

Sub: Payment of Toll charge made by  
Dr. Shibani Goswami, Project officer, Health Wing

Dr. Shibani Goswami, Project officer,  
Health Wing, SUDA went to Tarakeshar Mani-  
cipality for urgent visit. The vehicle for  
her <sup>to & fro</sup> journey was provided by CMU (KUSP)  
vide vehicle no. WB04C 2118.

Toll charges for Rs. 85/- (Rs. 25 + 50 + 10)  
(Rupees eighty five) only was paid by the  
Project officer from her own pocket.

The said amount of Rs. 85/- (Rupees  
eighty five) only may be released and  
paid to the Project officer from HHU Scheme,  
DFID, SUDA.

Submitted.

Goswami

[Signature]  
18/6/08

14

**PAYED & CANCELLED**

~~P.O. cca, SUDA.~~

Municipal Form No. <sup>39</sup> 42 2549

# Miscellaneous Receipt

COOCH BEHAR MUNICIPALITY

Date..... 200

Received from *Project officer SUDA Health wing*

On account of *DFID HHW Scheme*

Rupees ( in words ) *Four Lakhs only*

DD No. - *04340*

Rs. *4,00,000/-*

( Figures ) *4,00,000 = 00*

*[Signature]*  
Cashier

*[Signature]*

Chairman

Secretary/Vice-Chairman



## STATE URBAN DEVELOPMENT AGENCY

HEALTH WING  
"ILGUS BHAVAN"H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091  
West Bengal

Ref No. ....SUDA-Health/DFID/08/42

Date .....01.07.2008

From : Dr. Shibani Goswami  
Project Officer  
Health Wing, SUDATo : The Chairman  
Coochbehar MunicipalitySub. : Release of fund worth Rs. 4,00,000/- towards expenditure in  
connection with DFID assisted Honorary Health Worker Scheme.

Sir,

Apropos your communication bearing no. DFID/06/08 dt. 18.06.08, an Account Payee Demand Draft bearing no. 043411 dt. 27.06.2008 on State Bank of India, Salt Lake Branch for an amount of Rs.4,00,000/- (Rupees Four lakhs) only is released for payments towards Honorarium / Salary, IEC, Operating Cost for 3 months and Drug for 6 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

Dt .. 01.07.2008

SUDA-Health/DFID/08/42(1)

CC

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

  
Project Officer

VALID ONLY IF COMPUTER PRINTED VALID FOR SIX MONTHS ONLY

बैंक कोड नं.

INSTRUMENT FOR RS. 50000- AND OVER IS VALID ONLY WHEN SIGNED BY TWO OFFICERS

ISSUING BRANCH

SALT LAKE (SECTOR-1) CALCUTTA

Key No.: 33000-235816 KEY: RIGFUZ 0 01612

DATE 27/06/2008

मांगे जानिये ON DEMAND PAY

MUNICIPALITY\*\*CHAIRMAN, HHW SCHEME-DPFD, COOCHBEHAR MUNICIPALITY\*\* CHAIRMAN, HHW SCHEME-DPFD, COOCHBEHAR MUNI

या उनके आदेश पर OR ORDER

रुपये RUPEES

FOUR	ZERO	ZERO	ZERO	ZERO	ZERO
LAKHS	T TSD	THSDS	HNDRS	TENS	UNITS

\*\*\* SBI 4 0 0 0 0 0 Ps00

AMOUNT BELOW 400001 (4/6)

अदा करे। मूल्य प्राप्त VALUE RECEIVED

कोड नं. को/टी

PAISE ZERO ONLY

Sr. No.: 887395  
KEY: RIGFUZ

भारतीय स्टेट बैंक  
STATE BANK OF INDIA

प्राधिकृत हस्ताक्षरकर्ता AUTHORIZED SIGNATORY

शाखा प्रबंधक / BRANCH MANAGER

कोड नं. कोड नं.

(हस्ताक्षर नमूना क्र० / S.S. NO)

P.K. SAHA हस्ताक्षर नमूना क्र० / S.S. NO

0129

कोचबिहार शाखा / DRAWEE BRANCH

0 00058

0129043411

811565

M 4 678

043411 0000020000 000129 16




**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/08/37**Date **23.06.2008****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. 030255770088) as mentioned below :

Sl. No.	In favour of	Payable at	Amount (In Rs.)
1.	Chairman HHW Scheme, DFID Cooch Behar Municipality	Cooch Behar	4,00,000/- (Rupees Four lakhs) only

Yours faithfully,

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

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

**DELIVERED**

**COOCH BEHAR MUNICIPALITY**  
 FAX : 03582-222656      COOCH BEHAR      PHONE : 03582 22286

Memo No.: ...DFID / 06 / 08

Dated, Cooch Behar 18th Jun.. 2008

From : Chairman  
 &  
 The President  
 Health & Family Welfare Committee,  
 Cooch Behar Municipality.

To : Dr. Shibani Goswami,  
 Project Officer,  
 SUDA Health Wing,  
 State Urban Development Agency,  
 II.GUS Bhavan, H.C.Block, Sector-III,  
 Bidhannagar, Kolkata-91

*Rs. 4.00 lakhs  
 may be released.  
 DD. [Signature] 20.06.08*

*DD no. 043411 dt. 27.6.08*

Sub : Request for release of a sum of Rs. 573340.00 (Rupees Five lakh Seventy three thousand three hundred & forty) only on account of DFID assisted HHW Scheme in favour of Cooch Behar Municipality.

Madam,

I would like to draw your kind attention to the payable amount on the following Head of Accounts concerning the above subject which is yet to received.

Head of Account	Amount
1. Salary & Honorium for the month of Apr to Jun'08	Rs. 173340.00 <i>174,000</i>
2. I.E.C for the month of Apr to Jun'08	Rs. 10,000.00 <i>6,000</i>
3. Operating Cost for the month of Apr to Jun'08	Rs. 42,000.00 <i>40,000</i>
Drug For the year 08-09	Rs. 348000.00 <i>1,74,000</i>
<b>Total : Rs.</b>	<b>5,73,340.00</b> <i>3,94,000</i>

*Sal/Hon, I.E.C.  
 Operatig cost for  
 3 months and  
 Drug for 6 months.*

While on the subject, I humbly submit that the present fund position on this score will not permit us to release Salary & Honorium payment of the Officials under the Project for the months of April'08 and the Utilisation Certificates for the 100 % expenditure out of the fund released made are enclosed for favour of your kind information and further needful action as your consider fit.

In view of the above, I would request you to kindly consider and release fund as defined above as early as possible so that we do not face any problem in running the Project for absence of

*Bal. DF(2008-09) = 51,057 = w  
 W/c Recd. April, 08 = 57,780 = w  
 (-) 6,723 = w*

Yours faithfully,

*[Signature]*

Chairman  
 &  
 The President  
 Health & Family Welfare Committee



**State Urban Development Agency**  
Office of the Project Officer (Health)  
Central co-ordinating Cell, SUDA

Month : June, 2008

Bill No. : CCC/SUDA/Remu/51 dated 27-06-2008

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
	Sri Sasanka Sekhar Marik	Data Entry Operator	5000.00	5000.00	30.00	0.00	4970.00
<b>TOTAL</b>			<b>44350.00</b>	<b>44350.00</b>	<b>380.00</b>	<b>0.00</b>	<b>43970.00</b>

(Rupees forty three thousand nine hundred seventy) only

Ch. no. 737967 dt. 27.6.08 issued.

*(Signature)*  
Finance Officer  
Health Wing, SUDA

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

7/6/08  
6.1.08  
22/6/08  
27/6/08  
27/6/08

P-37

# State Urban Development Agency

Office of the Project Officer (Health)

Central co-ordinating Cell, SUDA

Month : June, 2008

Bill No. : CCC/SUDA/Remu/51 dated 27-06-2008

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 Sakhamoy Pal	Accounts Officer CCC, SUDA	8000.00	8000.00	50.00	0.00	7950.00
4	Sri Sahil Kumar Lahiri	MIES Officer	8000.00	8000.00	50.00	0.00	7950.00
5	Sri Prativa 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
<b>TOTAL</b>			<b>44350.00</b>	<b>44350.00</b>	<b>380.00</b>	<b>0.00</b>	<b>43970.00</b>

( Rupees Forty three thousand nine hundred seventy) only

Ch. no. 737967 dt. 27.6.08 issued.

*(Signature)*  
Finance Officer  
Health Wing, SUDA

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

849/22  
27/6/08  
849/22  
27/6/08  
849/22  
27/6/08  
849/22  
27/6/08

P-36



135

# MISCELLANEOUS RECEIPT

## BERHAMPORE MUNICIPALITY

No. 20007

Date 27.06.08

Received from Project officer, SUDA

ILGUS BHABAN, H. C. Block, Sector-III

Bidhannagar, Kolkata-700091

on account of Expenditure in Connection  
with DFID (H.H.W scheme) under  
Berhampore Municipality

Rupees (in word) Four Lakhs,

No. 043883, Dt. 19.06.08



(Figures)

Rs. 4,00,000.00



Cashier

*[Signature]*  
Chairman

Secretary / Vice - Chairman

# Berhampore Municipality

## DFID Assisted Honorary Health Worker Scheme

P-35

Memo No. 77/H.W/DFID

Date. 27.06.08

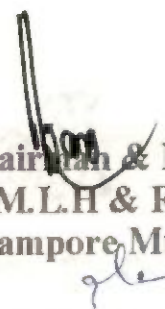
To  
Dr. Shibani Goswami  
Project Officer, Health Wing, SUDA  
ILGUS BHABAN, H.C. Block Sector III,  
Bidhannagar  
Kolkata



**Sub-: Release of fund worth Rs.4,00000.00 in connection with expenditure of DFID assisted HHW Scheme.**

With reference to the above I have received One Demand Draft worth Rs.4,00000.00 (Four Lacks) bearing No.04388, Dated 19.6.08. On State Bank of India, Salt Lake, Sector -II Kolkata, for expenditure of HHW scheme.

