount		Total Amount	
			Rs.	P.	Rs.	P.		Rs.	P.	Rs.	P.
11	2-NB	HP Cartridge-32	800/-		1600/-		4%	64/-		1664=0	
<p><i>R. one thousand 64 (hundred sixty-four only)</i></p>											

TOTAL *1664=0*

VAT Registration No. 19400914100 *032*
 CST Registration No. 2011A (BE) C
 PAYMENT SHOULD BE MADE WITHIN 7 DAYS.
 On Presentation of Bill otherwise 21% Interest
 will be Charged on Total Amount.

For ELECTRICAL MEASURING INSTRUMENTS

 AUTHORISED SIGNATORY

No. 07(01) 2008

DELIVERY CHALLAN

Date 09-07-2008



ELECTRICAL MEASURING INSTRUMENTS

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

PHONE : 23700878

To Project officer
The Director, SUDA,
Health Wing,
Salt Lake

Your Ref.....

Dated.....

Please receive the following goods in good order and condition.

Qty.	PARTICULARS	RATE
2	HP Cartridge 22	

Received in good condition
J. Mondal
10/07/08

VAT No. : 19400914032

C.S.T. No. : 19400914226

E. & O. E.

Received the above goods in good order & condition.

Signature of the Party
DEPT./PARTY'S COPY

For ELECTRICAL MEASURING INSTRUMENTS

No. 07(01) 2008

DELIVERY CHALLAN

Date 09-07-2008



ELECTRICAL MEASURING INSTRUMENTS

12/1, SUREN SARKAR ROAD, KOLKATA - 700 010
PHONE : 23700878

To

The Director SUDA.
Health Wing
Salt Lake

Your Ref.....

Dated.....

Please receive the following goods in good order and condition.

Qty.	PARTICULARS	RATE
2	HP Cartridge 22	

VAT No. : 19400914032
C.S.T. No. : 19400914226

E. & O. E.

Received the above goods in good order & condition.

Signature of the Party
DEPT./PARTY'S COPY

For ELECTRICAL MEASURING INSTRUMENTS

MONEY RECEIPT

Business Centre. Net

7/1A, Grant Lane,
Kolkata - 700 012
Ph. 2234-7949

P-576

Received with thanks from Mr/s. Prasanna Kumar, Health Ministry Secy

the sum of Rupees One thousand five hundred only

By cash / Cheque No. 796088

Dr. 05.08.08 On By cash / Cheque No. 796088 against Bill No. 380

Dr. 10.07.08 in

1500/-

Rs.

For Business Centre. Net

Ana Menon



7/1A, Grant Lane, 1st Floor & 4th Floor, Kolkata - 700 012
Ph. : (033) 2234 7949

Ref. No. BCN/.....

Date... 06.08.08.....

To

Sir *Amal Nankar*

I do hereby authorize Mr.

Employee of our company to

draw the payment on my behalf.

The Signature of Mr. *Amal Nankar*


Is attested bellow.

I, therefore, request you to hand over the payment to him.

Your's faithfully
For Business Centre.Net

Signature of Mr. *Amal Nankar*

Simone Roy Chowdhury


Simone Roy Chowdhury


Sub:- Release of payment to M/s. Business Centre. Net for repair of HP Deskjet printer.

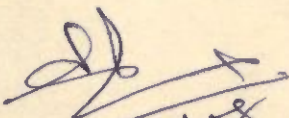
Apropos order of this office memo no. SUDA-Health/DPID/08/42(A) dt. 03.07.2008, M/s. Business Centre, Net took the repair work of HP Deskjet printer and after repair the machine has been installed and checked for proper functioning.

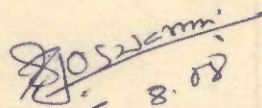
After comply with the above job, the firm submitted a bill for Rs. 1500/- for payment.

The bill is placed below for pay order phase.

Hence, the amount of Rs. 1500/- (Rupees one thousand five hundred) only may be released through A/c payee cheque in favour of M/s Business Centre, Net debiting H/W Scheme, DPID, SUDA under the A/c head - "Operating Cost".

Submitted.


4/8/08


5.8.08

~~P.O. c/c, SUDA-~~



13-94

F.O. 11.7.08

ORIGINAL BUYER'S COPY/DUPLICATE SELLER'S COPY
TAX-INVOICE

Business Centre.Net

7/1A, Grant Lane, 4th Floor, R # 4H, Kolkata - 700 012, Ph. : (033) 2234-7949
e-Mail : rimaroychoudhury3@hotmail.com

Bill No.:BCN/SUDA/00380/2008-2009	Date	10/07/2008
Challan No.	Date	
Purchase Order No. V	Date	10/07/2008

DR. To State Urban Development Agency *Project officer, Health Wing (SUDA)*
H-C Block, Sector - III, Kolkata - 700106

Quantity Pcs.	Particulars	Rate Rs.P	Amount Rs.P
01 No.	Service Charges for HP Deskjet 5748 Printer S/L No.: MY4AB1W0MW	1442.30	1442.30
		Sub-Total	1442.30
		VAT 4%	57.69
		Freight	0.00
		Sub-Total	1499.99
		Round off	0.01
		TOTAL	1500.00

*Received by cheque
A/c. 1500/-
Anil Kumar
08/08/08*

*Passed for Payment of Rs. 1500/-
(Rupees ~~one thousand~~ *one thousand five hundred* only)
Only out of HHW Scheme,
DFID, SUDA under sub head *Operating Cost.**

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

ch. no. 796066 dt. 5.8.08

W.B.S.T. No. 19532020105 Dt. 28/01/2005
VAT NO. 19532020008
RUPEES ONE THOUSAND FIVE HUNDRED ONLY
Receiver's Signature with Date & Stamp

E. & O.E.
for BUSINESS CENTRE.NET



SUDA

STATE URBAN DEVELOPMENT AGENCY

HEALTH WING

"ILGUS BHAVAN"

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

Ref No.

Date

SUDA-Health/DFID/08/42(A)

03-07-2008

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

To : M/s. Business Centre.net
7/1A, Grant Lane, 4th floor
Mazemine floor,
R4H & M-6,
Kolkata - 700012.

Sub. : Repair charge of HP Deskjet 5748 Printer, SL. No. MY4AB1W0MW.

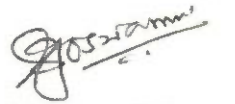
Sir,

In response to your Quotation No. BCN/SUDA/08-09 dt. 01.07.08, You are requested to undertake the repair work of HP Deskjet Printer for an amount of Rs.1,500/-.

After repair, the machine is to be installed and checked for proper functioning. The payment will be made through A/c Payee cheque on submission of bill.

Thanking you,

Yours faithfully,


Project Officer

**Comparative Statement on Rates from Quotationers
received on 02.07.08 for repair of HP Deskjet Printer,
Model No. 5748 S/L No. MY4AB1W0MW.**

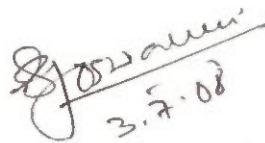
3 Quotations received from the firms are as under:

Sl. No.	Name of Agency	Qty	Rates (Rs.)	Amount (Rs.)
1	IMPERIAL TECHNO INDUSTRIES	01	1,550/-	1,550/- ✓
2	'n' DIMENTION	01	1,600/-	1,600/- ✓
3	BUSINESS CENTRE.NET	01	1,500/-	1,500/- ✓

It appears from the C.S that M/S Business Centre.net is the lowest Quotationer and may be accepted. Work order may be placed with the Firm.

Submitted.


3/7/08


3.7.08

~~P.O. C.C.E., SUDA.~~

Our Ref. No.:ITI/08-09/suda/1153

Date: 01/07/2008



QUOTATION
IMPERIAL TECHNO INDUSTRIES
2A, G.C. Avenue, Kolkata – 700013

To: The Project Officer, SUDA, Health Wings.
Sector – V, Salt Lake City, Kolkata - 700091

Dear Sir

As per Your requirement we are very much please to quote our lowest price here given as below.

S/L No.	Description	Qty.	Rate	Amount	
				Rs.	P.
01	Service Charge for HP Printer, Model No.: 5748 S/L No.:MY4AB1W0MW	01	@1550/-	1550	00
			TOTAL	1550	00

Terms & Condition :

- {1} Sales Tax : Nil
- {2} Delivery : Free At Destination
- {3} Payment : 100% Payment against Delivery
- {4} Validity of Rate : 30 Days
- {5} Schedule of Supply : 30 Days

Thanking You

MC
Yours faithfully

For IMPERIAL TECHNO INDUSTRIES

Imperial Techno Industries
2A, G. C. Avenue, Commerce House
7th Floor Room# S-7
Kolkata - 700 013

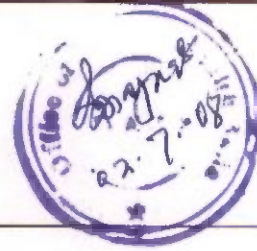
✓
h

(2)

QUOTATION

'n' dimention

69/1, S.K.Dev Road, Block - K/1, Flat - 13
Kolkata - 700013, PH. :(033) 2214-6517



To. The Project Officer, Health Wings, SUDA
HC Block, Sec. - III, Salt Lake, Kolkata - 700106

Your Enq. No.: Verbal..... Date :

Our Ref. No...nd/suda/2008-2009/Repr..... Date..... 01/07/2008

S/L No.	Particulars	Rate	Unit
1	Service Charge for HP Deskjet 5748 Printer S/L No.:MY4AB1W0MW	1600 00	1No

Terms & Condition

No Sales Tax
Free Delivery at place
100% Payment against receipt and acceptance by stores
Supply times within 1 month or earlier

Yours faithfully
Schatterjee
'N' DIMENSION
69/1, S.K.Dev Road
Kolkata- 700 048

Our Ref.No.: BCN/SUDA/08-09
Your Ref. No. :

QUOTATION

Date: 01/07/2008



Business Centre.Net

7/1A, Grant Lane, 4th & Maze nine Flr., R # 4H & M-6, Kolkata - 700012,
P.H. No.: 2234-7949

To: The Project Officer, Health Wings, SUDA
HC Block, Sec.- III, Salt Lake City, Kolkata - 700106

Dear Sir,

As per your requirement we are pleased to quote our lowest price as given below :

SL.No.	Perticular	Qty	Rate	Amount	
1	Service Charge for HP Deskjet Printer Model No.: HP DJ 5748 S/L No.: MY4AB1W0MW	01 No.	1500/-	1500	00
Total				1500	00

Terms & Condition:

- [A] Sales Tax : NIL
[B] Inspection : By consignee after receipt of material at site.
[C] Delivery : FREE Delivery at Destination.
[D] Payment : 100% payment against receipt & acceptance of stores.
[E] Validity of Rate : 30 Days.
[F] Schedule of Supply : Within...30.days or earlier from date of receipt of order.
[G] Maker's Name/Brand : HP

Awaiting for your valuable order and co-operation
At all times.

Your's faithfully

For Business Centre.Net



STATE URBAN DEVELOPMENT AGENCY
OFFICE OF THE ADVISOR (HEALTH)

P-55

DEBIT VOUCHER

Voucher No. P-55

Date. 31-07-2008

HHW Scheme, DFID

PARTICULARS OF PAYMENT	AMOUNT	
	Rs.	P.
Being the amount spent on contingent charges for the month of July, 2008 from Permanent Advance, as per vouchers attached	1,118 =	00
Rupees one thousand one hundred eighteen only.	1,118 =	00

Prepared by :

Checked by :

Pay order given by :

- ① Rs. 42 = 00
- ② " 38 = 00
- ③ " 24 = 00
- ④ " 14 = 00
- ⑤ " 90 = 00
- ⑥ " 400 = 00
- ⑦ " 100 = 00
- ⑧ " 110 = 00
- ⑨ " 300 = 00

Total Rs 1,118 = 00

[Signature]
31/7/08

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

Money Receipt.

①

Received Rs. 42/- (Rupees Forty two) only
from Health Wing, SUDA, UGUS BHAVAN, HE-Block, Sector III,
Salt Lake, Kolkata - 700 106 for supply of tea & snacks
to Health Wing, SUDA during meeting on 17.7.05

PAID & CANCELLED

(Signature)
20-9-05
(Signature with date.)

Money Receipt.

Received Rs. 38/- (Rupees Thirty eight) only
from Health Wing, SUDA, UGUS BHAVAN, HE-Block, Sector III,
Salt Lake, Kolkata - 700 106 for supply of tea & snacks
to the members of the meeting held at SUDA, Health
Wing on 10.7.05

PAID & CANCELLED

②

(Signature)
20-9-05
(Signature with date.)