I am sending herewith money receipt No.20007 dated 27.06.08. Receipt of the same may kindly be acknowledged.

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



Phone : 250012 / 251299 (O)

256762 (R)

No. 70/HHW/DFID B. M.

Date: 11-06-2028

P-35

Office of the Municipal Councillor  
BERHAMPORE

From

*Nilratan Adhya*

Chairman

BERHAMPORE MUNICIPALITY  
MURSHIDABAD, PIN. 742101

To

The Project officer Health wing  
DFID/SUDA / Tigus Bhavan  
Sector III, Bidhannagar  
Kolkata.

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

Madam,

With reference to above I am to request you to kindly hand over the Draft/  
for release of fund to Sri Jiban Bagchi office Asst in favour of Chairman  
Berhampore Municipality. Amounting Rs 4,00,000/- JID No. 043885 dt 19-6-28 only

The signature of Sri Bagchi is attested here with M/R will be sent in due  
cause.

*Jiban Bagchi*  
Signature attested

*[Signature]*  
Chairman

Berhampore Municipality

*[Signature]*  
Chairman

Berhampore 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/08/38

Date ..... 23.06.2008

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



To : The Chairman  
Berhampore Municipality

Sub. : Release of fund worth Rs. 4,00,000/- towards expenditure in  
connection with DFID assisted Honorary Health Worker Scheme.

Sir,


Apropos your communication bearing no. 59 HHW/DFID dt. 22.05.08, an Account Payee Demand Draft bearing no. 043883 dt. 19.06.2008 on State Bank of India, Salt Lake Branch for an amount of Rs.4,00,000/- (Rupees Four lakhs) only is released for payments towards Honorarium / Salary, Drug, 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 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/08/38(1)

Dt. .. 23.06.2008

CC

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

Received  
Date 22/06/08  
for Rs. 4,00,000/-  
Shibani Goswami  
25/6/2008

  
Project Officer

Tel/Fax No.: 359-3184



**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/07/34

Date .....

16-06-2008

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

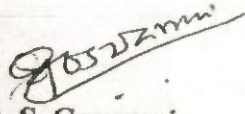
Sir,

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 Berhampur Municipality	Berhampur	4,00,000. 00 (Rupees Four lakhs) only

Yours faithfully,

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

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

**DELIVERED**

Dr. 7,84,000 per yr.  
Rs. 19,6,000 per yr.

DD No. 043883  
Ar. 19.6.08

Rs. 4.00 lakhs  
DD. 05222mm  
16.6.08



for the purpose  
of Hon/sal, Drug, Training  
operating cost.

**Requisition for fund for the month April, May, June 2008  
Under H.H.W Scheme, Health Wings DFID  
Berhampore Municipality**

Month	Salary & honorarium	Drug (Medicine)	Operating cost	Training	Furniture	Renovation of HP & SHP	Local printing	Total	Remarks
1. April 08	1,04,070.00	56,000.00	10,000.00 ??	8,000.00			10,000.00	1,88,070.00	B.P Instrument Of all SHP are not functioning off and on it requires to be repaired So. Rs.10,000/- may be allotted at present for purchasing 5 nos B.P Machine out of 8 nos Machine.
2. May 08	1,04,070.00	56,000.00	20,000.00 ??	8,000.00			10,000.00	1,98,070.00	
3. June 08	1,04,070	56,000.00	10,000.00	8,000.00			10,000.00	1,88,070.00	
	3,12,210 ✓	1,68,000 ✓	40,000 ✓	24,000 ✓					$= 5,44,210$ $(-) 1,24,986 - ?$
							Total	57,4210.00	
								- 12,49,86.00	
								44,92,24.00	

Balance in hand. Rs 1,24,986.00 Say 4.50,000/- ✓

Memo No... 59 HHW/DFID/ ..... date... 22/05/2008.....

To  
Dr. Shibani Goswami,  
Project officer, Health wing  
DFID SUDA Ilgus Bhavan  
Sector III, Bhdannagar, Kolkata

Fund Recd.  
(Bal) — 2,32,525 - Madam,  
up (Aprils) - 1,07,539  
Bal. Rs. 1,24,986

The proforma requisition for allotment of fund for 3 months is furnishing for allotment. This has verbal discussion with F.O Mr. Pal.

Yours Faithfully  
  
Chairman and President  
Berhampore Municipality  
M. L. H. and P. W. G.



करदाता का प्रतिपण / Taxpayers Counterfoil (करदाता द्वारा भरा जाना) (to be filled up by taxpayer) **H. D. 1**

करदाता की लेखा सं. (टैन) / TAN **2 A L S I 2 4 3 7 F**

Received from **Project Officer, Health Wing, SUDA.**

(नाम) Name

से नकद खाते से डेबिट / चेक सं.

Cash/ Debit to A/c/ Cheque No

**737965**

₹. For Rs.

**411/-**

₹. (शब्दों में)

Rs. (in words)

अदाकारी / drawn on

(बैंक एवं शाखा का नाम) / (Name of the Bank and Branch)

द्वारा से खाते पर कर संग्रहण (टीसीएस) कटाई (टि.डी.एस.)

कम्पनी/Company

शिर कम्पनी/Non Company

कटौतिया/ Deductions

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

(को लागू न हो उसे कोट दें) / (Strike out whichever is not applicable)

के रूप में विवरण वर्ष / for the Assessment Year के लिए भरा हुआ

**2009-10**

SPACE FOR BANK SERIAL NO. **4552791**

TENDER DATE

DEPOSIT DATE **23 08 08**

RECEIVE CASH/TRICI G. RS.

₹. **411/-**

SWORN IN CHARGE 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 आंच करें कि बैंक पाद्यती में निम्नलिखित सूना उपलब्ध है।

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

आपको इसका आय की विवरणी में उल्लेख करना होगा।

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

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

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

TDS for Car hire charges for May 1988

1) Binda Dhan - 185000

2) Rinku Bhalacharya - 226000

Total Rs 411000



Original/Duplicate/Triplicate/Quarduplicate

1-33

# 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-700 106.**  
 CODE-P4

P. Tax Registration/Enrolment No.

R C S I 1 6 5 1 4 3

Period from				Period to			
M	M	Y	Y	M	M	Y	Y
0	5	2	0	0	5	2	0
0	8			0	8		

Particulars of Coins & Notes/Cheque

Rs.                      Paise

Ch. no 737964 dt. 17.6.08 on  
 S.P.O., Saltlake (Sector-1) Branch  
 Kolkata.

Tax  
 Interest  
 Penalty  
 Comp. Money  
 Total Amount

380	w
/	
380	w

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

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. 380/- (Rupees \_\_\_\_\_)

Treasurer

Accountant

Treasury Officer/Agent or Manager  
For Instructions see overleaf

23 JUN 2008

39

CHALLAN NO. 737964

201

P-Tax

INSTRUCTIONS

Dr. N. G. Gangul	110 ru
Dr. G. De	110 ru
S. Pal	50 ru
S. K. Chakraborty	30 ru
P. R. Dasgupta	30 ru
S. S. Mukherjee	30 ru

Total Rs. 380 ru

A. For depositors :

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

B. For Bank/Treasury accepting the deposit :

- 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.
- Similar, the Challan Nos. should be noted in the five boxes as under. If the Challan Nos. is 1, the entry should be 00001, if the Challan No. is 10. the noting should be 00010 and so on.
- 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



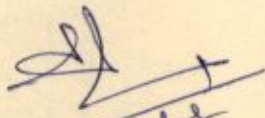
P-32(A)  
P-32(A)

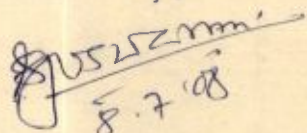
Sub: Issue of cheque book by S.B.I. Saltlake for -

S.B.I., Saltlake Branch issued one cheque book for 100 pages from S.N. 796056 to 796155. The Bank has charged Rs. 200/- (Rupees Two hundred) only for issue of cheque book as shown in the Bank Statement for June, 2008.

The said amount of Rs. 200/- may be booked under A/c head - Operating cost debiting HAW Scheme, DFID, SUDA.

Submitted for kind approval.

  
8/7/08

  
8.7.08

P.O. CEE, SUDA

# STATEMENT OF ACCOUNT

STATE BANK OF INDIA  
SALT LAKE(SECTOR-1)CALCUTTA.  
DB-2,SECTOR-1, CALCUTTA,  
KOLKATA  
Branch Code : 1612  
Branch Phone : 23581612

## HHW SCHEME, DFID, SUDA

HC BLOCK, SECTOR - III

" ILGUS BHAVAN "

INR

SALT LAKE

700091

Account No. : 30255770088

Product : CA-GEN-PUB OTH-NONRURAL-

Currency : INR

Date : 04/07/2008

Time : 14:57:33

E-mail :

Cleared Balance : 52,65,083.00Cr

Uncleared Amount : 0.00

+MOD Bal: 1,13,39,049.00Cr

Limit : 0.00

Drawing Power : 0.00

Int. Rate : 14.25 % p.a.

Statement From 01/06/2008 to 30/06/2008

Page No. : 1

Post Balance Date	Value Date	Details	Chq.No.	Debit	Credit
		BROUGHT FORWARD :			
		6154850.00Cr			
03/06/08	03/06/08	CAS PRES CHQ 6144960.00Cr	737958	9890.00	
		CHQ NO:737958 INST T			
07/06/08	07/06/08	CAS PRES CHQ 6144167.00Cr	737956	793.00	
		CHQ NO:737956 INST T			
12/06/08	12/06/08	CAS CASH CHEQUE 6143167.00Cr	737963	1000.00	
		Paid to SELF			
13/06/08	13/06/08	CAS PRES CHQ 6128166.00Cr	737960	15001.00	
		CHQ NO:737960 INST T			
14/06/08	14/06/08	MICR CA CHQ 6127966.00Cr		200.00	
19/06/08	19/06/08	DR THRU CHQ 6125466.00Cr	737959	2500.00	
		TR TO 11140664313			
19/06/08	19/06/08	WDL TFR 5725466.00Cr		400000.00	
		TRF TO 0098524016122			
23/06/08	23/06/08	DR THRU CHQ 5725086.00Cr	737964	380.00	
		SBI AC P TAX			
23/06/08	23/06/08	CAS CHQ XFER WD 5724675.00Cr	737965	411.00	
		TRF TO 0011334494045			
24/06/08	24/06/08	CAS PRES CHQ 5709768.00Cr	737962	14907.00	
		CHQ NO:737962 INST T			
26/06/08	26/06/08	CAS PRES CHQ 5709053.00Cr	737949	715.00	
		CHQ NO:737949 INST T			
27/06/08	27/06/08	WDL TFR 5309053.00Cr		400000.00	



MONEY RECEIPT

Received the Cheque No. 7379 62 dt. 12.6.08 from the

Project Officer, Health Wing, SUDA, amounting to Rs. 14,907/- (Rupees)

Fourteen thousand nine hundred seven ) on 20/6/08

P. R. N. K. Char. Secy.  
20/6/08





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

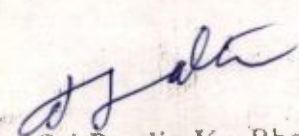
May'08 on my behalf

Specimen signature of Sri Pradip Kr. Bhattacharjee is attested below

Thanking you.

Yours faithfully,

Rinku Bhattacharjee  
Rinku Bhattacharjee 20/6/08

  
Signature of Sri Pradip Kr. Bhattacharjee attested.

Rinku Bhattacharjee  
(Rinku Bhattacharjee) 20/6/08



# State Urban Development Agency

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

Health Wing

Statement of Bill for Car Hiring Charges

of Smt. Rinke Bhattacharjee

For the Month of

May, 2008

Vehicle No.

WB-29-6662

Bill for Rs.

15,133 = 00

(Rupees

Fifteen thousand one

Rs. 15,133 = 00

hundreded thirty-three ) only.

i) Less I.T. Deduction @ 2.04% on Rs. 10,320/- on actual hire charge (-) Rs. 211 = 00

ii) Less I.T. Deduction @ 2.04% on Rs. 738/- on overtime (-) Rs. 15 = 00

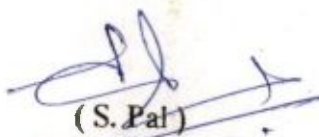
Net Payable

Rs. 14,907 = 00

Passed for payment Rs. 14,907/- (Rupees Fourteen thousand  
nine hundreded seven ) only be cheque to the above person and

Rs. 226/- to be deposited to <sup>State</sup> Reserve Bank of India, <sup>Salt Lake City,</sup> 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



**BILL**

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

May '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	2.5.08	9-15	9-30	12km 5m	2	56895	56944	49			
2	3.5.08	9-15	8-45	11km 30m	1	56965	57012	47			
3	5.5.08	9-15	10-15	13km	1	57032	57102	70			
4	6.5.08	9-15	9-15	12km	2	57123	57195	72			
5	7.5.08	9-15	9-45	12km 30m	2	57217	57256	39			
6	9.5.08	9-15	9-50	12km 35m	3	57279	57340	61			
7	12.5.08	9-15	9-30	10km 15m	1	57363	57402	39			
8	13.5.08	9-15	9-00	11km 45m	2	57424	57480	56			
9	14.5.08	9-15	8-30	11km 15m	1	57505	57541	36			104.42 2.51
10	15.5.08	9-15	9-00	11km 45m	2	57563	57604	41			
11	16.5.08	9-15	9-00	11km 45m	2	57624	57715	91			
12	17.5.08	9-15	9-30	10km 15m	1	57729	57768	39			
13	19.5.08	9-15	9-15	12km	2	57790	57825	35			
14	20.5.08	9-15	8-40	11km 25m	1	57949	57909	5			
15	21.5.08	9-15	7-40	10km 25m	1	57922	57968	46			
16	22.5.08	9-15	8-35	11km 20m	1	57988	58052	64			
17	23.5.08	9-15	9-00	11km 45m	2	58075	58116	41			
18	24.5.08	10-00	8-50	10km 50m	1	58140	58204	64			
19	26.5.08	9-15	10-30	13km 15m	1	58227	58290	63			
20	27.5.08	9-15	9-40	12km 25m	1	58313	58385	72			
21	28.5.08	9-15	10-00	12km 45m	3	58405	58456	51			
22	29.5.08	9-00	10-15	13km 15m	3	58477	58520	43			
23	30.5.08	9-15	9-30	12km 15m	2	58543	58593	50			
24	31.5.08	9-15	8-45	11km 30m	1	58617	58660	43			

Certificate of the organization, daily reporting and releasing time of vehicle No WB-29-6662 and the on a signed have duly been entered in logbook and also Certified that the vehicle allowed to the driver was in service of public service.

*[Signature]*

24 camp

41m

1253km



1253 Km  
104.42 lit Diesel  
2.51 lit petrol

	Rs.	P.
(a) Car Hiring Charges for 24 days @ Rs/430/- per day	10,320	∞
(b) Overtime Charge for 41 hours @ Rs. 18/- per hour	738	∞
(c) Cost of 104.42 litres of Diesel @ Rs. 35.18 per litre	3673	50
(d) Cost of 2.51 litres of Mobil Oil @ Rs. 160/- per litre	401	60
(e) Gross payment (Total from A to D)	15,133	10

Passed for Payment of Rs. 15,133/-  
(Rupees Fifteen Thousand and One  
Only out of HHW Scheme,  
DFID, SUDA under sub head Operating cost.

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

6/12/16

Pinku Bhatta chargee.  
10-6-08

Bill passed for Rs. 15133 = ∞  
Less I.T. deducted - 226 = ∞  
Net payable Rs. 14907 = ∞  
(Rupees Fourteen Thousand nine hundred seven only.)

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

*[Signature]*  
14/12/16



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 <sup>bearing no. WB 29 6662</sup> 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 WAS

~~Director, SUDA~~

~~FO (H)~~

~~FO, Health SUDA.~~

~~15-8-08~~

~~Goswami~~  
14.07.08

~~Unish~~  
15/7/08



# State Urban Development Agency P-31

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

Health Wing

Statement of Bill for Car Hiring Charges

of Smt. Bula Dhar

For the Month of May, 2008

Vehicle No. WB04B0704

Bill for Rs. 15,186 = 00

(Rupees Fifteen thousand one + Rs. 15,186 = 00  
hundred eighty six ) only.

i) Less I.T. Deduction @ 2.04% on Rs. 8,600/- on actual hire charge (-) Rs. 175 = 00

ii) Less I.T. Deduction @ 2.04% on Rs. 468/- on overtime (-) Rs. 10 = 00

Net Payable

Rs. 15,001 = 00

Passed for payment Rs. 15,001/- (Rupees Fifteen thousand and  
one only ) only be cheque to the above person and

Rs. 185/- to be deposited to Reserve Bank of India, Calcutta for I.T. Deduction and the bill amount may be booked out of HHW-Scheme, DFID under sub-head O & M Car Hire Charges.

  
( S. Pal )

Finance Officer  
Health Wing, SUDA



BILL

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

Name - Bula Dhar  
 Car NO. - WB04B0704  
 For The Month of May 2008  
 Date. - 10/6/08

NO	Date	Reporting		Releasing		Total Duty Hrs	OT Hours	K.M.S	Reporting K.M.S	Releasing K.M.S	Total KMS. RUN	Remarks
		Time	Time	Time	Time							
1.	25.08	9.15Am	7.55Pm	10.45mts	1 Hour	26190	26289	99				
2.	5.5.08	9.15Am	9. Pm	11.45mts	2. Hours	26294	26388	94				
3.	6.5.08	9.15Am	8. Pm	10.45mts	1. Hour	26393	26496	103				
4.	7.5.08	9.15Am	9.48Pm	12.30mts	2. Hours	26501	26616	115				
5.	9.5.08	9.15Am	8.30Pm	11.15mts	1. Hour	26621	26694	73				
6.	12.5.08	9.15Am	7.30Pm	10.15mts	X	26699	26797	98				
7.	13.5.08	9.15Am	7.45Pm	10.30mts	X	26806	26892	86				
8.	14.5.08	9.15Am	8.40Pm	11.25mts	1. Hour	26897	26988	91				
9.	15.5.08	9.15Am	7.20Pm	10.5mts	X	26993	27087	94				
10.	16.5.08	9.15Am	8.10Pm	10.55mts	1. Hour	27092	27187	95				
11.	19.5.08	9.15Am	9.50Pm	12.35mts	3. Hours	27357	27433	76				
12.	20.5.08	9.15Am	8.05Pm	10.50mts	1. Hour	27438	27517	79				
13.	21.5.08	9.15Am	7.35Pm	10.20mts	X	27522	27607	85				
14.	22.5.08	9.15Am	8 Pm	10.45mts	1. Hour	27612	27698	86				
15.	23.5.08	9.15Am	7.55Pm	10.40mts	1. Hour	27703	27784	81				
16.	26.5.08	9.15Am	9. Pm	11.45mts	2. Hours	27923	28019	96				
17.	27.5.08	9.15Am	9.50Pm	12.35mts	3. Hours	28024	28192	168				
18.	28.5.08	9.15Am	10.45Pm	13.30mts	3. Hours	28197	28329	132				
19.	29.5.08	9.15Am	9.10Pm	11.55mts	2. Hours	28334	28411	77				
20.	30.5.08	9.15Am	8.15Pm	11. Hours	1. Hour	28416	28491	75				
					26 Hours			1903	Kms			
	Today											

-stated that to ... WB04B-0704  
 and releasing him  
 used by the ... daily been  
 shared in ... Certified that the  
 over time ... the driver was in  
 categories of Public Services


*[Signature]*



1381

1903 Number  
158,58 Mr. Head  
158,58  
31813

Passed for Payment of Rs 15,186 = 00  
(Rs. upes ~~Fifteen Thousand Six hundred~~  
Only out of HHTV Scheme,  
I-11D, SUDA under sub head .. Operating cost.