Money Receipt

Received Rs. 100/- (Rupees One hundred) only.
from Health Wing, SUDA; ILGUS BHAVAN, HC, Block, Sector-III,
Salt Lake, Kolkata-700 106 for Labour charge for
shifting of Xerox machine on 11.7.08

7

~~PAID & CANCELLED~~

Goal 40121 01414
(Signature with date)

Room freshner - 110.00
Quantity - 1 Per

~~PAID & CANCELLED~~

Total Amount - Rs. 110.00
Received Rs. - 110.00
Shibu Kumar Miba -
15/7/08

8

Money Receipt

Received Rs. 300/-

from Health wing, SUDA, UGUS BHAVAN, HE-Block, Section-III.

Salt Lake, Kolkata = 700 for laborin charge for duplip
of tables, Xerox machine etc. 11.7.08

(B)

PAID & CANCELLED

UOGENDAR Singh
11.7.2008

(Signature with date.)

State Urban Development Agency

Office of the Project Officer (Health)


Central co-ordinating Cell, SUDA


Month : July, 2008

Bill No. : CCC/SUDA/Remu/52 dated 30-07-2008

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

(Rupees Forty three thousand nine hundred seventy) only


(S. Pal)
Finance Officer
Health Wing, SUDA


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



8017108



8017108



8017108

8017108

80062005

P. 54

P-52

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

No.....

Date 29.07.2008

Received from Project Officer, Health , SUDA the sum of Rupees 3,47,000/- (Rupees Three lakhs forty-seven thousand) only on account of expenditure in connection with DFID assisted Honorary Health Worker Scheme.

Vide Demand Draft No. 044587

Dt. 24.07.2008

Rs. 3,47,000/-



Seeli Saha
Chairman 29/7/08
Bankura Municipality
Chairman
Bankura Municipality
29/07-08

SUDA

STATE URBAN DEVELOPMENT AGENCY

**HEALTH WING
"ILGUS BHAVAN"**

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

Ref No. SUDA-Health/DFID/08/50

Date 25.07.2008

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

gc

To : The Chairman
Bankura Municipality

Sub. : Release of fund worth Rs. 3,47,000/- towards expenditure in
connection with DFID assisted Honorary Health Worker Scheme.

Sir,

Apropos your communication bearing no. A 5 Gen DFID 62 dt. 14.07.08, an Account Payee Demand Draft bearing no. 044587 dt. 24.07.2008 on State Bank of India, Salt Lake Branch for an amount of Rs.3,47,000 - (Rupees Three lakhs forty seven thousand) only is released for payment towards Honorarium Salary, and Drug for 3 months.

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

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

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

Yours faithfully,

Shibani Goswami
Project Officer

SUDA-Health/DFID/08/50(1)

Dt .. 25.07.2008

CC

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

Received Draft for Rs. 3,47,000 (Three lakhs forty seven thousand) only

Shibani Goswami
Project Officer

Draft No. 044587

Anjan Prasad
28/7/08

Tel/Fax No.: 359-3184 *Data Entry Operator,*
Bankura Municipality

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

BANKURA MUNICIPALITY

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

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

Memo No. A/9/Vou/DFID/73

Date 25-07-08

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

Sub: Authorization letter.

Madam,

I do herewith authorize Anjan Biswas, Data Entry Operator of D.F.I.D. Assisted HHW Project, Bankura Municipality to receive Dem and draft against requisition of placement of fund vide no: A/5/Gen/DFID/62 dt: 14.07.2008 on my behalf. Signature of Anjan Biswas, Data Entry Operator of DFID Assisted HHW Project, Bankura Municipality is attested below.

Siuli Midya
Chairman 25/7/08
Bankura Municipality

Anjan Biswas
Signature of Anjan Biswas,
Data Entry Operator of
D.F.I.D. Assisted HHW Project,
Bankura Municipality.

Siuli Midya
Chairman 25/7/08
Bankura Municipality

कंप्यूटर द्वारा मुद्रित होने पर ही वैध है।
 VALID ONLY IF COMPUTER PRINTED
 जारी करने वाली शाखा/ALTY LAKE (SECTOR-1) CALCUTTA.
 ISSUING BRANCH/ALTY LAKE No.: 33000-235816 KEY : NOLFOS

शेयर कागजों के निम्ने की शर्त
 शीट नं. CODE NO. 0 01612

₹. 50,000/- एक अंक के निम्न दो अंकों (शेयर) द्वारा हस्ताक्षरित होने पर ही वैध है।
 INSTRUMENT FOR RS. 50,000- AND OVER IS VALID ONLY WHEN SIGNED BY TWO OFFICERS

मॉगि **एपर** **ON DEMAND PAY CHAIRMAN, HHW SCHEME, DFID BANKURA MUNICIPAL**
ALTY***CHAIRMAN, HHW SCHEME, DFID BANKURA MUNICIPALITY*******
या उनके आदेश पर OR ORDER

रुपये RUPEES
 THREE FOUR SEVEN ZERO ZERO ZERO
 LAKHS T' TSD THSDS HNDRS TENS UNITS
 * * * * *
 ₹. 347000 Ps00

AMOUNT BELOW 347001 (376)

अदा करें | मूल्य प्राप्त VALUE RECEIVED

PAISE ZERO ONLY
 St. No.: 384108
 KEY : NOLFOS

Handwritten Signature

प्राधिकृत हस्ताक्षरकर्ता AUTHORIZED SIGNATORY
 शाखा प्रबंधक / BRANCH MANAGER

भारतीय स्टेट बैंक
STATE BANK OF INDIA

0129
 शाखा/ शाखा / DRAWEE BRANCH
 BANKURA 0 00022

(हस्ताक्षर नमूना क्र० / S.S. NO. K-7814)
 (हस्ताक्षर नमूना क्र० / S.S. NO. M4678)

012900000000044587

16 000129 00002000 004587

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8
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5
4
(3)
2
1

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

Ref No.

Date

SUDA-Health/DFID/08/48

23-07-2008

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

Sir,

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

Sl. No.	In favour of	Payable at	Amount (in Rs.)
1.	Chairman HHW Scheme, DFID Bankura Municipality	Bankura	3,47,000. 00 (Rupees Three lakhs forty seven thousand) only

Yours faithfully,

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

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

BANKURA MUNICIPALITY

PRESIDENT :

Smt. Siuli Midya

Chairperson, Bankura Municipality

Phone : 250367 (O)



Secretary :

Dr. Abir Banerjee

H.O Bankura Municipality

Phone : 259269/257751/254406

Mobile : 9434183427

Memo No. A/5/Gen/DFID/62

Date 14-07-08

To
The Project Officer
Health Wing, SUDA

*Rs. 3,47,000 safety
may be released
Mr. DD.
23.7.08.*

Sub: Placement of fund to the tune of Rs. 3,50,070.00 (Rupees Three lakhs fifty thousand seventy) only.

Madam,

I would like to request you to kindly place a fund to the tune of Rs. 3,50,070.00 (Three lakhs fifty thousand seventy) only for the following purpose. Copy of order bearing no: A/7/Ten/DFID/43 dt: 20.06.08, A/7/Ten/DFID/44 dt: 20.06.08 & A/7/Ten/DFID/56 dt: 09.07.08 are enclosed herewith for your kind information.

*DD no. 044587
Ar. 24.7.08.*

*Sal/Hon - 2,30,000
Drug - 1,17,000
3,47,000*

Sl no.	Nature of Expenditure	Expected Expenditure
1.	Salary & Honorarium (For July, Aug & Sept-08) i.e For 3 (Three) months	Rs. 2,30,070.00
2.	Drugs	Rs. 1,20,000.00 <i>1,17,000.00</i>
Total		Rs. 3,50,070.00

*Fund Released
Rs. 3,23,340
W/Cd = 2,30,880
Bal Rs - 92,460*

Rupees Three lakhs fifty thousand seventy only.

Enclo: As stated above.

Abir Banerjee
Health Officer
Bankura Municipality

Health Officer
Bankura Municipality

Yours faithfully

Siuli Midya
Chairman
Bankura Municipality

Chairman
Bankura Municipality

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

BANKURA MUNICIPALITY

PRESIDENT :

Smt. Siuli Midya

Chairperson, Bankura Municipality

Phone : 250367 (O)

Secretary :

Dr. Abir Banerjee

H.O Bankura Municipality

Phone : 259269/257751/254406

Mobile : 9434183427

Memo No. A/5/Gen/DFID/69

Date 18-07-08

To
The Project Officer
Health Wing, SUDA



Madam,

It is for your kind information that the total value of all medicines supplied by the medicine distributor is as follows.

1) Vide Memo no: A/7/Ten/DFID/66 Dt: 18.07.08	Rs. 74,950.00
2) Vide Memo no: A/7/Ten/DFID/67 Dt: 18.07.08	Rs. 39,000.00
3) Vide Memo no: A/7/Ten/DFID/68 Dt: 18.07.08	Rs. 2,625.00

Total Rs. 1,16,575.00

Rupees One lakh sixteen thousand five hundred seventy-five only.

Encl: 3 (Three) Sheets.

Abir Banerjee
18/07/08
Health Officer
Bankura Municipality

Yours faithfully
Siuli Midya
18/7/08
Chairman
Bankura Municipality

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

BANKURA MUNICIPALITY

PRESIDENT :

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Phone : 259269/257751/254406
Mobile : 9434183427

Memo No. A/7/Ten/DFID/66

Date 18-07-08

To
S.P. Enterprise
331/3 College Road,
Bankura.

Sub: Supply of Medicine etc.

Ref: This Office No. A/7/Ten/DFID/43 dated 20.06.08

This is to inform you that supply order has already been placed as per reference noted above. But unfortunately total order value has not yet been noted in the order. So it is for your information that the total order value will be Rs. 74,950.00.

Sl. No	Medicine Name	Strength	Rate Quotated by S.P. Enterprise	Formulation Unit	Quantity required	Order Value (in Rs.)
1	Metronidazole	400 mg / tab	Rs. 4.10 per 10 tabs	10 Tabs / Strip	4000 Strips	16,400.00
2	Ranitidine	150 mg / tab	Rs. 4.25 per 10 tabs	10 Tablet / Strip (Aluminium Foil)	1500 Strips	6,375.00
3	Paracetamol	500 mg / tab	Rs. 4.50 per 10 tabs	10 Tabs / Strip	3000 Strips	13,500.00
4	Dom peridone	10 mg / tab	Rs. 3.75 per 10 tabs	10 Tablet / Strip (Aluminium Foil)	500 Strips	1,875.00
5	Vitamin B complex	Vitamin B1 -1.P 2mg Vitamin B2-1.P 2.5 mg Vitamin B6-1.P 0.5 mg Nicotinic Acid 1.P - 25 mg Calcium Pantothenate 1.P - 3mg	Rs. 8.50 per 10 tabs	10 Tablet / Strip (Aluminium Foil)	3000 Strips	25,500.00
6	Benzyl Benzoate	25 % 100 ml	Rs. 12.00 per Bottle	100 ml bottle	250 Bottles	3,000.00
7	Chloramphenico l Eye Aplicap	1% w/w in aplicap. Each aplicap to contain 250 mg of oint.	Rs. 52.00 per 50 pcs	Aplicap	100 X 50 pcs	5,200.00
8	Antiseptic Lotion	500 ml	Rs. 62.00 per 500 ml	500 ml / bottle	50 Bottles	3,100.00
<u>Total Rupees Seventy-four thousand nine hundred fifty only</u>					Total	74,950.00

Abir Banerjee
Health Officer 18/07/08
Bankura Municipality

Siuli Midya
Chairman 18/7/08
Bankura Municipality

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

BANKURA MUNICIPALITY

PRESIDENT :

Smt. Siuli Midya

Chairperson, Bankura Municipality

Phone : 250367 (O)

Secretary :

Dr. Abir Banerjee

H.O Bankura Municipality

Phone : 259269/257751/254406

Mobile : 9434183427

Memo No. A/7/Ten/DFID/67

Date 18-07-08

To
Pharma Distributor
331/3 College Road,
Bankura

Sub: Supply of Medicine etc.

Ref: This Office No. A/7/Ten/DFID/44 dated 20.06.08

This is to inform you that supply order has already been placed as per reference noted above. But unfortunately total order value has not yet been noted in the order. So it is for your information that the total order value will be Rs. 39,000.00.