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

- ① ear Hiring charges @ 430/- per day x 20 days Rs. 8600-00
- ② over time charges @ 18/- per hour - Rs. 468-00
- ③ Diesel consumed 158.58 ltrs @ 34.62 per ltr Rs. 5490-03
- ④ M. oil consumed 3.806 ltrs @ 165/- per ltr Rs. 627-99

Rs. 15,186-02

Fifteen Thousand one hundred eighty

Six only

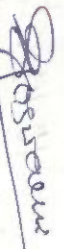
Bula Dhan

10/6/08

Bill passed for Rs. 15,186 = 00  
Less I.T. deducted: 185 = 00

Rs. 15,001 = 00

Net payable  
~~Rs. 15,186~~  
Fifteen Thousand only

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

Received Rs 15001 by cheque No 737960  
on 11/6/08

Bula Dhan  
11/6/08



Sub:- Release of payment to Sri Pranab Hazari, for preparation of Schedule of Balance Sheet and finalisation of A/c as on 31st. March, 2008.


Apropos verbal request, Sri P. Hazari worked 10 days for preparation of schedule of Balance Sheet and finalisation of Accounts as on 31st March, 2008.

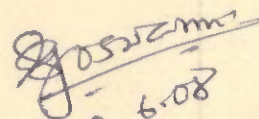
After comply with the above work, Sri Hazari submitted a bill for Rs. 2500/- for payment.

The bill has been checked and found reasonable and submitted for pay order.

Hence, the amount of Rs. 2500/- (Rupees Two thousand five hundred) only may be released in favour of Pranab Hazari through A/c Payee Cheque debiting HHU scheme, DFID, SUDA under the A/c head - "Operating Cost".

Submitted.

  
3/6/08

  
3.6.08

~~P.O. CEE, SUDA.~~



B-83

FO, SUDA



BILL	
<b>PRANAB HAZARI</b> Vill- Joydebbati, PO-Anandanagar, Dist-Nadia Phone-2589-1090, M- 9903434922	<b>Project Officer</b> <b>STATE URBAN DEVELOPMENT AGENCY</b> <b>(HEALTH WINGS)</b> ILGUS BHAVAN, HC BLOCK SECTOR-III SALT LAKECITY, KOLKATA-700 106
Preparation of Schedule of Balance Sheet & Finalisation of A/cs as on 31st March 2008 from <del>06.05.08, 13.05.08, 14.05.08</del> <del>16.05.08, 19.05.08, 21.05.08,</del> <del>23.05.08, 27.05.08, 28.05.08 &amp;</del> <del>29.05.08 (i.e. 10 days)</del>	Rs.     <b>2500.00</b>
<b>TOTAL</b>	<b>2500.00</b>
Rupees: Two Thousand Five hundred only.	E & O.E
Bill No. 5/2008-09 Dated: 30.05.2008	<b>PRANAB HAZARI</b> <i>Pranab Hazari</i>
With thanks & compliments	

Payed for Payment of Rs <sup>2500/-</sup> (Rupees ~~Two Thousand five hundred~~)  
Only out of HHW Scheme.  
DHID, SUDA under sub head *Operating Cost.*

*6/20/08*  
*S. U. D. A.*  
**Dr. S. GOSWAMI**  
Project Officer,  
Health Wing  
S. U. D. A.

Received with Cheque  
NO-737959 dt. 03.06.08  
at. SUDA Salt Lake.  
*Pranab Hazari*  
17/06/2008

STATE URBAN DEVELOPMENT AGENCY  
OFFICE OF THE ADVISOR (HEALTH)

P-29

DEBIT VOUCHER

Voucher No. P-29

Date. 30-5-08

HHW Scheme, DFID

PARTICULARS OF PAYMENT	AMOUNT	
	Rs.	P.
Being the amount spent on Contingent charges from Permanent Advance for the month of May, 2008 as per vouchers attached.	1,036 =	00
Rupees One thousand thirty six only.	1,036 =	00

Prepared by :

Checked by :

Pay order given by :

- ① Rs. 90 = 00
- ② " 6 = 00
- ③ " 10 = 00
- ④ " 66 = 00
- ⑤ " 7 = 00
- ⑥ " 73 = 00
- ⑦ " 68 = 00
- ⑧ " 68 = 00
- ⑨ " 72 = 00
- ⑩ " 75 = 00
- ⑪ " 300 = 00
- ⑫ " 201 = 00

Total Rs 1,036 = 00

*[Signature]*  
30/5/08

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



NO. ....  
 NAME : Project Officer  
 ADDRESS : SUDA Health

Received the following articles in good order at the rate mentioned below. We undertake to pay the full value there of on demand

Qty.	PARTICULARS	Rate	Amount Rs.	P.
1	CALCULATOR CITIZEN QT 5122		90	00
			<b>①</b>	
TOTAL			90	00

**PAID & CANCELLED**

**SONA VARIETY STORES**  
 B. J. Market, Stall No. 30  
 Salt Lake, Kolkata-91

Date 26/5/08 Signature Ron

(Safia) Goods once sold cannot be exchanged or taken back.

**Parking Fees** Date.....  
 THE KOLKATA MUNICIPAL CORPORATION  
 No. **105102**  
 Time.....To..... **Rs. 6/-**  
 Car No. WB 29-6662  
**NIGHTINGLE FEE CAR-PARKING SAMABAYA SAMITY LTD.**  
**THE RATE CHART FOR DAY CAR PARKING**

TYPE OF VEHICLE	TWO WHEELER	CAR/VAN/MINIBUS	LORRY/BUS
RATE PER HOUR	2.50	6.00	12.00
PART THERE OF			

**PAID & CANCELLED**

Sl. No. 778 Date -  
**Bidhannagar Municipality**  
**Rs. 10/-**  
 Licensee-Associated Co-op Car Parking Society Ltd.  
 We are not responsible for theft or damage  
 to car parked in the parking zone

Not Transferable Date 23.5.08  
**PARKING FEES**  
 KOLKATA MUNICIPAL CORPORATION  
**Rs. 7/-**  
 9150  
 Time -  
 Car No. WB-29-6662

53 7/5/08 **PAID & CANCELLED**

3-Mt. Roll — 66.00

**④** 66.00

PAID Nigam's

**PAID & CANCELLED**

**PAID & CANCELLED**

**⑤**



Money Receipt.

Received Rs. 73/- (Rupees Seventy three) only.  
from Health Wing, SUDA, UGUS BHAVAN, HC-Block, Sector-III,  
Salt Lake, Kolkata - 700 106 for supply of tea and  
snacks during month 15.5.08.

6

PAID & CANCELLED

*[Signature]*  
(Signature with date.)  
20-5-08

Received Rs. 68/- (Rupees Sixty eight) only.  
from Health Wing, SUDA, UGUS BHAVAN, HC-Block, Sector-III,  
Salt Lake, Kolkata - 700 106 for supply of tea and  
snacks during month on 22.5.08.

7

PAID & CANCELLED

*[Signature]*  
(Signature with date.)  
22.5.08

Money Receipt.

Received Rs. 68/- (Rupees Sixty eight) only.  
from Health Wing, SUDA, UGUS BHAVAN, HC-Block, Sector-III,  
Salt Lake, Kolkata - 700 106 for supply of tea and  
snacks during month on 26.5.08.

8

PAID & CANCELLED

*[Signature]*  
(Signature with date.)  
26.5.08



Received Rs. 72/- Rupees Seventy two only  
from Health Wing SUDA; ILGUS BHAVAN, HC, Block, Sector-III  
Salt Lake, Kolkata-700 106 for supply of tea and  
snacks during meeting on 6.5.08.

9

PAID & CANCELLED

Signature with date  
Y. B. D.

12 30/05

~~3. Muttan Biryani - 75.00~~  
3. Muttan Roll - 75.00

PAID & CANCELLED  
75.00

10

F Nizam's  
dipa

Office of the  
RCH Sub Project  
Asansol Municipal Corporation  
Asansol

Memo No.                      /                      Date 21/11/07

Statement of Detail Expenditure for the month of November '07

Sr. No.	Category	Expenditure
1	Honorarium & Salary	1100
	Total	1100
2	Contingency	
	Total	
3	Travel	
	Total	
4	Books	
	Total	
Grand Total		

(Rupees: Eight Lakh 50000) only

*[Signature]*  
Project Director  
RCH Sub Project, Asansol

To:  
The Project Officer  
State Urban Development

Project, Asansol - 71





7-28

**State Urban Development Agency**

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

Month: May, 2008

Bill No. : CCC/SUDA/Renuw/50 dated 29-05-2008

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 Sakhamay Pal	Accounts Officer CCC, SUDA	3000.00	3000.00	50.00	0.00	2950.00
4	Sri Sallik Kumar Lubin	AMHS Officer	8000.00	8000.00	50.00	0.00	7950.00
5	Sri Prativa Ranjan Majumder	Clerk cum Store keeper	3350.00	3350.00	30.00	0.00	3320.00
6	Sri Sasanka Sekhar Malik	Data Entry Operator	5000.00	5000.00	30.00	0.00	4970.00
<b>TOTAL</b>			<b>44350.00</b>	<b>44350.00</b>	<b>380.00</b>	<b>0.00</b>	<b>43970.00</b>

(Rupees forty three thousand nine hundred seventy) only

⊗ Paid through the payee cheque no. 739958 dt. 29.5.08.

*(Signature)*  
Finance Officer  
Health Wing, SUDA

*(Signature)*  
(Dr. Goswami)  
Project Officer  
Health Wing, SUDA

Sasanka Sekhar Malik  
29.05.2008

Sri Sallik Kumar Lubin  
29.5.08

*(Signature)*  
Sri Sallik Kumar Lubin



Dr  
05.08



P-27

# State Urban Development Agency

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

Month: May, 2008

Bill No. : CCC/SUDA/Remu/50 dated 29-05-2008

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 Sankhamoy Pal	Accounts Officer CCC, SUDA	8000.00	8000.00	50.00	0.00	7950.00
4	Sri Satil Kumar Lahiri	MIES Officer	8000.00	8000.00	50.00	0.00	7950.00
5	Sri Prativa 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

⊗ Paid Through Sr. Project Officer's order  
ca. no. 737958 dt. 29.5.08.

*(S. Kati)*  
Finance Officer  
Health Wing, SUDA

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

Sasanka Sekhar Marik  
29.05.2008

Prativa Ranjan Majumder  
29.5.08

Satil Kumar Lahiri  
29/5/08

*(Gargi De)*  
29/5/08

*(Sankhamoy Pal)*  
29/5/08

*(Satil Kumar Lahiri)*  
29/5/08

MEMO

No. .

94747

Car No. W.S-296662

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.
	<b>PETROL</b>		
30	<b>DIESEL</b>	1055	40
5	<b>ENGINE OIL</b>	800	00
	<b>Total</b>	<b>1855</b>	<b>40</b>

Thanking you!

Date 07.05.08

Signature  
S.K.









# 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

**P.26**



Collector Code : 11

INVOICE / BILL No. FSA/0308/6619

Date : 17-04-08

M / C Serial No. : 2903899932

Model :

5834

A / C No. : M/3288

Installation No. :

Customer TIN No. :

IF/28

Customer : STATE URBAN DEV AGENCY

Installation Address :

PAN : AAGFM3064L

VAT No. : 19200372061

CST No. : 19200372255

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

OCK, SECTOR III, 2nd FLOOR, ADVISER HE, SALT LAKE CITY  
ILGUS BHAWAN, BIDHANNAGAR  
KOLKATA N

Meter Reading	Date	NOTE						
Current	232163	17/4/08	PLEASE DO NOT MAKE PAYMENT IN CASH. ONLY CHEQUE / DD PAYMENT ACCEPTED					
Previous	230405	11/03/08	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	1758							
Less 1%	18	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	1740	0.34	591.60	0.00	3.57	48.06	14.48	658/-

Customer Acceptance :  
Signature & Date with Seal

*[Signature]*  
17/4/08

Passed for Payment of Rs 658/-

(Rupees Six hundred fifty eight)

Only out of HHW Scheme,

DFID, SUDA under sub head *operating cost.*

For Mega Trade Centre

*[Signature]*  
Authorised Signatory

XEROX Premium Partner



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

Call - 2498 9684

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

**COPIERS  
AVAILABLE  
ON ATTRACTIVE  
RENTAL SCHEM**

Rs. 658/-  
+ " 135/-  
= 793/-





# MEGA TRADE CENTRE

63, BLOCK 'D', NEW ALIPORE

Kolkata - 700 053

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

**XEROX**  
 Authorised  
 Service Provider

Collector Code : 11

INVOICE / BILL No. FSA/0408/6601 Date : 20/5/08

M / C Serial No. : 2903899932 Model : 5834

A / C No. : M/3288 Installation No. : Customer TIN No. : IF/280

Customer : STATE URBAN DEV AGENCY PAN : AAGFM3064L

Installation Address : VAT No. : 19200372061  
 DCK, SECTOR III, 2nd FLOOR, ADVISER HE, SALT LAKE CITY  
 ILGUS BHAWAN, BIDHANNAGAR CST No. : 19200372255  
 KOLKATA N SRVTAX : 111 / MRS / SB-03 / KOL/04-05 Dt. 22/12/04

Meter Reading	Date	NOTE						
Current	232525	20/5/08	PLEASE DO NOT MAKE PAYMENT IN CASH. ONLY CHEQUE / DD PAYMENT ACCEPTED					
Previous	232163	19/04/08	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	362							
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	
4	0.34		0.00					
Billable Copies	358	121.72		0.73	9.88	2.97	135	

Customer Acceptance :  
 Signature & Date with Seal

Passed for Payment of Rs 135/-  
 (Rupees One hundred and thirty five only)  
 Only out of HHW Scheme.  
 DFID, SUDA under sub head ...  
*Operating cost*  
 For Mega Trade Centre  
 20/5/08

Authorised Signatory

XEROX Premium Partner



Project Office. **Complete range of Documentation Solution**  
 Health Vidyapeeth  
 S. U. D. A  
 Analog Digital Copiers & Copier / Printer - 10 to 90 CPM / PPM  
 Color Copiers / Printers - 12 to 60 CPM  
 Scanners - up to A0 Size, Laser Printers - 10 to 180 PPM  
 FAX - Thermal paper & Plain Paper,  
 Multi-Function devices, Engineering Copiers & Printers etc.  
 Call - 2498 9684  
 Lowest Price \* Exchange offer \* Rental Scheme \* DGS & D Rate Contract

**COPIERS AVAILABLE ON ATTRACTIVE RENTAL SCHEMES**



MONEY RECEIPT

225

Business Centre. Net

7/1A, Grant Lane, Room No. 4H  
Kolkata - 700 012  
Ph. 2234-7949

Received with thanks from M/s. SUDF.

the sum of Rupees Three Thousand Five Hundred Two Only

By cash/ Cheque No. 737955

Dr. ~~27/05/08~~ On 27/05/08 against Bill No. 154

Dr. ~~19/05/2008~~ On 19/05/2008 in 2008-2009

Rs. 3500/-



For Business Centre. Net

Rany



7/1A, Grant Lane, 1st Floor & 4th Floor, Kolkata - 700 012

Ph. : (033) 2234 7949

Ref. No. BCN/.....

Date. 28/05/08.

To  
The project officer.  
Health Wing SUDA.

Sir  
I do hereby authorized Mr. Rajeb Kr. Ban. Employee of our company to  
draw the payment on my behalf.

The Signature of Mr. Rajeb Kr. Ban. Is attested bellow.

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

Your's faithfully  
For Business Centre.Net



*Handwritten signature*

Signature of Mr. Rajeb Kr. Ban.

*Handwritten signature*



*Handwritten signature*

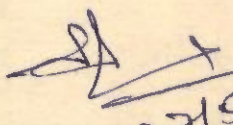
Sub:- Release of payment to M/s. Business Centre. Net. for supply of HP Toner Black Cartridge.

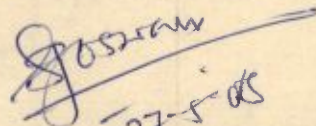
Apropos verbal order, M/s. Business Centre. Net supplied one HP Toner Black Cartridge for office computer.

After causing supply, the firm submitted a bill for Rs. 3502/- for payment. The bill has been placed for pay order.

Hence, the amount of Rs. 3502/- (Rupees Three thousand five hundred and two) only may be released in favour of M/s. Business Centre. Net through A/c payee cheque & debiting H/W Scheme, DFID, SUDA under A/c head - "operating cost".

Submitted.

  
27/5/08

  
27-5-08

~~P.O. cee/SUDA.~~





B-81

FO PR  
23.5.08

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. SUDA/00154/2008-2009 Date 19/05/2008

Challan No. Date

Purchase Order No. Date

DR. To State Urban Development Agency  
H-C Block, Sector - III Kolkata - 700106

Quantity Pcs.	Particulars	Rate Rs.P	Amount Rs.P
1	Q7553A - HP TONER BLACK CARTRIDGE	3502.00	3502.00
		Sub-Total	3502.00
	<p>Passed for Payment of Rs. 3,502/- (Rupees Three Thousand Five Hundred and two) Only out of HHW Scheme, DFID; SUDA under sub head .. Operating Cost.</p> <p><i>Dr. S. GOSWAMI</i> Project Officer, Health Wing S. U. D. A. 28/5</p> <p>Received (3,502) Rupees - Three Thousand Five Hundred Two Only. 19.5.08</p>		
		VAT 4 %	
		Freight	
		Sub-Total	
		Round off	
		<b>TOTAL</b>	<b>3502.00</b>

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

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



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

Health Wing

करदाता की सेवा सं. (टैन) / TAN

C A L S I 2 4 3 7 F S. U. D.

Recd from

Project officer, Jhadda Wasing, SVDDA

(नाम) Name

से नकद खाते से डेबिट / चेक सं.

Cash/ Debit to A/c/ Cheque No.

737954

For Rs.