Sl. No.	Medicine Name	Strength	Rate Quotated by Pharma Distributor	Formulation Unit	Quantity required	Order Value (in Rs.)
1.	O.R.S. Citrate	Each sachet of 28.5 gm containing Sodium Chloride 12.3%, Dextrose 70.2%, Pot Chloride 5.3%, Sodium Citrate 10.2%	Rs. 6.50 per Sachet	Sachet	6000 Sachets	39,000.00
					Total	39,000.00
Total Rupees Thirty-nine thousand only						

Abir Banerjee
Health Officer
Bankura Municipality
18/07/08

Siuli Midya
Chairman
Bankura Municipality
18/07/08

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

BANKURA MUNICIPALITY

PRESIDENT :

Smt. Siuli Midya

Chairperson, Bankura Municipality

Phone : 250367 (O)

Secretary :

Dr. Abir Banerjee

H.O Bankura Municipality

Phone : 259269/257751/254406

Mobile : 9434183427

Memo No. A/7/Ten/DFID/68

Date 18-07-08

To
S.P. Enterprise
331/3 College Road,
Bankura.

Sub: Supply order of Medicine

Ref: This Office No. A/7/Ten/DFID/56 dated 09.07.08

This is to inform you that supply order has already been placed as per reference noted above. But unfortunately total order value has not yet been noted in the order. So it is for your information that the total order value will be Rs. 2,625.00.

Medicine Name	Strength	Rate Quotated by S.P. Enterprise	Formulation Unit	Quantity required	Order Value (in Rs.)
Ibuprofen	400 mg / tab	Rs. 5.25 per 10 tabs	10 Tabs / Strip	500 Strips	2,625.00
				Total	2,625.00
Total Rupees Two thousand six hundred twenty-five only					

Abir Banerjee
Health Officer
Bankura Municipality
18/07/08

Siuli Midya
Chairman
Bankura Municipality
18/7/08

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

करकांशी लेखा सं. (टैन) / TAN

Received from

Project Officer, Health Wing, SUDA
(नाम) Name

ये नकद खाते से डेबिट / चेक सं.

Cash/ Debit to A/c/ Cheque No.

रु. (शब्दों में) For Rs.

अदाकर्ता / drawn on

Three hundred sixty nine only.
State Bank of India, Salt Lake Branch
(बैंक एवं शाखा का नाम) / (Name of the Bank and Branch) कर्तबिन्दार/

द्वारा से ज़्रोत पर कर संग्रहण (टीसीएस) कर्तव्यी (दि. डी. एस.)

/ Deductees

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

(को काटें जो वही कोर है) / (Strike out whichever is not applicable)

के लिए निर्धारण वर्ष / for the Assessment Year के लिए प्राप्त हुआ

-

BAR CODE

बैंक को भाहर के लिए स्थान

SPACE FOR BANK SEAL

DEPOSIT DATE

SERIAL NO.

RECEIVE CASH/TRICIS RS

369/-

रु. / RS/PEES

कृपया चालान फ ७पर ससगत बाक्स म सहा का नहान लगाया। कम्पनी कटातादाता से स्त्रात पर काट गए कर के जमा करने के लिए अलग चालान का प्रयोग किया जाना है।

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

कृपया आच करे कि बैंक पाचती मे निम्नलिखित सूना उलखा है।

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

आपको इसका आय की विवरणी मे उल्लेख करना होगा।

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

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

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

TDS for Car hire charges for June, 08

D. Bula Dhar - 192 = 00

y R. Bhatt, charge - 177 = 00

Total Rs. 369 = 00

Original/Duplicate/Triplicate/Quarduplicate

2-50

CHALLAN

Challan No. [] [] [] [] [] [] [] [] [] []

0028-00-107-001-03

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

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

Name of the Tax Payer **STATE URBAN DEVELOPMENT AGENCY**
 Address **1LGUS BHAVAN, HC-BLOCK, SECTOR-III**
SALT LAKE CITY, KOLKATA - 700 106.
 CODE-P4

P. Tax Registration/Enrolment No.

RCSI165143

Period from

MM YYY Y
06 20 08

Period to

MM YYY Y
06 20 08

Particulars of Coins & Notes/Cheque

Rs.

Paise

Ch. No. 796062 dt. 24.07.08 Tax
on S.P.O. Bolkash Interest
Bharan, Boranch, Salt Lake. Penalty
Comp. Money
Total Amount

	380 =	00
	380 =	00

Dr. S. GOSWAMI
 Project Officer,
 Health Wing

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

Signature of the Depositor

Year end

Case No. if the Payment Relates to assessed dues

[] [] [] [] [] [] [] [] [] []

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

Bank/Treasury/Code

FOR BANK/TREASURY USE

Date of Entry

[] [] [] [] [] [] [] [] [] []

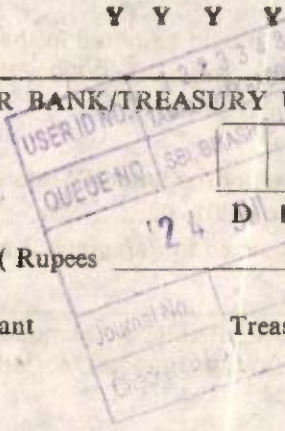
[] [] [] [] [] [] [] [] [] []

Received Rs. **3800** (Rupees **24 D D M 40 Y Y Y Y**)

Treasurer

Accountant

Treasury Officer/Agent or Manager
For Instructions see overleaf



02-9

INSTRUCTIONS

A. For depositors :

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

B. For Bank/Treasury accepting the deposit :

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

P-49

HHW Scheme

Suri Municipality : Birbhum.

Sri Tapan Kr. Sukul
Chairman,
Suri Municipality, Birbhum.

Ph: 03462-255 534 (Off)
Fax: 03462-257 308

Memo No.- 690/SM /SM. Date: 29.7.08

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

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

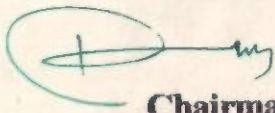
If necessary, you may hire a taxi for your journey from Howrah to SUDA, Salt Lake, and vice versa.



29/7/08
Chairman,
Suri Municipality.

Sri Somnath Das.

Signature of Sri Somnath Das
Attested



29/07/08
Chairman,
Suri Municipality.

SUDA

STATE URBAN DEVELOPMENT AGENCY

HEALTH WING

"ILGUS BHAVAN"

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

Ref No.SUDA-Health/DFID/08/49

Date25.07.2008

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

To : The Chairman
Suri Municipality

Sub. : Release of fund worth Rs. 2,26,000/- towards expenditure in
connection with DFID assisted Honorary Health Worker Scheme.

Sir,

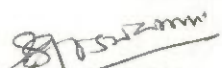
Apropos your communication bearing no. 605 SM dt. 17.07.08, an Account Payee Demand Draft bearing no. 044548 dt. 21.07.2008 on State Bank of India, Salt Lake Branch for an amount of Rs.2,26,000/- (Rupees Two lakhs twenty six thousand) only is released for payment towards Honorarium Salary, Operating Cost, Training and IEC for 4 months.

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

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

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

Yours faithfully,


Project Officer

SUDA-Health/DFID/08/49(1)

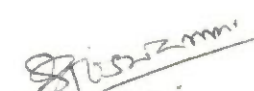
CC

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

Recd. a draft for Rs 2,26,000/- bearing no:- 044548 dt. 21/08

Done with Dan.
29.7.08

Suri Municipality, Bidhannagar.


Project Officer

अच्छे रूप में प्रिंट होने पर ही बैंक के पास छोड़नी के लिये ही बैंक
 ALSO ONLY IF COMPUTER PRINTED VALID FOR SIX MONTHS ONLY
 जारी करने वाली शाखा
 SSUMNG BRANCH

SALT LAKE (SECTOR - H/CALCUTTA)
 Tel No.: 33000-235816 KEY : RAGCAN

मांगे जाने पर ON DEMAND PAY

CHAIRMAN, HHW SCHEME, DIFD SURIMUNICIPALITY

*****CHAIRMAN, HHW SCHEME, DIFD SURIMUNICIPALITY*****

रुपये RUPEES

LTLL KO/RT
 LTLL KO/RT
 LTLL KO/RT
 LTLL KO/TL

बैंक कोड नं. CODE NO

0 0 1 6 1 2

TWO	TWO	SIX	ZERO	ZERO	ZERO	ZERO
LAKHS	T TSD	THSDS	HNDRS	TENS	UNITS	

PAISE ZERO ONLY

Sr. No.: 110941
 KEY : RAGCAN

भारतीय स्टेट बैंक
STATE BANK OF INDIA

बैंक कोड नं. CODE NO

0 0 0 1 9 1

SURI 0 00191
 शाखा/शाखा / DRAWEE BRANCH

0129

DATE
 21/07/2008

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

CHAIRMAN, HHW SCHEME, DIFD SURIMUNICIPALITY
या उनके आदेश पर OR ORDER

₹ 2 2 6 0 0 0 Ps00

AMOUNT BELOW 276001 (2/6)
भटा करे | मूल्य पात्र VALUE RECEIVED

(Signature)

शाखा प्रबंधक / BRANCH MANAGER
 (हस्ताक्षर मूला नं. / S.S. NO.)

1 M 4 6 7 8

प्रधिकृत हस्ताक्षरकर्ता AUTHORIZED SIGNATORY
 (हस्ताक्षर मूला नं. / S.S. NO. AG 630)

(Signature)

01290000000004548

⑈044548⑈ 00002000⑈ 000129⑈ 16

HHW Scheme

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

Sri Tapan Kr. Sukul
Chairman,
Suri Municipality.

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

*Rs. 2,26,000/-
DD
18.7.08*

Memo No. 605 /SM.

Date. 17.7.08

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

*DD no' 044548 dt. 21.7.08
for the purpose of Sal/Hon, IEC &
Op. cost for 4 months -*

Sub: Prayer for release of fund

Madam,

This is for your kind information that the amount of Rs.2,83,000/-, which was received by us as per Order No. SUDA-Health/DFID/07/129 dt. 20.11.2007, has not been fully utilized in A/C Head specified in that order. Following is the break-up of fund received in that order, along with information of expenditure:

A/C Head	Amount (In Rs.)	Present status of fund (In Rs.)
Salary and Honorarium	94,000	Fully utilized
Furniture	68,000	Unutilised
Equipment	51,000	Unutilised amount is 28975
Medicine	50,000	Unutilised
Contingency	20,000	Fully utilized
		Total unutilized amount is Rs. 146,975

This unutilised amount of Rs. 146975/- has been expended for payment of salary and honorarium, IEC, and contingency from April 08 to June 08. As supplier for furniture and some equipment could not supply items in due time, process of procurement of these items has been started again. Please note that supply order for medicine was given already (Please see xerox copy of supply order attached herewith).

Now, please release an amount of Rs. 2,26,000/- as per following requirements:

Salary and honorarium, from April 08, to July 08	Rs 1,97,600/-
IEC, April 08 to July 08	Rs. 8400/-
Contingency op. cost.	Rs. 20,000/-
Total	Rs. 2,26,000/-

Yours faithfully

17.7.08
Chairman, Suri Municipality.

Chairman
Suri Municipality



Encls:- As stated

98/2

*fund bal - 1,62,968 = w
2008.09
w/c bal. 1,59,806 = w
Bal - Rs 3,162 = w*

Draft copy of indent for supply of medicine for HHW Scheme DFID
Assisted under Suri Municipality Birbhum.

SURI MUNICIPALITY; BIRBHUM.

DFID Assisted H.H.W. Scheme.

PO- Suri-731101, Dist.- Birbhum.

Memo No. /S.M. Dated-

Vendor Code: V118

To: La-Chemico Private Limited
Taki Road, P.O.- Kadamgachi,
Barasad, 24 Parganas (N)
Barasad - 743 221
W Bengal, India.

Please supply the following articles at the Govt. contract rate noted against each to the Chairman, Suri Municipality within seven days from receipt of this order, failing which the order may be treated as cancelled.

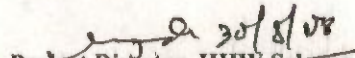
The number and date of this reference should be mentioned in the Challans and Bills along with the catalogue Nos. and the name of the article.

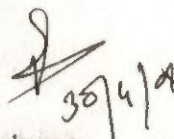
The following certificate/ documents, as applicable should also be furnished in challan/ bill at the time of supply.