3971/-

रु. (शब्दों में)

Rs. (in words)

अदाकर्ता / drawn on

Three hundred ninety seven only, State Bank of India, Salt Lake (Sector-1) Bar.

(बैंक एवं शाखा का नाम) / (Name of the Bank and Branch)

कर्ता/कर्ता

द्वारा से खाते पर कर संग्रहण (टीसीएस) कर्ता/कर्ता (टि.डी.एस.)

कम्पनी/Company

नैर कम्पनी/Non-Company

Deductible

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

(जो लागू न हो वरिष्ठ को हटाने) / (Strike out whichever is not applicable)

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

2009-10

बैंक की मोहर के लिए

SPACE FOR BANK SEAL

BIKASH ENZVAN

BSR CODE 0607216

TENDER DATE

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

DEPOSIT DATE

27 MAY 2008

SERIAL NO.

958

RECEIVED CASH/TRICLG. RS.

RUPEES

3971/-

SWOIRANCH 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 आंच करें कि बैंक पात्रता में निम्नलिखित सूना उपलब्ध है।

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

आपको इसका आय की विवरणी में उल्लेख करना होगा।

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

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

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

TDS on car hire charges for April, 58

1) B. Bhas - Rs 202/-

2) R. Bhalschager - 195/-

397/-

...Jangipuz..... Municipality

Miscellaneous Receipt

West Bengal Municipal (Finance and Accounting)

Form No. 39

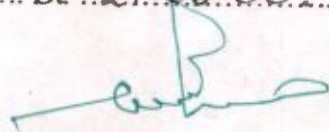
No. ...15.....

Date 04.06.08.

Received from Project Officer, Health, SUDA the sum of Rupees  
2,35,000/- (Rupees ~~Two~~ *Two Lakhs thirty five thousand*) only on account of  
expenditure in connection with DFID assisted Honorary Health Worker Scheme.

Vide Demand Draft No. *737953*..... Dt. *21-05-08*...

Rs. *2,35,000/-*



Chairman,



...Jangipuz..... Municipality



## STATE URBAN DEVELOPMENT AGENCY

HEALTH WING  
"ILGUA BHAVAN"H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091  
West Bengal

Ref No. .... SUDA-Health/DFID/08/30

Date ..... 21.05.2008

From : Dr. Shibani Goswami  
Project Officer  
Health Wing, SUDATo : The Chairman  
Jangipur MunicipalitySub. : Release of fund worth Rs. 2,35,000/- towards expenditure in  
connection with DFID assisted Honorary Health Worker Scheme.

Sir,

Apropos your communication bearing no. JM/DFID/457(1)/08 dt. 20.05.08, an Account Payee Cheque bearing no. 737953 dt. 21.05.2008 on State Bank of India, Salt Lake Branch for an amount of Rs. 2,35,000/- (Rupees Two lakhs thirty five thousand) only for three months is released as detailed below to meet up concomitant expenditure in connection with DFID assisted Honorary Health Worker Scheme.

Sl. No.	A/C Head	Amount (In Rs.)
1.	Honorarium	1,17,000.00
2.	Salaries	79,000.00
3.	IEC	6,000.00
4.	Rent	3,000.00
5.	Operating Cost	30,000.00
	<b>TOTAL</b>	<b>2,35,000.00</b>
(Rupees Two lakhs thirty five thousand) only.		

Received the cheque.

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

2,35,000.00 (Two lakhs thirty five thousand only)

ch. no. 737953, dt. 21.05.08.

Contd. to P-2.

Nazirul Hossain

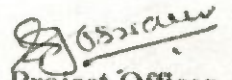
Jangipur Municipality, Tel/Fax No.: 359-3184

- 2 -

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,

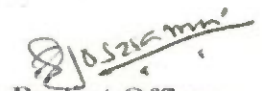
  
Project Officer

SUDA-Health/DFID/08/30/1(1)

Dt:.. 21.05.2008

CC

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

  
Project Officer



A/c. Payee Only

दिनांक / Date 21 / 05 / 2008

PAY Chairman, HHW Scheme, DFID,  
Jangipur Municipality

रुपये RUPEES Two lakhs thirty five thousand-  
only.

या धारक को OR BEARER

₹.Rs. 2,35,000/-

अदा करें

खा.सं.  
A/c. No. 30255770088



भारतीय स्टेट बैंक  
State Bank of India

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

Prefix  
0523700001 DT:24 PARGANAS (N), W. BENGAL 700064

S. PAL

Finance Officer,

Health Wing

S. U. D. A.

SBIN0001612

HHW SCHEME, DFID, SUDA

Dr. S. GOSWAMI

Project Officer

Health Wing

S. U. D. A.

⑈ 737953⑈ 700002145⑈ 000080⑈ 11

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

Memo No.: JM/DFID/457(1)/08.

Dated: 20-05-2008

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

*Rs. 2.35 lakhs.  
may be released  
from APC payee  
check.  
Approved  
29-05-08*

**Sub: Requisition for finance.**

Ch. no. 737953 dt 21.5.08

Madam,

This is to inform you that already the finance had been expensed amounting to Rs. 74,637.00 for the month of April '08 and now it has been submitted of U.C. for the same.

The finance is required for the month of May and June'08. The details are given below.

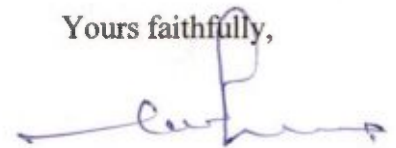
1. Honorarium	:	39,000.00	X	2	=	78,000.00
2. Salary	:	28,000.00	X	2	=	56,000.00
3. Operating Cost	:	10,000.00	X	2	=	20,000.00
4. I.E.C.	:	2,000.00	X	2	=	4,000.00
5. Rent	:	1,000.00	X	2	=	2,000.00
<b>Total</b>					<b>=</b>	<b>160,000.00</b>

Total amount of **Rs. 2,34,637.00** is urgent required to smooth functioning of DFID assisted HHW Scheme, Jangipur Municipality,

This is for your kind information and necessary action.

Thanking you.

Yours faithfully,



**Chairman,  
Jangipur Municipality**

*Hm - 1,17,000  
Sal - 79,000  
IEC - 6000  
Rent - 3000  
O.P. Cost - 30,000*

*15*



# OFFICE OF THE COUNCILLORS

01e

## JANGIPUR MUNICIPALITY

P.O. - Raghunathganj ❖ Dist. - Murshidabad

Memo No.: JM/DFID/ 457(1) /08

Dated: 20.05.2008

**From :** The Chairman / Vice Chairman, Jangipur Municipality

**To :** The Director,  
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. 737953..... dt. 21.05.08 ] for an amount of Rs. 2,35,000/-..... (Rupees Two Lakhs thirty five thousand only on my behalf. The Demand Draft/ Cheque is in connection with DFID assisted H.H.W. scheme..... Jangipur Municipality.

Signature of NASIRUL HOSSAIN

1. Nasirul Hossain
2. ....
3. ....

**Attested**



**Chairman  
Jangipur Municipality**

Original/Duplicate/Triplicate/Quarduplicate

P-22 11969

# CHALLAN

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

0028-00-107-001-03

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

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

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

P. Tax Registration/Enrolment No.	Period from	Period to
<b>RCS1165143</b>	MM Y Y Y Y	MM Y Y Y Y
	<b>04 2008</b>	<b>04 2008</b>

Particulars of Coins & Notes/Cheque	Rs.	Paise
Ch. No. 737950 dt. 21-05-2008 Tax	380-	00
on S. B. I. Salt Lake Interest		
(Sector-I) Poranch. Penalty		
Dr. S. GOSWAMI Comp. Money		
Project Officer. Total Amount	380-	00
Health Wing		
S. U. D. A.		

Ch. No. 737950 dt. 21-05-2008  
on S. B. I. Salt Lake  
(Sector-I) Poranch.  
Dr. S. GOSWAMI  
Project Officer.  
Health Wing  
S. U. D. A.

(In words) Rupees **Three hundred and eighty only.**  
भारतीय रिज़र्व बैंक में ली कोलकाता  
RESERVE BANK OF INDIA, P.A.D., Kolkata

Signature of the Depositor **S. U. D. A.**  
Case No. if the Payment Relates to assessed dues

Date of Tender **23 MAY 2008** P. T. O. Number  
**380/-** Code

Bank/Treasury/Code **FOR BANK/TREASURY USE** Date of Entry  
Date of Credit **26 MAY 2008**

Date of Delivery **28 MAY 2008** M Y Y Y Y  
Received Rs. (Rupees)

Treasurer Accountant Treasury Officer/Agent or Manager  
For Instructions see overleaf



1-8-9

Deductees' Name.

**INSTRUCTIONS**

- 1) Dr. N. S. Ganjopadhyay — 110 = 2
- 2) Dr. Ganji De — 110 = 2
- 3) Sri S. Pal — 50 = 2
- 4) " S. K. Lahiri — 50 = 2
- 5) " P. R. Majumdar — 30 = 2
- 6) " S. S. Ghosh — 30 = 2

Total Rs 380.00

**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 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

# Miscellaneous Receipt

## PURULIA MUNICIPALITY

No. 1417

Dated 26.05.2008

Received from Project Officer  
Health Wings S.U.D.A.

on account of expenditure with  
connection D.F.I.D. assisted  
H.H.Ws Scheme

Rupees (in words) Two Lakh Ninety  
eight thousand only

Rs. P.

(Figures) 2,98,000/-



Cashier  
S. Sen

Chairman/Executive Officer/  
Authorised Officer.



## STATE URBAN DEVELOPMENT AGENCY

HEALTH WING

"ILGUS BHAVAN"

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

West Bengal

Ref No. SUDA-Health/DFID/08/27

Date 16.05.2008

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



To : The Chairman  
Purulia Municipality

Sub. : Release of fund worth Rs 2,98,000/- towards expenditure in connection with DFID assisted Honorary Health Worker Scheme.

Sir,

Apropos your communication bearing no. PM/DFID/HHW/15 dt. 06.05.08, an Account Payee Demand Draft bearing no. 043096 dt. 15.05.2008 on State Bank of India, Salt Lake Branch for an amount of Rs. 2,98,000/- (Rupees Two lakhs ninety eight thousand) only is released as detailed below to meet up concomitant expenditure in connection with DFID assisted Honorary Health Worker Scheme.

Sl. No.	A/C Head	Amount (In Rs.)
1.	Salaries	51,000.00
2.	Honorarium	1,71,195.00
3.	Rent	6,000.00
4.	IEC	20,000.00
5.	Operating Cost	25,000.00
6.	Furniture	24,805.00
	<b>TOTAL</b>	<b>2,98,000.00</b>
(Rupees Two lakhs ninety eight thousand) only.		

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

Received D.D. NO 043096 and D.D. amount Rs. 2,98,000/-

Contd. to P-2.

S. Sen 26.5.08.

Tel/Fax No.: 359-3184

Purulia Municipality

100  
**SUDA**

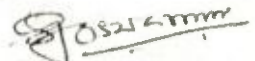
**HEALTH WING**

- 2 -

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

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

Yours faithfully,

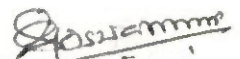
  
Project Officer

SUDA-Health/DFID/08/27/1(1)

Dt. .. 16.05.2008

CC

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

  
Project Officer



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

Memo No: PM/DFID/HHW/99

Date: - 24/5/08

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

Sub: - Request for accommodation for one day on 26.05.08

Madam,

This is to inform you that Sanjib Sen (Account Assistant) of our DFID – Assisted HHWs Scheme of Purulia Municipality he going to Kolkata for collect fund from SUDA. & submitted U.C.

*So please arrange accommodation for the above mentioned 1 person on 26.05.2008*

With Thanks



  
Chairman  
Purulia Municipality

DFID – ASSISTED HONORARY HEALTH WORKERS  
SCHEME  
PURULIA MUNICIPALITY  
PURULIA

Memo No: -

PM/DFID/HHW/23

Date: - 24/5/08

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

Sub: - Authorization letter.

Madam,

I, the undersigned do hereby authorized Sri. Sanjib Sen (Account Assistant) of our DFID – Assisted HHWs Scheme to receive fund from your good office on my behalf. His signature is given in the document below and duly attested by me.

This is for your kind information & necessary action.

With Thanks

Sanjib Sen  
(Signature of the authorized person)

Chairman

Purulia Municipality



श्री क्षेत्र  
 बैंक का नाम/शेखा के निचे ही क्षेत्र  
 TTD, YAHIA ROAD, MOWATHI GUMTA,  
 LAKE (SECTOR-1) CALCUTTA.  
 No.: 23581612 KEY : WIJCUP

कोड नं. CODE NO  
 0 01612

\*\*\*\*\*  
 ON DEMAND PAY CHAIRMAN, HHW SCHEME, DFID PURULIA MUNICIPALITY\*\*\*\*\*  
 PURULIA MUNICIPAL

₹. 50,000/- एवं अधिक के निम्न दो अधिकारियों द्वारा हस्ताक्षरित होने पर ही वैध है।  
 INSTRUMENT FOR Rs 50,000/- AND OVER BY HANDS OF TWO OFFICERS  
 DATE 15/05/2008

या उनके आदेश पर OR ORDER

TWO	NINE	EIGHT	ZERO	ZERO	ZERO
LAKHS	T' TSD	THSDS	HNDRS	TENS	UNITS

\*\*\*  
 ₹ 298000/- PS00  
 SBI AMOUNT BELOW 298001 (2/6)

PAISE ZERO ONLY  
 St. No.: 766715  
 KEY : WIJCUP

अदा करें | मूल शत्रु VALUE RECEIVED

भारतीय स्टेट बैंक  
 STATE BANK OF INDIA

1129 शाखा का नाम / DRAWEE BRANCH  
 PURULIA

कोड नं. CODE NO  
 0 00160

0129043096

अधिकृत हस्ताक्षरकर्ता AUTHORIZED SIGNATORY  
 (हस्ताक्षर नमूना क्र० / S.S. NO.)

शशांग प्रसाद शाखा प्रबंधक BRANCH MANAGER

P.K. SAHA  
 811565

9	8	7	6	5	4	3	2	1
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⑈043096⑈ 000002000⑈ 000129⑈ 15

**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/08/26

Date .....14-05-2008

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

Sir,

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

Sl. No.	In favour of	Payable at	Amount (in Rs.)
1.	Chairman HHW Scheme, DFID Purulia Municipality	Purulia	2,98,000. 00 (Rupees Two lakhs ninety eight thousand) only
2.	Chairman HHW Scheme, DFID Bankura Municipality	Bankura	2,82,000. 00 (Rupees Two lakhs eighty two thousand) only

S. Pal  
Finance Officer  
HHW Scheme - DFID, SUDA  
Health Wing, SUDA**DELIVERED**15/5/08  
Yours faithfully,Dr. S. Goswami  
Project Officer  
HHW Scheme - DFID, SUDA  
Health Wing, SUDA



DDM. 043098 n. 15.5.08

A 2.98 lakhs my  
re. reland. Thro. AK  
pagee D.D  
Goswami 14.5.08



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

Memo No: PM/DFID/HHW/15

Date: 6/5/08

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 (from April 08 to June 08):-

1000  
715  

---

285

01. Salaries -	✓	51,000=00	
02. Honorarium	✓	1,70,910=00	<del>1,71,000</del> 5
03. Rent-	✓	6,000=00	1,70,195
04. I.E.C.	✓	20,000=00	
05. Operating cost	✓	25,000=00	
06. Furniture		1,12,365=00	24,805-
07. Drugs		50,000=00	
Grand Total		4,35,275=00	
Less Furniture		87,560=00	
		<hr/> 3,47,715=00	
less Medicine		50,000=00	
		<hr/> <hr/> 2,97,715=00	

24,805-  

---

2,97,715

Note- Furniture and Medicine of Rs.87,560 + 50,000 = 137,560=00 already balance in hand

At present total requirement of Rs. =2,97,715=00 (Rupees two lakhs ninety seven thousands seven hundred fifteen) only

Fund Released - 14,91,154  
Up Recd up to Hand: 12,42,875  

---

Bal. Rs. 2,48,279

83/0

**CHAIRMAN PURULIA MUNICIPALITY**

SUDA HEALTH WING



P-20

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

No.....

Date 19.05.2008

Received from Project Officer, Health , SUDA the sum of Rupees  
2,82,000/- (Rupees Two lakhs eighty-two thousand ) only on account of  
expenditure in connection with DFID assisted Honorary Health Worker  
Scheme.

Vide Demand Draft No. 043097 Dt. 15.05.2008

Rs. 2,82,000/-



*Souli Singh*  
Chairman 19/5/08  
Bankura Municipality  
Chairman  
Bankura 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/08/28

Date ..... 16.05.2008

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

To : The Chairman  
Bankura Municipality

Sub. : Release of fund worth Rs. 2,82,000/- towards expenditure in connection with DFID assisted Honorary Health Worker Scheme.

Sir,

Apropos your communication bearing no. A/5/Gen/DFID/15 dt. 12.05.08, an Account Payee Demand Draft bearing no. 043097 dt. 15.05.2008 on State Bank of India, Salt Lake Branch for an amount of Rs. 2,82,000/- (Rupees Two lakhs eighty two thousand) only for three months is released as detailed below to meet up concomitant expenditure in connection with DFID assisted Honorary Health Worker Scheme.

Sl. No.	A/C Head	Amount (In Rs.)
1.	Salaries & Honorarium	2,30,000.00
2.	Operating Cost	45,000.00
3.	Rent	5,000.00
4.	IEC	2,000.00
TOTAL		2,82,000.00

(Rupees Two lakhs eight two thousand) only.

The procurement of Drug may be processed and after placement of work order, the amount may be requisitioned along with a copy of work order.

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

Received Rs. 2,82,000/-  
(Rupees Two lakhs eighty two thousand) only  
vide D.D. no: 043097 dt. 15-05-08  
Subrate Kumar  
16-05-08  
Accounts Assistant  
Bankura Municipality  
Contd. to P-2.

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

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

Yours faithfully,



Project Officer

SUDA-Health/DFID/08/28/1(1)

Dt. .. 16.05.2008

CC

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



Project Officer



कंप्यूटर द्वारा मुद्रित होने पर ही वैध  
 ALSO ONLY IF COMPUTER PRINTED  
 जारी करने वाली शाखा  
 ISSUING BRANCH

केवल छः महीनों के लिये ही वैध  
 VALID FOR SIX MONTHS ONLY

SALT LAKE (SECTOR-1) CALCUTTA.

कोड क्र. CODE NO

0 01612

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

DATE  
 15/05/2008

मांगे जाने पर ON DEMAND PAY CHAIRMAN, HHW SCHEME, DFID BANKURA MUNICIPALITY  
 ALIY\*\*\*\*CHAIRMAN, HHW SCHEME, DFID BANKURA MUNICIPALITY\*\*\*\*

या उनके आदेश पर OR ORDER

रुपये RUPEES

TWO	EIGHT	TWO	ZERO	ZERO	ZERO
LAKHS	T'TSD	THSDS	HNDRS	TENS	UNITS

Rs 2 8 2 0 0 0 Ps00

SBI AMOUNT BELOW 282001 (2/6)

अदा करें। मूल्य प्राप्त VALUE RECEIVED

NO/TT  
 NO/TL

PAISE ZERO ONLY

Sr. No.: 446586  
 KEY : PUFMOP

*(Signature)*

*(Signature)*

प्राधिकृत हस्ताक्षरकर्ता AUTHORISED SIGNATORY

शाखा प्रबंधक BRANCH MANAGER

(हस्ताक्षर नमूना क्र०/S.S. NO.