1. That the endowment in the drug license for manufacture of drugs covered by this challan/bill was issued by the drug control authority before submission of the rates to C.M.S. against the current tender.
2. That a test certificate regarding specification and quantity of U.S.P. bottles for transfusion fluids and phials with documentary evidence about the type of bottles used has been furnished.
3. That a test certificate with batch No. from a Government approved laboratory has been furnished.
4. Both Challan & bill will have to be furnished in triplicate. Each supply must accompany challan.
5. Quantity supplied against each batch to be mentioned separately in the challan, with date of expiry, if any.

REMARKS: Must be submitted the Xerox Copy of the Order & Rate Schedule.

Sl. No.	Name of Articles	Quantity	Rate(Rs.)	Cost (Rs.)	E.D. 8% (Rs.)	Cess on E.D. 3% (Rs.)	4% VAT on Cost + ED + Cess	Total Cost (Rs.)
1	Oral Rehydration Salts I.P. as powder for reconstitution .	15000 Packets	1.80 per Packet of 27.9 gram	27,000.00	-----	-----	1080.00	28,080.00
2	Ibuprofen 200 mg	40000 Tabs	1.24 per 10 Tabs	4,960.00	396.80	11.90	214.75	5,583.45
3	Combined Gastric Antacid Tab (Alum. + Mag hydroxide) (Total salts being not less than 500 mg)	75000 Tabs	42.98 per container of 500 Tabs	6,447.00	515.76	15.47	279.12	7,257.35
				38,407.00	912.56	27.37	1,573.87	40,920.80


Project Director, HHW Scheme
&
ADM-(D), Birbhum.


30/4/18
Chairman,
Suri Municipality, Birbhum.
Chairman
Suri Municipality

Draft copy of indent for supply of medicine for HHW Scheme DFID
Assisted under Suri Municipality Birbhum.

SURI MUNICIPALITY; BIRBHUM.

DFID Assisted H.H.W. Scheme.
PO- Suri-731101, Dist.- Birbhum.

Memo No. _____ /S.M. Dated- _____

Vendor Code: V052

To: M/S DUSAP PHARMACEUTICALS
34C, COLLOTOLA STREET
KOLKATA - 700073
Fax No.- 033 22375359

Please supply the following articles at the Govt. contract rate noted against each to the Chairman, Suri Municipality within seven days from receipt of this order, failing which the order may be treated as cancelled.

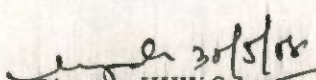
The number and date of this reference should be mentioned in the Challans and Bills along with the catalogue Nos. and the name of the article.


The following certificate/ documents, as applicable should also be furnished in challan/ bill at the time of supply.

1. That the endowment in the drug licence for manufacture of drugs covered by this challan/bill was issued by the drug control authority before submission of the rates to C.M.S. against the current tender.
2. That a test certificate regarding specification and quantity of U.S.P. bottles for transfusion fluids and phials with documentary evidence about the type of bottles used has been furnished.
3. That a test certificate with batch No. from a Government approved laboratory has been furnished.
4. Both Challan & bill will have to be furnished in triplicate. Each supply must accompany challan.
5. Quantity supplied against each batch to be mentioned separately in the challan, with date of expiry, if any.

REMARKS: Must be submitted the Xerox Copy of the Order & Rate Schedule.

Sl. No.	Name of Articles	Quantity	Rate(Rs.)	Cost (Rs.)	E.D. 8% (Rs.)	Cess on E.D. 3% (Rs.)	4% VAT on Cost + ED + Cess	Total Cost (Rs.)
1	Chlorpheniramine Maleate	100000 Tabs	0.49 per 10 Tabs	4,900.00	392.00	11.76	212.15	5,515.91
2	Paracetamol 500mg	50000 Tabs	1.60 per 10 Tabs	8,000.00	640.00	19.20	346.37	9,005.57
3	Ranitidine 150 mg Tab	150000 Tabs	2.21 per 10 Tabs	33,150.00	2,652.00	79.56	1,435.26	37,316.82
4	Metronidazole 400 mg Tabs (film coated)	150000 Tabs	2.95 per 10 Tabs	44,250.00	3,540.00	106.20	1,915.85	49,812.05
				90,300.00	7,224.00	216.72	3,909.63	1,01,650.35


Project Director, HHW Scheme
&
ADM-(D), Birbhum.


Chairman,
Suri Municipality, Birbhum.
Chairman
Suri Municipality

MISCELLANEOUS RECEIPT

BERHAMPORE MUNICIPALITY

No. 20008

Date 04-08-08

Received from Project officer, SUDA

ILGUS BHABAN, H.C. Block, Sector-III,
Bishannagar, Kolkata-91

on account of Expenditure in connection with

DFID (H.H.W) Scheme under
Berhampore Municipality

Rupees (in word) Four Lakhs Seventy two
thousand

No. 0445A Dt. 21.07.08



(Figures)

Rs. 4,72,000.00

[Signature]

Chairman

Cashier

Secretary / Vice - Chairman

Berhampore Municipality

DFID Assisted Honorary Health Worker Scheme

Memo No. 93/H.N.W./DFID



Date 4.08.08

To

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

Sub:- Release of fund worth Rs. 4,72,000.00 four lakhs seventy two thousand with expenditure of DFID assisted HHW Scheme.

With reference to above I have received one Demand Draft worth Rs. 4,72,000.00 (four lakhs Seventy two thousand) bearing No.04454 Dated 21.07.08 on state Bank of India Salt Lake Kolkata for expenditure of DFID assisted HHW Scheme.

*I am sending herewith money receipt No. 20008.... dated 04-08-08
Receipt of the same may kindly be acknowledged.*

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

SUDA

P-48

● STATE URBAN DEVELOPMENT AGENCY

HEALTH WING

"ILGUS BHAVAN"

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

Ref No. SUDA-Health/DFID/08/51

Date 25.07.2008

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

To : The Chairman
Berhampore Municipality

Sub. : Release of fund worth Rs. 4,72,000/- towards expenditure in connection with DFID assisted Honorary Health Worker Scheme.

Sir,

Apropos your communication bearing no. 85 HHW/DFID dt. 11.07.08, an Account Payee Demand Draft bearing no. 044542 dt. 21.07.2008 on State Bank of India, Salt Lake Branch for an amount of Rs.4,72,000 - (Rupees Four lakhs seventy two thousand) only is released for payment towards Honorarium Salary, Operating Cost and Drug for 3 months.

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

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

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

Yours faithfully,

Project Officer

SUDA-Health/DFID/08/51(1)

Dt .. 25.07.2008

CC

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

*Received draft for
Si-park Rs 4,72,000
30/7/08
e.i. c member
Berhampore Municipality*

Project Officer



Rs. 4.72 lakhs
 min be adms
 Dms A/c page 09.
 Drug - 1,54,000 Purchased in June, 08

FO.
 16.07.08

Requisition for fund for the Month of July August September under HHW Scheme, Health Wing DFID Berhampore Municipality.

Month	Salary & Honorarium	Drug (Medicine)	Operating Cost	Training	Furniture	Renovation of HP & SHP	Local Printing	Total	Remarks
1. July 08	1,25,000.00	56,000.00	10,000.00	8,000.00			10,000.00	2,09,000.00	
2. Aug 08	1,25,000.00	56,000.00	10,000.00	8,000.00			10,000.00	2,09,000.00	
3. Septe 08	1,25,000.00	56,000.00	10,000.00	8,000.00			10,000.00	2,09,000.00	
Arrear of Enhance ment of honorium of FTS & HHW effect from April 08 to June 08 as per order (48 x 500 x 3) month	72,000.00 <i>104,000 x 3</i> <i>3,12,000</i>							72,000.00	
							Total	6,99,000.00	
								1,56,522.00	
							Total	5,42,478.00	

104,000 x 3
3,12,000
1,60,000
30,000
= 5,02,000

Balance in hand 156522.00 Say 542000.00

Memo No. 85/HHW/DFID/..... Dated 11-07-08

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

D.D. no. 044542 dt. 21.7.08
 for Rs. 4.72 lakhs, for the
 purpose of meeting Hon/Sal, Drug & op. cost
 for 3 months.
 As there is no A/c head for local printing, the same
 could be allowed.

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

Yours faithfully,

[Signature]
 Chairman
 Berhampore Municipality

Fund Released during 2008-09 - Rs. 6,32,525
 A/c Recd. upto June - 4,76,003
 Balance Rs. 1,56,522

75/0

P-47

MONEY RECEIPT

Received the Cheque No. 796061 dt. 17-7-08 from the

Project Officer, Health Wing, SUDA, amounting to Rs. 11,857/- (Rupees

Eleven thousand eight hundred fifty seven only) on 25-7-08

Pinner Bhatta chargee.
25/7/08



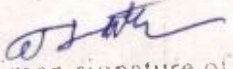
To
The Project Officer
Health Wing, SUDA
Salt Lake.

- Sub. : Request for Handover Cheque.

Madam,

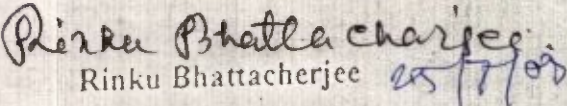
I do hereby authorized Sri Pradip Kr. Bhattacharjee to received the cheque on account of Car Hire Charges of my vehicle no WB-29 6662 for the month of

..... on my behalf

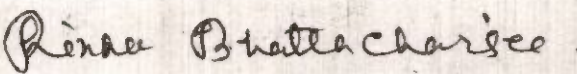

Specimen signature of Sri Pradip Kr. Bhattacharjee is attested below

Thanking you.

Yours faithfully,


Rinku Bhattacharjee 25/7/08

Signature of Sri Pradip Kr. Bhattacharjee attested.


(Rinku Bhattacharjee)

State Urban Development Agency

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

Health Wing

Statement of Bill for Car Hiring Charges

of Smt. Rinken Bhatnagar

For the Month of June, 2008

Vehicle No. WB-29-6662

Bill for Rs. 12,034/-

(Rupees Twelve thousand and thirty four only.) only. Rs. 12,034 = 00

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

ii) Less I.T. Deduction @ 2.04% on Rs. 504/- on overtime (-) Rs. 10 = 00


Net Payable

Rs. 11,857 = 00

Passed for payment Rs. 11,857/- (Rupees Eleven thousand eight hundred fifty seven) only be cheque to the above person and

Rs. 177/- to be deposited to Reserve Bank of India, Calcutta for I.T. Deduction and the bill

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


(S. Pal) 16/7/08
Finance Officer
Health Wing, SUDA

BILL

Bill for Car Hiring Charge in respect of Car No. WB-29 6662 for the Month of June '08

Car No. : WB-29 6662
Car Owner : Rinku Bhattacharjee

Sl. No.	Date on which the car place	Reporting time of the car	Releasing time of the car	Total duration of the car for the days	Excess hour of O.T. charge	Reporting K.M.	Releasing K.M.	Total Distance Run	Diesel	Mobil Oil	Remarks
1	2.6.08	9-15	9-00	11hr. 45m	2	58683	58716	33			
2	3.6.08	9-15	9-30	12hr. 15m	2	58735	58782	47			
3	4.6.08	9-15	8-00	10hr. 45m	1	58805	58852	47			
4	7.6.08	9-15	8-00	10hr. 45m	1	58870	58923	53			
5	9.6.08	9-15	8-50	11hr. 35m	2	58947	59002	55			
6	10.6.08	9-15	8-00	10hr. 45m	1	59021	59075	54			
7	11.6.08	9-15	8-15	11hr.	1	59097	59145	48			
8	12.6.08	9-15	9-00	11hr. 45m	2	59169	59206	39			
9	13.6.08	9-15	9-00	11hr. 45m	2	59230	59287	57			
10	16.6.08	9-15	9-30	12hr. 15m	2	59310	59352	42			
11	18.6.08	9-15	9-30	12hr. 15m	2	59377	59420	43			
12	19.6.08	9-15	9-40	12hr. 25m	2	59443	59480	37			
13	21.6.08	9-15	8-35	11hr. 20m	1	59503	59528	25			
14	23.6.08	9-15	9-00	11hr. 45m	2	59555	59609	54			
15	24.6.08	9-15	8-25	11hr. 10m	1	59632	59705	73			
16	25.6.08	9-15	8-45	11hr. 30m	1	59726	59775	49			
17	26.6.08	9-15	8-00	10hr. 45	1	59797	59835	38			
18	27.6.08	9-15	8-10	10hr. 55	1	59856	59906	50			
19	30.6.08	9-15	8-35	11hr. 20	1	59926	60036	110			

19 days

98hr

954km

[Signature]

I certify that the above entry reporting and releasing time of the car has been duly verified by the driver who is the driver of the car.

1.908

15-92

	Rs.	P.
(a) Car Hiring Charges for 19 days @ Rs/ 430/- per day	8170	0
(b) Overtime Charge for 28 hours @ Rs. 18/- per hour	504	0
(c) Cost of 79.50 litres of Diesel @ Rs. 38.00 per litre	3025	77
(d) Cost of 1908 litres of Mobil Oil @ Rs. 175/- per litre	333	90
(e) Gross payment. (Total from A to D)	12,039	67

Say Rs. 12,034/-

Rinku Bhallaacharije.

Passed for Payment of Rs. 12,034/-
 (Twelve thousand and thirty four)
 (Cut of HHW Scheme,
 I+D, SIDA under sub head ... Operating Cost.

Bill passed for Rs. 12,034/-
 Less I.T. deduct. 177 = 0
 Net payable Rs. 11,857 = 0

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

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

Ca. no. 796061 dt. 17.7.08

MEMO

No.

83044

Car No. W.3-296662

Phone : 2334-9853

SALT LAKE SERVICE STATION

(Indian Oil)

DD-29, Salt Lake, Kolkata-64

167
10

Against.....Bank Cards

Charge Slip No.....

Quantity	Description	Rs.	P.
	PETROL		
	DIESEL 2 Ltr	76-12	
	ENGINE OIL		

Thanking you!

Total

76-12

Date.....

Signature

ESTIMATE

Ph.: 2557-5925

SUPREME MOTORS

48/C, B.T. ROAD, KOLKATA-700 050
DEALS IN : CASTROL, HP, INDIAN OIL CO.

Name

Address

DESCRIPTION	RATE	AMOUNT
10/1 OIL CBT 9/5/1		175/-
20/6/08		TOTAL

Date

State Urban Development Agency, Health Wing, West Bengal

Sub. : Deployment of vehicles on holidays - approval thereof.

The undersigned had to attend office on holidays in connection with office work at SUDA. The vehicle ^{bearing no. WB 29 666 2} utilized on 03.05.08, 17.05.08, 24.05.08, 31.05.08 and 07.06.2008.

Submitted for approval.

U.O NO-SUDA-Health
63 VAS/

~~Director SUDA~~

~~FO (H)~~

FO, Health SUDA.

~~[Signature]~~
15-8-08

~~[Signature]~~
14-07-08

Ushar
15/7/08

P-46(A)

P-46(A)

Bolpur Municipality

Miscellaneous Receipt

West Bengal Municipal (Finance and Accounting)

Form No. 39

No. 16.

Date 23.07.58

Receive from Project Officer, Health, SUDA the sum of Rs. 1,31,000/-

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

Vide Demand Draft No. 044513 Dt. 21.07.58

Rs. 1,31,000/-



J. K. Ghosh
23.07.58

Chairman,

Bolpur Municipality

OFFICE OF THE BOLPUR MUNICIPALITY FAX: 252501 (03463)
MUNICIPAL LEVEL HEALTH & FAMILY WELFARE COMMITTEE

UNDER DFID ASSISTED H.H.W. SCHEME

MEMO NO. - 37 / (DFID) / 08

DATED - 23.07.08

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

Sub: Authorization letter.

Madam,

I do hereby authorize Sri. Madhab Chandra Saha, Account Assistant of DFID assisted HHW Scheme, Bolpur Municipality to receive the Cheque/Draft No. 044543 Dated 21.07.2008 amounting to Rs. 1,31,000/- (One Lakh Thirty one thousand) on my behalf.

The signature of Sri. Madhab Chandra Saha is attested below.

Signature of Madhab Chandra Saha

Madhab Ch. Saha
23.07.08
Is attested

J. Saha
23.07.08
President

M.H.F.W. Committee

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

Chairman

Bolpur Municipality

Yours faithfully,

J. Saha
23.07.08
President
M.H.F.W. Committee
Under D.F.I.D. assisted H.H.W. Scheme
Chairman
Bolpur Municipality

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

Ref No. SUDA-Health/DFID/08/47

Date 23.07.2008

From : Dr. Shibani Goswami
Project Officer
Health Wing, SUDATo : The Chairman
Bolpur Municipality**Sub. : Release of fund worth Rs. 1,31,000/- towards expenditure in
connection with DFID assisted Honorary Health Worker Scheme.**

Sir,

Apropos your communication bearing no. 36/(DFID).08dt. 17.07.08, an Account Payee Demand Draft bearing no. 044543 dt. 21.07.2008 on State Bank of India, Salt Lake Branch for an amount of Rs.1,31,000/- (Rupees One lakh thirty one thousand) only is released for payment towards Honorarium / Salary, Operating Cost, Training and IEC for 3 months.

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

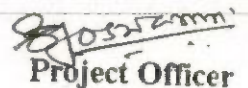
You are requested kindly to send your authorized representative to collect the Draft along with money receipt. Kindly acknowledge receipt of this communication.

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

*Received Draft bearing no. 044543 dt. 21.07.08
amounting to Rs. 1,31,000/-*

*Radhabal Ch. Saha
23.07.08.*

Yours faithfully,

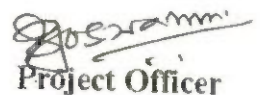

Project Officer

SUDA-Health/DFID/08/47(1)

CC

Dt .. 23.07.2008

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


Project Officer

OFFICE OF THE BOLPUR MUNICIPALITY FAX: 252501 (03463)
MUNICIPAL LEVEL HEALTH & FAMILY WELFARE COMMITTEE

UNDER DFID ASSISTED H.H.W. SCHEME

MEMO NO. - 36/(DFID)/08

DATED - 17.07.2008

To
Dr. Shibani Goswami
Project Officer
Health Wing, SUDA

Sub: Requirement of fund for DFID assisted HHW Scheme

Madam,

The statement of expenditure for a sum of Rs.1, 60,579.00 with utilization certificate has been already sent. The expenditure was incurred out of the fund of Rs.2, 15,088.55(Including O.B. for the year of 2007-08) the received so far.

A sum of Rs. 1,31,000.00 (Rupees One lakh Thirty One Thousand) only will be required for salaries of staff, Honorarium of HHWs, FTSs, PTMO & Attendant, I.F.C, Operating Cost & Training head, up to October 2008. The detailed statement enclosed herewith for your kind perusal.

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

Yours faithfully

(Signature)
President
M.H.F.W. Committee
Under D.F.I.D. assisted H.H.W Scheme
&
Chairman
Bolpur Municipality



for Hon/sal, IFC, Training & Op. cost.

DD no 044543 dt. 21.7.08.

(Signature)

Details of Requirement of fund

Rs. 1.31 lakhs
may be retained
thru D.D.
18.7.08

Sl No.	Head of Requirement	Amount (Rs.)
1	Salaries of A.H.O, C.DO, P.H.N, Account. Asst. & D.E.O. (July to September 2008)	86,550.00
2.	Honorarium of HHWs (July to September 2008)	52,500.00
3.	Honorarium of FTS (July to September 2008)	12,780.00
4.	Honorarium of P.T. M.O (August & September 2008)	8,400.00
5.	Honorarium of Attendant(July to September 2008)	3,450.00
6.	I.E.C(July to September 2008)	10,000.00
7.	Operating Cost (July to September 2008)	10,000.00
8.	Training (Kit Bag 160.00x 17 nos.)	2,720.00
Total		1,86,400.00
Cash in hand- (51,789.55+2,720.00)		54,509.55
Urgent Rs.		1,31,890.45
Rounded off Rs.		1,31,000.00

(Rupees One lakh Thirty One) only.

Hachal Ch. Satyag
Account Asst. 12/7/08
Member MMC,
Under DFID assisted H.W Scheme

17.7.08
President
M.R.P.W. Committee
Model D.F.I.D. assisted H.H.W Scheme
&
Chairman
Boipar Municipality

VALID ONLY IF COMPUTER PRINTED VALID FOR SIX MONTHS ONLY

ISSUE & CODE NO

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

जारी करने वाली शाखा
ISSUING BRANCH

SALT LAKE (SECTOR-1) CALCUTTA.

Tel No.: 33000-235816 KEY : POHJUS 0 01612

DATE
21/07/2008

मांगे जाने पर ON DEMAND PAY CHAIRMAN, HHW SCHEME, DFIDBOLPUR MUNICIPALITY
LITY* ***CHAIRMAN, HHW SCHEME, DFIDBOLPUR MUNICIPALITY*****

या उनके आदेश पर OR ORDER

रुपये RUPEES

ONE	THREE	ONE	ZERO	ZERO	ZERO
LAKHS	T TSD	THSDS	HNDRS	TENS	UNITS

₹.Rs 1 3 1 0 0 0 Ps00
***SBI

AMOUNT BELOW 151001 (1/6)
अदा करें। मूल्य प्राप्त VALUE RECEIVED

PAISE ZERO ONLY
Sr. No.: 466439
KEY : POHJUS



[Signature]

[Signature]

प्राधिकृत हस्ताक्षरकर्ता AUTHORIZED SIGNATORY

शाखा प्रबंधक / BRANCH MANAGER

(हस्ताक्षर नमूना क्र०/S.S. NO.)

(हस्ताक्षर नमूना क्र०/S.S. NO.)

भारतीय स्टेट बैंक
STATE BANK OF INDIA

ISSUE & CODE NO

0129

अदाकर्ता शाखा / DRAWEE BRANCH

BOLPUR 0 02027

01290000000000044543

M 4678

⑈044543⑈ 000002000⑈ 000129⑈ 16

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

.....*Jangipuz*..... Municipality

Miscellaneous Receipt

West Bengal Municipal (Finance and Accounting)

Form No. 39

No.16.....

Date : 06.08.08.

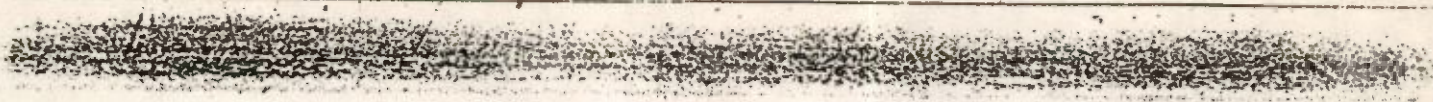
Received from Project Officer, Health, SUDA the sum of Rupees *2,91,000/-* (Rupees *Two Lakhs ninety one thousand*) only on account of expenditure in connection with DFID assisted Honorary Health Worker Scheme.

Vide Demand Draft No. *796060*..... Dt *14.07.08*...

Rs. *2,91,000/-* ✓

Chairman,

.....*Jangipuz*..... Municipality



SUDA

STATE URBAN DEVELOPMENT AGENCY

**HEALTH WING
"ILGUS BHAVAN"**

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

P-46

Ref No. SUDA-Health/DFID/08/44

Date 14.07.2008

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

To : The Chairman
Jangipur Municipality

Sub. : Release of fund worth Rs. 2,91,000/- towards expenditure in connection with DFID assisted Honorary Health Worker Scheme.

Sir,

Apropos your communication bearing no. JM/DFID/474/08 dt. 08.07.08, an Account Payee Cheque bearing no. 796060 dt. 14.07.2008 on State Bank of India, Salt Lake Branch for an amount of Rs.2,91,000/- (Rupees Two lakhs ninety one thousand) only is released for payment towards Honorarium / Salary, Operating Cost, IEC and Rent for 3 months.

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

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

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

Received the cheque of Rs 2,91,000
(Two lakhs ninety one thousand only)
ch. no - 796060 dt - 14-07-08.

Yours faithfully,

[Signature]
Project Officer

SUDA-Health/DFID/08/44(1)

Nasirul Hossain
Accounts Assistant. 14-07-08.
J.M.

Dt. .. 14.07.2008

CC

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

[Signature]
Project Officer

OFFICE OF THE COUNCILLORS

JANGIPUR MUNICIPALITY

P.O. – Raghunathganj ❖ Dist. – Murshidabad

Memo No.: JM/DFID/ 974 /08

Dated: 08.07.2008

From : The Chairman / Vice Chairman, Jangipur Municipality

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

Subject : Authorization to collect Draft / Cheque .

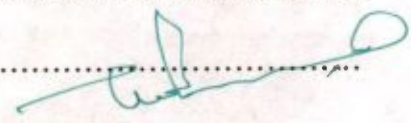
I do hereby authorize Nasirul Hossain, Accounts Assistant, DFID assisted HHW Scheme, Jangipur Municipality to collect the Demand Draft / Cheque [bearing No. 796060..... dt. 14.07.08.] for an amount of Rs. 2,91,000.00... (Rupees Two Lakhs ninety one thousand only on my behalf. The Demand Draft/ Cheque is in connection with H.H.W. scheme, D.F.I.D.,..... Jangipur Municipality.

Signature of NASIRUL HOSSAIN

1. Nasirul Hossain

2.

3.



Attested



**Chairman
Jangipur Municipality**

~~A/c. No. Only~~

दिनांक / Date 14 / 07 / 2008

PAY Chairman, HHW Scheme, DPID,

Jangipur Municipality

या धारक को OR BEARER

रुपये RUPEES Two lakhs ninety-one thousand only

₹.Rs. 2,91,000/-

अदा करें

खा.सं.
A/c. No. 30255770088



भारतीय स्टेट बैंक
State Bank of India SBIN0001612

SALT LAKE(SECTOR-1)CALCUTTA,
DB-2,SECTOR-1, CALCUTTA,
KOLKATA

Prefix
0523700003 DT:24 PARGANAS (N), W. BENGAL 700064

R. PAJ
Finance Officer,
Health Wing
S. U. D. A.

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

HHW SCHEME, DFID, SUDA

⑈ 796060⑈ 700002145⑈ 000080⑈ 11

DFID ASSISTED HHW SCHEME

Jangipur Municipality

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

Memo No.: JM/DFID/...474/08.

Dated: 08.07.08.

To
The Project Officer,
Health wing SUDA,
"ILGUS Bhavan"
H.C. Block Sector - III,
Bidhannagar, Kolkata - 91.

*Rs. 2.91 lakhs.
may be released.
Thru A/c payee
cheque.
AS 12/11/08
14.7.08.*

Sub : Requisition for Finance.

Madam,

Ch. No. 796060 dt. 14.7.08

This is to inform you that DFID assisted HHW scheme, Jangipur Municipality the Finance for three consecutive months (July'08 to Sep'08) is urgently required. The details are given below.

1.	Honourarium	53000	x 3	=	1,59,000.00
2.	Salary	32000	x 3	=	96,000.00
3.	Rent	1000	x 3	=	3000.00
4.	I.E.C	1000	x 3	=	3000.00
5.	Operating Cost	10000	x 3	=	30000.00
Total					= 2,91,000.00

*39000 x 3 = 1,17,000
28337 x 3 = 85,000
3000
3000
30000
2,38,000*

This is for your kind information and taking necessary action.

*Fund Released - 4,16,891 = w
w/c Rent up to Jun. 08 - 3,30,097 = w
Bal - 86,794 = w
79%*

Yours faithfully



**Chairman
Jangipur Municipality**

P-45

To
Dr. Shibani Goswami,
Project Officer, Health Wing, SUDA,
Ilgues Bhaban, Bidhannagar,
K O L K A T A - 7 0 0 0 9 1 .

KRISHNAGAR MUNICIPALITY
MISCELLANEOUS RECEIPT
WEST BENGAL MUNICIPAL (FINANCE AND ACCOUNTING)
FORM NO. 39

Memo.No. 65/DFID/18-1(A)08

Date : 10.07.08

Received from Project Officer, Health, SUDA the sum of
Rupees. 3,60,000/- (Rupees Three Lakh sixty thousand
Only) only on account
of expenditure in connection with DFID assisted Honorary Health Worker
Scheme.

Vide Demand Draft / Cheque No. 796059 Dated 10.07.08

RS. 3,60,000/-



Wajidul
Chairman
KRISHNAGAR MUNICIPALITY
&
President, Municipal Level Health &
Family Welfare Committee,
Krishnagar Municipality.

112

A/c. Payee Only

दिनांक / Date 10 / 07 / 2008

PAY *Chairman, HHW Scheme, DFID,*
Krishnagar Municipality

या धारक को OR BEARER

रुपये RUPEES *Three lakhs, sixty thousand only.*

अदा करें

₹.Rs. 3,60,000/-

खा.सं.
A/c. No.

30255770088



भारतीय स्टेट बैंक
State Bank of India SBIN0001612

SALT LAKE(SECTOR-1)CALCUTTA,
DB-2,SECTOR-1, CALCUTTA,
KOLKATA

Prefix
0523700003

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

[Signature]
E. P. A.
Finance Officer,
Health Wing
C. U. S. A.

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

HHW SCHEME, DFID, SUDA

⑈796059⑈ 700002145⑈ 000080⑈ 11



STATE URBAN DEVELOPMENT AGENCY

HEALTH WING
"ILGUS BHAVAN"

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

Ref No.

Date

SUDA-Health/DFID/08/43

10.07.2008

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

To : The Chairman
Krishnagar Municipality

Sub. : Release of fund worth Rs. 3,60,000/- towards expenditure in connection with DFID assisted Honorary Health Worker Scheme.

Sir,

Apropos your communication bearing no. 39 DFID/18-1.A/08 dt. 07.07.08, an Account Payee Cheque bearing no. 796059 dt. 10.07.2008 on State Bank of India, Salt Lake Branch for an amount of Rs.3,60,000/- (Rupees Three lakhs sixty thousand) only is released for payments towards Honorarium Salary, Operating Cost and Rent for 3 months

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

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

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

Yours faithfully,

Project Officer

SUDA-Health/DFID/08/43(1)

Dt .. 10.07.2008

CC

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

*Received Rs. 3,60,000/-
Cheque no. 796059 dt. 10.7.08
Somnath Roy,
10/7/08 Acct. Asst.
DFID, K.M*

Project Officer

Tel/Fax No.: 359-3184



KRISHNAGAR MUNICIPALITY

KRISHNAGAR - 741101

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

CHAIRMAN IN COUNCIL

Chairman

UDAY KUMAR MITRA

Vice - Chairman

ASHIM SAHA

Members :

SAJAL BIKASH BHADAR

DILIP SARMA

SUPRAVAT GHOSH

Resi : 254111 & 253596

Resi : 224111

Off. - 252240

9434129345 (M)

Resi : 252989

Memo No. **59/DFID/18-1(A)08**

Date **7.07.08**

*Rs. 3.60 lakhs
 may be released
 thro A/c payee
 cheque.
 10.07.08*

To

Dr. Shibani Goswami

Project Officer

**Health Wing, SUDA, Ilgues Bhawan, HC Block, Sector - V
 Bidhannagar, Kolkata-700091**

*Ch. No. 796059 dt. 10.7.08
 for Rs. 3,60,000/-*

Sub:- For further allotment of Rs. 3,60,000 (Rupees Three Lakhs Sixty Thousand.) only.

Respected Madam,

This is to inform you that we have received Rs.4,61,507/- (Rs.3,10,000/- + bal. as on 1st April 2008 Rs.1,51,507/-) (**Rupees Four Lakh Sixty One Thousand Five Hundred Seven**) only for DFID Assisted HHW Scheme, Krishnagar Municipality up to June 2008 for the FY 2008-09.

I have already submitted the Utilization Certificate for the expenditure up to June 2008 of Rs.3,94,545/- (Rupees Three Lakhs Ninety Four Thousand Five Hundred Forty Five).

So, I request you to place further allotment of fund for **Rs.3,60,000 (Rupees Three Lakhs Sixty Thousand.)** only for onward work of DFID Assisted HHW Scheme, Krishnagar Municipality. Details of the requisition are given below.

Sl No	Accounts Heads	Amount Rs.
1	Salaries (July. 08 & Sept. 08 Rs.16,350/- x 3 months)	49,050
2	Honorarium <i>(includin enhance salary)</i> (July. 08 & Sept. 08 Rs.92,140/- x 3 months)	2,76,420
3	Operating Cost (Rs.10,000/- x 3 months)	30,000
4	Rent (up to Sept. 08)	4,530
Total		3,60,000

Thanking you,

Yours faithfully,

85%

**Chairman
 Krishnagar Municipality**

*Fund Released
 including previous bal = Rs.4,61,507/-
 We accepted upto June 08 = " 3,94,545/-
 Balance Rs. 66,962/-*

08

49

Date 20.07.2008

NANDI ENTERPRISE

(COURIER DIVISION)

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

PH : 2359-5560 / MB: 98306 33895.

P.M

Received with thanks from

Proder Office Svam HEATTA

the sum of Rupees

HC 13 Loms Sector III Salt Lake HOSE 700 MC
THRE Hundred Two only

by Cash / Cheque / Draft

796058 n. 10949m

on account of

Proder Office Svam HEATTA

for NANDI ENTERPRISE

Rs.

309/-

Signature

P.M

BILL STATEMENT

Phone: 2359-5560
 MB: 98306 33895

NANDI ENTERPRISE

(COURIER DIVISION)

AJ-118, SECTOR-II, (NEAR -206, BUS STAND)
 SALT LAKE CIY, KOLKATA - 700091.

To

SUDHA HEALTH.
 26/5/08
 HC Block Sector II
 Kolkata - 700010



Bill No. NE-1336 Bill for the month of May 2008 Date 02/06/2008

Sl No.	Page No.	DESCRIPTION	AMOUNT Rs.	P	REMARKS
1)	1	TOTAL Rs.	135 = 10	10	✓
<p>Rs. 174.00 Rs. 135.00 309.00 TOTAL</p> <p>three hundred ninety only</p>			<p>TOTAL Rs. 135 = 10 ✓</p>		

Rupees

ONE HUNDRED THIRTY FIVE ONLY.

E. & O.E.

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

Checked by

Accountant

for NANDI ENT

BILL STATEMENT

WALDI ENTERPRISE

SEARCHER DIVISION
SALT LAKE CITY, UTAH 84143



Handwritten notes and signatures in the top left corner, including 'UP' and 'H.P.'.

02/16/2008

VE-193C

TOTAL \$-

132 = 0

Vertical handwritten line or signature on the left side of the page.

Large handwritten signature or scribble in the center of the page.

Handwritten notes: '300 of total', '100 of total', 'or 100 of total'.

132 = 0

ONE HUNDRED THIRTY TWO ONLY

Handwritten text at the bottom left corner, possibly 'M.A. ...'.

Handwritten text at the bottom center, possibly 'C.A. ...'.

BILL STATEMENT

PHONE : 2359-5560

NANDI ENTERPRISE

Agent of :

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

To HEALTH
KOLKATA 700/06

BILL NO. : NE-1736 Date : 02/06/2008 Bill for the month of May 2008

Sl. No.	Cong. No.	Date	DESCRIPTION	Weight	Amount		Remarks
					Rs.	P.	
1	40810/1	3-4-08	Malda ✓		5	00	
	2		English bgt ✓		5	00	
	3	7-5-08	Dargaching ✓		5	00	
	4		Dargaching ✓		5	00	
	5		Cal. 91 ✓		5	00	
	6		Cal. 91 ✓		5	00	
	7		Cal. 91 ✓		5	00	
	40811/1	21-5-08	Berhampur ✓		5	00	
	2		Bankura ✓		5	00	
	3		Midnapur ✓		5	00	
	4		SURI ✓		5	00	
	5		Bishnupur ✓		5	00	
	6		Kalna ✓		5	00	
	7		Purulia ✓		5	00	
	8		Krishnanagar ✓		5	00	
	9		Coochbehar ✓		5	00	
	40812/1		Coochbehar ✓		5	00	
	2		Raghunathpur ✓		5	00	
	3		SURI ✓		5	00	
	4		Bardhaman ✓		5	00	
	5		Purulia ✓		5	00	
	6		Midnapur ✓		5	00	
	7		Bishnupur ✓		5	00	
	8		Berhampur ✓		5	00	
	9		Krishnanagar ✓		5	00	
	40813/1		Kalna ✓		5	00	
27	2		Bankura ✓		5	00	

Payable for Payment of Rs. 135/-
(Rupees One hundred thirty five)
Only out of HHW Scheme.
DFID, SUDA under sub head Operating Cost

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

135/- ✓

Rupees

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

Checked by _____ Accountant _____ E. & O. E.

For NANDI ENTERPRISE
Y. Goswami

BILL STATEMENT

PH: 2359-5560
MB: 98306 33895

NANDI ENTERPRISE

(COURIER DIVISION)

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



To INDIA HEALTH
Block 24th/3rd
SALT LAKE
CO-700098

Bill No. N/E-1684 Bill for the month of MARCH 20 08 Date 04-04-08

SI No.	Page No.	DESCRIPTION	AMOUNT Rs.	P	REMARKS
1		1 TOTAL RS.	174=00	✓	
<p>Passed for Payment of Rs. <u>174/-</u> (Rupees <u>one hundred seventy four</u>) Only out of HHW Scheme. DFID, St-DA under sub head <u>Operating Cost</u></p> <p><u>197</u> <u>S. S. GOSWAMI</u> Project Officer, Health Wing S. U. D. A.</p>					
TOTAL Rs.			<u>174=00</u>	✓	

Rupees ONE HUNDRED SEVENTY FOUR ONLY E. & O.E.

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

Checked by [Signature] Accountant

for NANDI ENTERPRISE
[Signature]

<u>174/-</u>					
<u>174=00</u>			✓		

Rupees

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

Checked by Accountant E. & O. E.

For NANDI ENTERPRISE
[Signature]

JANA ENTERPRISE

59/D, Hem Chandra Road, Barisha (Behala)

Kolkata - 700 008

Ph.: 2494 0486
31003067

No. 71

Date: 7.7.2008

Receipt

Received with thanks from Messrs

Project Officer (H&H)
SUDA

Rupees (one thousand six hundred sixty three
only)

On account of Per, coffee, Prisht, Salary.

by Cash/Cheque / D. D. No. 79607 ^{date 07/7/08} Subject to realisation

Rs. 1663/-

For Jana Enterprise

A. P. Sin





JANA ENTERPRISE - 43

59/D, Hemchandra Mukherjee Road, Barisha, Kolkata - 700 008
Mobile : 9331003067, 9339867808, Phone : 2494 0486, 033 32501154
E-mail : HP_Jana-3067@yahoo.co.in

All kinds of :

- Training Centre House Keeping & Catering Service
- Guest House Maintenance & Catering
- Labour Contractor
- Office Cleaning & Dusting
- Office Canteen Maintenance
- Garden & Office Nursery Works
- Security Service

Ref. No.

Date ~~11/10/08~~

15/7/08

TO
The Project Office, SUDA.
ILGUS Bhaban
Salt Lake
Kolkata - 106

SUB: Authorized

Dear Sir,

This is to inform you that, Shri Manik Shee is an employee of my organisation. I do hereby authorized him to collect any cheque from your office and any official dealings to your office. His signature attested given below.

Thanking you,

Manik shee

Manik shee

Specimen Signature

15/7/08

JANA ENTERPRISE

H. P. Jana
Proprietor

Yours faithfully,

H. P. Jana
JANA ENTERPRISE

Sub:- Release of payment to M/s. Jana Enterprise for supply of tea, tiffin and working lunch during meeting held at SUDA on April and May, 08.

Representatives of DFID assisted HHW scheme, attended meeting held at SUDA during April, & May, 08 on different dates.

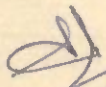
M/s. Jana Enterprise served tea, tiffin and working lunch to the participants.

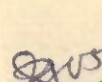
After complying with the above job, M/s. Jana Enterprise submitted two bills for Rs. 576/- and Rs. 1087/- respectively for payment.

The bills have been checked and found reasonable and placed below for payment order please.

Hence, the amount of Rs. 1663/- (576+1087) (Rupees one thousand six hundred sixty three) only may be released in favour of M/s. Jana Enterprise through A/c payee cheque debiting HHW scheme, DFID, SUDA under A/c head - "Operating Cost".

Submitted


21/7/08


10.7.08

P.O. copy, SUDA

JIC/s

B-87

Project officer (Health)

Saltlake, 401-106

To JANA ENTERPRISE

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

59/D, HEMCHANDRA MUKHERJEE ROAD, KOLKATA -700 008

Order No. _____ Date _____ Bill No. JE/2009/Health/08
 Challan No. _____ Date _____ Date 4/8/08

Item	Qty.	PARTICULARS	Rate	AMOUNT Rs.	P.
<u>Date</u>		<u>start</u> <u>Month of May - 08</u>			
<u>22.5.08</u>					
<u>23.5.08</u>	<u>346</u>	<u>cup Tea</u>	<u>2.00</u>	<u>692</u>	<u>0</u>
<u>28.5.08</u>	<u>30</u>	<u>pc Bisut</u>	<u>1.00</u>	<u>30</u>	<u>0</u>
<u>30.5.08</u>	<u>10</u>	<u>heads lunch</u>	<u>35.00</u>	<u>350</u>	<u>0</u>
	<u>1</u>	<u>heads tiffin</u>	<u>15.00</u>	<u>15</u>	<u>0</u>
<p>(one Thousand Eighty seven only)</p> <p>(P.T.O)</p>					
<p>ca. no 796057 dt. 10.7.08 for Rs. 16631 - (1687+576)</p>					
TOTAL				1087	0

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

E. & O. E.
 For Jana Enterprise
 H. P. Sa

Passed for Payment of Rs. ~~1087~~
(Rupees ~~One thousand~~ ~~eighty seven~~)
Only out of HHW Scheme.
S. U. D. SLDA under sub head Operating Cost.

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

Received Rs. 1087.00
Manix Shee
17/7/08



80
 10

Project office (SUDA Health)
 Saltlake, Kol-106,

To **JANA ENTERPRISE**

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

59/D, HEMCHANDRA MUKHERJEE ROAD, KOLKATA -700 008

Order No. _____ Date _____ Bill No. JE/2001/SUDA/08 -09
 Challan No. _____ Date _____ Date 22/5/08

Item	Qty.	PARTICULARS	Rate	AMOUNT Rs.	P.
		Month of APRIL-08 for meeting on 29.4.08.			
2	12	cup Tea	2.00	424	00
4		heads lunch	35.00	140	00
12		pc Biscuit	1.00	12	00
(Five hundred seventy six only.)					
(P.T.O)					
TOTAL				576	00

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

E. & O. E.
 For Jana Enterprise
 H. K. S.

Passed for Payment of Rs 576/-
(Rupees Five hundred seventy six)
Only out of HHW Scheme,
DFID, SLDA under sub head operating cost.

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

5
46
27

Received Rs. 576.-
Manik Shee
17/7/08

(0.7.8)

State Urban Development Agency

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

P-42

Health Wing

Statement of Bill for Car Hiring Charges

of Smt. Bala Dhar

For the Month of June, 08

Vehicle No. WB04B-0704

Bill for Rs. 15,095/-

(Rupees Fifteen thousand ninety
five only.) only.

Rs. 15,095/-

i) Less I.T. Deduction @ 2.04% on Rs. 9030/- on actual hire charge (-) Rs. 184/-

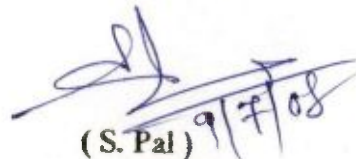
ii) Less I.T. Deduction @ 2.04% on Rs. 396/- on overtime (-) Rs. 8/-

Net Payable

Rs. 14,903/-

Passed for payment Rs. ~~Rs. 14,903/-~~ 14,903/- (Rupees fourteen thousand
nine hundred three) only be cheque to the above person and

Rs. 192/- to be deposited to Reserve Bank of India, Calcutta for I.T. Deduction and the bill amount may be booked out of HHW-Scheme, DFID under sub-head O & M Car Hire Charges.



(S. Pal)

Finance Officer
Health Wing, SUDA

26/6/08

CASH MEMO
No. **1206**

Date

V.I.P. SUPER SERVICE STATION

S. Saha East Road, Kolkata-10, Phor 23705292

Car No. Rate Rs. P.

Ex Mile	406	38.06	1522	40
U.L.P.				
H.S.D.				
Ex Premium				
Engine Oil				
Cool				
Gear Oil				
Brake Fluid				
Service				
Total			1522	40

VAT No. 19401918079

BEN 4320
Signature



BILL

Bill For Car Hiring Charges For Hired
 Car No. - WBO4B0704
 Bula Dhar
 61/B, Suren Sankar Road, Kolkata-700010

Name - Bula Dhar
 Car NO. - WBO4B0704
 For The Month Of June 2008
 Date. - 4/7/08



NO	Date	Reporting		Releasing	Total	OT	Hours		K.M.S	Releasing	Total	Remarks
		Time	Time				Duty Hrs	Hours				
1.	2.6.08	9.15Am	8.20.Pm	11.5mts	1.Hour		28624	28697	73			
2.	3.6.08	9.15Am	8.10.Pm	10.55mts	1.Hour		28702	28786	84			
3.	4.6.08	9.15Am	9.15.Pm	12.Hours	2.Hours		28791	28875	84			
4.	5.6.08	9.15Am	9.20.Pm	5.5mts	X		28880	28956	76			
5.	6.6.08	9.15Am	9.30.Pm	7.15mts	X		28961	29002	41			
6.	9.6.08	9.15Am	8.50.Pm	11.35mts	2.Hours		29062	29141	79			
7.	10.6.08	9.15Am	8.15.Pm	11.Hours	1.Hour		29146	29207	61			
8.	11.6.08	9.15Am	7.50.Pm	10.35mts	1.Hour		29212	29283	71			
9.	12.6.08	9.15Am	8.30.Pm	11.5mts	1.Hour		29288	29363	75			
10.	13.6.08	9.15Am	8.50.Pm	11.35mts	2.Hours		29368	29465	97			
11.	16.6.08	9.15Am	8.00.Pm	10.45mts	1.Hour		29492	29557	65			
12.	17.6.08	9.15Am	7.20.Pm	10.5mts	X		29562	29679	117			
13.	18.6.08	9.15Am	8.15.Pm	11.Hours	1.Hour		29684	29763	79			
14.	19.6.08	9.15Am	7.45.Pm	10.30mts	X		29768	29825	57			
15.	20.6.08	9.15Am	7.55.Pm	10.40mts	1.Hour		29830	29898	68			
16.	23.6.08	9.15Am	9.20.Pm	12.05mts	2.Hours		29969	30067	98			
17.	24.6.08	9.15Am	9.15.Pm	12.Hours	2.Hours		30072	30147	75			
18.	25.6.08	9.15Am	8.45.Pm	11.30mts	1.Hour		30152	30233	81			
19.	26.6.08	9.15Am	8.30.Pm	11.15mts	1.Hour		30238	30311	73			
20.	27.6.08	9.15Am	8.45.Pm	11.30mts	1.Hour		30316	30394	78			
21.	30.6.08	9.15Am	8.30.Pm	11.15mts	1.Hour		30466	30553	87			
21 days					22.Hours						7619 Kms	

Certified that the driver has not been engaged in any other work during the period of hire and releasing him at the end of the day.
 u.e. b. the sign of the driver has been
 obtained and the driver was in
 possession of Public Services.

[Signature]

B-91

- ① ea Hiring Camps for 21 days @ 430/- Friday - RS. 9030-00
- ② Diesel consume @ 134.90 litres @ 38.06 per litre - RS. 5134-29
- ③ Mail consumed 3.238 litres @ 165/- per litre - RS. 534-27
- ④ over line 22 Hours @ 18/- per hour - RS 396-00

Total - RS. 15,095-56
 By Rs. 15,095/-

fifteen thousand Ninety four fifty six Paise only

Bula D lan

Passed for Payment of Rs. 15,095/-
 (Rupees Fifteen thousand and ninety five)
 Only out of HHW Scheme,
 Lt-ID, St. DA under sub head - Operating Cost.

Passed for payment Rs. 15,095-00
 Less I.T. Deduction " 192-00
 Net payable Rs. 14,903-00

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

Recd Rt 14903/- by cheque
 a/c 1077108 Cheque No 796056

[Signature]
 Dr. S. GOSWAMI
 Project Officer
 Health Wing
 S. U. D. A
 ca. no. 796056 dt 10.7.08



Bula D lan

1077108

No. **5236**

CHEQUE RECEIPT

Mega Trade Centre

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

Received with thanks from M/s.

Project Office HES-744 KOLKATA 700053

(P-4)

Drawee Bank

Dated *7.7.08*

Rs. *204/-*

by Cheque/Draft/No. *733776*

Rupees *Two hundred Fourteen Rupees* on account of following bills.

Customer Code	Bill No.	Date	Bill Amount		TDS		Net Amount		Collector Code
			Rs.	P.	Rs.	P.	Rs.	P.	
							<i>204</i>	<i>00</i>	
TOTAL							<i>204</i>	<i>00</i>	

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

FOR MEGA TRADE CENTRE

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

Shankar



MEGA TRADE CENTRE

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

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

XEROX.
Authorised
Service Provider

F.O.
23.06.08



Collector Code : 11

INVOICE / BILL No. FSA/0508/6590

Date : 19.6.08

M / C Serial No. : 2903899932

Model :

5834

A / C No. : M/32

Installation No. : M/3288

Customer TIN No. :

Customer : STATE URBAN DEV AGENCY

Installation Address :

PAN : AAGFM3064L

VAT No. : 19200372061

CST No. : 19200372255

SRVTAX : 111 / MRS / SB-03 / KOL/04-05 Dt. 22/12/04

BLOCK, SECTOR III, 2nd FLOOR, ADVISER HE, SALT LAKE CITY
PLGUS BHAWAN, BIDHANNAGAR
KOLKATA KOLKATA N

	Meter Reading	Date	NOTE					
Current	233069	19/6/08	PLEASE DO NOT MAKE PAYMENT IN CASH. ONLY CHEQUE / DD PAYMENT ACCEPTED					
Previous	232525	20/05/08	Subject to the terms and conditions of the above agreement, Payment Received beyond the due date shall be subject to interest @ 24% P.A. From the due date to the date of payment.					
Gross	544							
Less 1%	5	Per Copy Charge	Gross	AMC	Sales Tax/ WCT/CST/ VAT @ 4% on 15% of Gross	Sales Tax/ WCT/CST/ VAT @ 12.5% on 65% of Gross	Service Tax @ 12.24% on value of taxable service (20% of Gross)	Net
Billable Copies	539	0.34	183.26	0.00	1.09	14.88	4.48	204/-

Customer Acceptance :
Signature & Date with Seal

Passed for Payment of Rs. 204/-
(Rupees Two hundred four)

For Mega Trade Centre

Only out of HHW Scheme,
DHID, SLDA under sub head

Operating Cost.

Authorised Signatory

XEROX Premium Partner



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

Complete range of Documentation Solution
Digital Copiers & Copier / Printer - 10 to 90 CPM / PPM
Color Copiers / Printers - 12 to 60 CPM
Scanners - up to A0 Size, Laser Printers - 10 to 180 PPM
FAX - Thermal paper & Plain Paper,
Multi-Function devices, Engineering Copiers & Printers etc.

Call - 2498 9684

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

COPIERS
AVAILABLE
ON ATTRACTIVE
RENTAL SCHEMES

Subj: Release of payment to M/s. Lokenath Enterprise
for supply of office stationery articles.

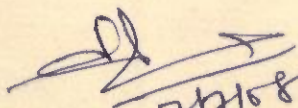
Apropos verbal order, M/s. Lokenath Enterprise supplied office stationery articles as per our specifications.

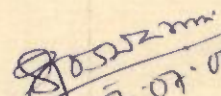
After complying with the above, M/s. Lokenath Enterprise submitted a bill for Rs. 2749/- for payment.

The rates quoted by the firm are reasonable and this placed below the bill for payment order please.

Hence, the amount of Rs. 2749/- (Rupees Two thousand seven hundred forty nine) may be released ~~to~~ in favour of M/s. Lokenath Enterprise, District HHW Scheme, DFID, SUDA under the A/c head "Operating Cost".

Submitted.


7/7/08


80.40.70
07.07.08

P.O. cec, SUDA

No. 676

CASH MEMO

Date 01/07/2008

LOKENATH ENTERPRISE

General Order Supplier

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

Name Project Officer

Address SUDA

Qty.	DESCRIPTION	Rate	Rs.	P.
10 Rim	A4 Xerox paper	@160/-	1600	00
6 pes	Register	@30/-	180	00
1 pkt	Tag		100	00
6 pes	Fax Roll	@85/-	510	00
1 pes	Eraser		23	00
2 pes	Correction pen	@25/-	50	00
6 pes	Duster	@6/-	36	00
500 pes	Brown Envelope		250	00
<p>(Rupees Two Thousand Seven Hundred Forty-nine only.) (Received in full)</p> <p><i>Adhikari</i> 01/07/08</p> <p>Received on good condition in store ledger by me (10)</p>				
TOTAL			2749	00

Signature [Signature]
01/07/08

Paid for Payment of Rs 2749/-

(Rupees Two thousand seven
hundred and forty nine)
Only out of HFW Scheme,

DEID, SUDA under sub head "Operating Cost"

Dr. S. GOSWAMI

Project Officer,

Health Wing

S. U. D. A.

✓
S/G

STATE URBAN DEVELOPMENT AGENCY
OFFICE OF THE ADVISOR (HEALTH)

P-39

DEBIT VOUCHER

Voucher No. P-39
Date. 30-07-2008

HHW Scheme, DFID

PARTICULARS OF PAYMENT	AMOUNT	
	Rs.	P.
Being the amount spent on Contingent charges for the month of June, of from Permanent Advance as per vouchers enclosed.	1341 =	n
Rupees One thousand three hundred forty one only	1,341 =	n

Prepared by :

Checked by :

Pay order given by :

- ① Rs. 66 = 00
- ② " 36 = 00
- ③ " 25 = 00
- ④ " 15 = 00
- ⑤ " 400 = 00
- ⑥ " 58 = 00
- ⑦ " 46 = 00
- ⑧ " 73 = 00
- ⑨ " 308 = 00
- ⑩ " 32 = 00
- ⑪ " 68 = 00
- ⑫ " 64 = 00
- ⑬ " 65 = 00
- ⑭ " 85 = 00

Total Rs 1341 = 00

[Signature]
30/7/08

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

Money Receipt.

Received Rs. 66/- (Rupees Sixty six) only
 from Health Wing, SUDA, ILGUS BHAVAN, HC-Block, Sector III,
 Salt Lake, Kolkata - 700 101 for supply of tea & snacks
 on 2.6.08 during meeting.

PAID & CANCELLED

①

3/6/08
 (Signature with date.)
 25/06

NAME : Project officer, Health Wing, SUDA
 ADDRESS : ILGUS Bhavan, Salt Lake

Received the following articles in good order at the rate mentioned below. I/We undertake to pay the full value there of on demand

Qnty.	PARTICULARS	Rate	Amount Rs.	P.
2	Two Box BINDER Clips.		36	-
			1	
		TOTAL	36	-

②

PAID & CANCELLED

③

SEDA BHAVAN (700091)
 SPEN122573754 IN
 Counter No:1, OP-Code:PAI
 To:THE O-TM- CHARGE, N S D. LTD
 Mumbai, PIN:400013
 From:S U D A, KOL 91
 Wt:25grams, Taxes:Rs.3.00
 Amt:25.00, 03/06/2008, 17:27
 <<Have a nice day>>



④

PAID & CANCELLED

ONEER CAR PARK
 33/1-N.S. ROSE ROAD, KOLKATA-1
 PH:22209667/6453191/92

--- CASH/BILL ---
 NO 033683 0 SLM-0 23-06-2008

DESCRIPTION	RATE	AMOUNT
4 WHEELER	1 15.00	15.00
CASH		15.00

SEALDHA PL (T) (E-REY)
 21:19:13, M/C NO. 1

PAID & CANCELLED

Date 3/6/08
 Signature [Signature]

(Safia) Goods once sold cannot be exchanged or taken back.

Money Receipt.

Received Rs. 400/- (Rupees Four hundred) only
from Health Wing, SUDA, UGUS BHAVAN, HC-Block, Sector-III
Salt Lake, Kolkata - 700 106 for supply of drinking water
to Health Wing, SUDA for the month of May, 2008.

PAID & CANCELLED

5

Rohit Sharma
3-6-2008
(Signature with date.)

40000 (RS.)

Money Receipt.

Received Rs. 58/- (Rupees Fifty eight) only
from Health Wing, SUDA, UGUS BHAVAN, HC-Block, Sector-III
Salt Lake, Kolkata - 700 106 for supply of tea &
snacks on 12.6.08 during meeting at Health Wing

PAID & CANCELLED

6

Sudha Saha
(Signature with date.)
22/5/08

Received Rs. 46/- (Rupees Forty six) only
from Health Wing, SUDA, UGUS BHAVAN, HC-Block, Sector-III
Salt Lake, Kolkata - 700 106 for supply of tea & snacks
on 18-6-08 during meeting at Health, SUDA

PAID & CANCELLED

7

Sudha Saha
(Signature with date.)
26/5/08

Received Rs. 73/- Rupees Seventythree) only,
 from Health Wing, SIDA, ILGUS BHAVAN, HC, Block, Sector-III,
 Salt Lake, Kolkata-700 106 for supply of veg & snacks
 on 23-6-08 during meeting at Health Wing, SIDA

PAYD & CANCELLED

8

30/06/08
 (Signature with date)
 20/5/08

No. **314**
SUSRUT Eye Foundation & Research
Centre Canteen
 Organised by :

ROY CATERER

Mobile : 9831340407

Mr. / Messrs. Project Officer, Health, SIDA

Particulars	Rs.	P.
1. Rice with Fish Curry (11 @ Rs. 25.00)	275.00	
2. Extra Rice (11 @ Rs. 3.00)	33.00	
Total Rs.	308.00	

9

Date 11.06.08
 For Midnapore Mpl
 Representatives.

Signature

NIKHIL PAUL
 Sales Tax From & Law Book
 Register Sellers
JALASAMPAD BHAWAN
 Block-DF, Sec-1, Salt Lake, Kolkata

9 TAD Refce -
 801RTR1 - 32.00

10

PAYD & CANCELLED

32.00

12/6/08

Office of the Councillors of
MIDNAPORE MUNICIPALITY
MIDNAPORE

Ref No 237/D.F.I.D.

Dated Midnapore the 10.04.08.

DFID assisted Honorary Health Worker Scheme
Estimated Statement of Expenditure
Name of the Municipality: - Medinipore
For the Period of: - March-08,

Sl. No	Voucher & Date	Item of Expenditure	Expenditure
		Non - Recurring	
1		Equipment	
2	65 dt 28/03/08	Furniture	10,000=00
3		Construction	
		a) Sub Centre - Rent	
4		b) OPD I.E.C Aids & Materials	
5		Renovation Works	
6		Documentation	
7	72 dt 03/04/08	Printing of HMIS forms (Prescription pad)	1,925=00
8		NGO Involvement	
		Total :-	
		RECURRING	
9	67,68,69 dt 2/04/08	HONORARIUM	74,810=00
10	66 dt 2/04/08	Salaries	26,527=00
11		Rent	
12	63 dt 14/03/08	Training (Kit Bag)	6,900=00
13		Drug	
14	70,71 dt 3/04/08	I.E.C (4,900+4,775)	9,675=00
15	64 dt 28/03/08 73 dt 03/04/08	Operating Cost (750+475)	1,225=00
		Total :-	1,31,062=00
		GRAND TOTAL	1,31,062=00

S. S. Saha
9/9/08
Vice-Chairman
Midnapore Municipality

Received Rs. 68/- (Rupees Sixty eight) only
 from Health Wing. St. No. 47, GD Market, Block, Sector-III
 Salt Lake, Kolkata-700 106 for supply of tea &
 snacks on 9.6.08 during meeting at Health, St. No. 47

11

PAY & CANCELLED

Signature with date
 21/5/08

monginis
 CAKE SHOP

© : 2335 2635
 IA 265, Salt Lake
 Sector III, Kol. - 91

DT → 20/6/07

Snacks for → 64.00

12

PAY & CANCELLED

T. Pd 64.00

Pay

No.

CASH MEMO

Ph. : 2321-2708

STUDENTS CORNER

Stall No.-47, GD Market, Kolkata-700 106

M/s

Cash

Qty.	DESCRIPTION	AMOUNT
2/pc	White Board Marker	60.00
1/pc	Jetter Refill	3.00
TOTAL		63.00

13

Date 3/6/08

(MONDAY CLOSED)

Signature

PAY & CANCELLED

Office of the Councillors of
MIDNAPORE MUNICIPALITY
MIDNAPORE

Ref No 237/D.F.I.D.

Dated Midnapore the 10.04.08.

DFID assisted Honorary Health Worker Scheme
Estimated Statement of Expenditure
Name of the Municipality: - Medinipore
For the Period of: - March - 08.

SL No	Item of Expenditure	Expenditure
	Non - Recurring	
1	Equipment	
2	Furniture	10,000=00
3	Construction	
	a) Sub Centre - Rent	
	b) OPD	
4.	I.E.C Aids & Materials	
5.	Renovation Works	
6.	Documentation	
7.	Printing of HMIS forms (Prescription pad)	1,925=00
8.	NGO Involvement	
	Total -	
	RECURRING	
9.	HONORARIUM	74,810=00
10.	Salaries	26,527=00
11.	Rent	
12.	Training	6,900=00
13.	Drug	
14.	I.E.C	9,675=00
15.	Operating Cost	1,225=00
	Total :-	1,31,062=00
	GRAND TOTAL	1,31,062=00

S. Ghosh
9/4/08
Vice-Chairman
Midnapore Municipality