M 4678

(हस्ताक्षर नमूना क्र०/S.S. NO.

भारतीय स्टेट बैंक  
 STATE BANK OF INDIA

BANKURA

कोड क्र. CODE NO  
 0 00022

0129043097

P.K. SAHA  
 811585

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3  
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1

⑈043097⑈ 000002000⑈ 000129⑈ 16

# 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/21

Date 15-05-08

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

Sub: Authorization letter.

Madam,

I do herewith authorize Sri Subrata Kumar Dey, Accounts Assistant of D.F.I.D. Assisted HHW Project, Bankura Municipality to receive Dem and draft against requisition of placement of fund vide no: A/5/Gen/DFID/15 dt: 12.05.2008 on my behalf. Signature of Sri Subrata Kumar Dey, Accounts Assistant of DFID Assisted HHW Project, Bankura Municipality is attested below.

*Siuli Midya*  
Chairman 15/5/08  
Bankura Municipality

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

*Siuli Midya*  
Chairman 15/5/08  
Bankura Municipality



Madam,

Apropos your communication bearing no. A/S/Gen/DFID/15  
dt. 12.5.08, an A/c payee D.D bearing no. 043097 dt. 15.5.08  
on S.B.I. Saltlake br. for an amount of Rs. 2.82 lacs (for 3 months)  
is now released as detailed below to meet up  
concomitant expds in connection with DFID assisted HHR  
Scheme.

The amount required for Drug may be taken  
from this office after placement of work order for  
procurement of Drug.

The procurement of Drug may be processed  
and after placement of work order, the amount may  
be requisitioned along with a copy of work order.

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

118102  
12/05/08  
0/3p

12/19

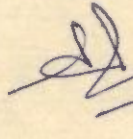
Sub:- Release of payment to M/s. Bipra Traders for supply of H.P. Cartridge for office use.

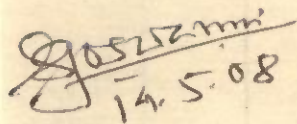
Apropos verbal order, M/s. Bipra Traders supplied one H.P. Cartridge (Black) for office computer. After causing supply, the firm submitted a bill for Rs. 715/- for payment.

The bill is placed below for pay order pt.

Hence, the amount of Rs. 715/- (Rupees Seven hundred fifteen) only may be released in favour of M/s. Bipra Traders debiting H.H. or Scheme, DAID, SUDA under the Head 'Operating Cost'.

Submitted -

  
14/5/08

  
14.5.08

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



# BIPRA TRADERS

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

24.06.2008

The Director  
SUDA - Health Wing  
Salt Lake

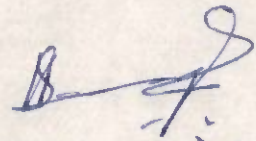
Dear Sir

We are authorising Shri Sujan Banerjee  
to your office to collect the payment  
lying ready with you. The specimen  
signature of Shri Banerjee is attested  
below.

Thanking you

For BIPRA TRADERS

*Gopabandhu*  
Proprietor



attested signature  
of Shri Sujan Banerjee

For BIPRA TRADERS

*Gopabandhu*  
Proprietor

B-80

**BILL**

Phone : 2353-9628

**BIPRA TRADERS**

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

Bill No. BT/05/06/2008  
Date 13-05-2008

Order No.....  
Date.....

Messrs Project Officer, Health Wing, SUDA,  
P. Ignus Bhawan, sector - IV  
Salt Lake

Quantity	PARTICULARS	RATE	AMOUNT Rs. P.	
1 NO.	HP- Cartridge. no. 21 Black  Passed for Payment of Rs. 715/- (Rupees Seven hundred fifteen) Only out of HHW Scheme, F-FID, SL DA under sub head .. Operating Cost.  Dr. S. GOSWAMI Project Officer, Health Wing S, U. D. A.  Rupees Seven hundred fifteen only Received Cheque for Rs. 715 Sujan Kr. Banerjee 24/06/08	715 <sup>00</sup>	715	00
		TOTAL	715	00

E. & O. E.

Challan No. 05(06)/2008 A-18/508

For BIPRA TRADERS

Gopa



**BILL**

Phone : 2353-9628

**BIPRA TRADERS**

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

Bill No. BT/05/06/2008  
Date 13-05-2008

Order No.....  
Date.....

Messrs. Project Officer, Health Wing, SUDA,  
Dignus Bhawan, Sector - III  
Salt Lake

Quantity	PARTICULARS	RATE	AMOUNT Rs. P.	
1 NO.	HP- Cartridge . no. 21 Black	715 <sup>00</sup>	715	00
Rupees Seven hundred fifteen only		TOTAL	715	00

Challan No. DS(06)/2008 DA-18/5/08

E. & O. E.

For BIPRA TRADERS

Gopa Das

**BILL**

Phone : 2353-9628

**BIPRA TRADERS**

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

Bill No. BT/OS/06/2008  
Date 13-05-2008

Order No.....  
Date.....

Messrs Project Officer, Health Wing, SUDA,  
D. Igua. Bhowan. sector - III  
Salt Lake

Quantity	PARTICULARS	RATE	AMOUNT Rs. P.	
1 NO.	HP. Cartridge. NO 21 Black.	715/-	715	00
Rupees Seven hundred fifteen only		TOTAL	715	00

E. & O. E.

Challan No. OS(06)/2008 JA-18/5/08

For **BIPRA TRADERS**

*Gopa Sen*



No. 05(06)/2008

CHALLAN

Date 13-05-2008

# BIPRA TRADERS

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

Phone : 23639136

Name Project Officer, Health Wing, SUDA

Address Elgas Bahawan, Salt Lake

Please received the following goods in good order and condition.

Quantity	DESCRIPTION	RATE
1 NO	HP. Cartridge - M-21 Blade	

Please sign & return

Signature

*Gofu*

No. 05(06)/2008

CHALLAN

Date 13-05-2008

# BIPRA TRADERS

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

Phone : 23639136

Name Project Officer, Health Wing, SUDA.

Address Durgas Bhawan, Salt Lake

Please received the following goods in good order and condition.

Quantity	DESCRIPTION	RATE
----------	-------------	------

1 No	HP Cartridge - No-21 Blade	
------	----------------------------	--

Please sign & return

Signature

*Gopa*



P-18

MONEY RECEIPT

Received the Cheque No. 737948 dt. 14.5.08 from the

Project Officer, Health Wing, SUDA, amounting to Rs. 13964/- (Rupees)

Thirteen thousand nine hundred and sixty four ) on 19/5/08

Pinku Bhatnagar  
19/5/08



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 April '08 on my behalf.

Specimen signature of Sri Pradip Kr. Bhattacharjee is attested below.

Thanking you.

Yours faithfully,

*Rinku Bhattacharjee*  
Rinku Bhattacharjee 19/5/08

*[Signature]*

Signature of Sri Pradip Kr. Bhattacharjee attested.

*Rinku Bhattacharjee*  
( Rinku Bhattacharjee) 19/5/08



# State Urban Development Agency

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

8-18

Health Wing

## Statement of Bill for Car Hiring Charges

of Sanku Rinken Bhattacharjee

For the Month of April, 08

Vehicle No. WB-29-6662

Bill for Rs. 14,159/-

(Rupees fourteen thousand \* Rs. 14,159 = 00  
one hundred fifty nine -) only.

i) Less I.T. Deduction @ 2.04% on Rs. 9030/- on actual hire charge (-) Rs. 184 = 00

ii) Less I.T. Deduction @ 2.04% on Rs. 522/- on overtime (-) Rs. 11 = 00

Net Payable

Rs. 13,964 = 00

Passed for payment Rs. 13,964/- (Rupees Thirteen thousand -

nine hundred sixty-four) only be cheque to the above person and

Rs. 195/- 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



**BILL**

Bill for Car Hiring Charge in respect of Car No. WB-29 6662 for the Month of April '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.	1.4.08	9-15	8-00	10 hrs. 45m	1	55022	55070	48			
2.	2.4.08	9-15	8-40	11 hrs. 25m	1	55074	55135	41			
3.	3.4.08	7-15	7-35	10 hrs. 20m	—	55156	55202	46			
4.	4.4.08	9-15	9-00	11 hrs. 45m	2	55226	55280	54			
5.	7.4.08	9-15	8-00	10 hrs. 45m	1	55307	55426	119			
6.	8.4.08	9-15	7-00	9 hrs. 45m	—	55447	55492	45			
7.	9.4.08	9-15	8-00	10 hrs. 45m	1	55514	55576	62			
8.	10.4.08	9-15	7-35	10 hrs. 20m	—	55597	55665	68			
9.	11.4.08	9-15	8-00	10 hrs. 45m	1	55688	55755	67			
10.	15.4.08	9-15	8-30	11 hrs. 15m	1	55774	55825	51			
11.	16.4.08	9-00	8-35	11 hrs. 35m	2	55846	55997	91	117.33	2.82	
12.	17.4.08	9-00	9-50	12 hrs. 50m	3	55959	56014	55	liters.	liters	
13.	18.4.08	9-15	8-20	11 hrs. 05m	1	56037	56080	43			
14.	22.4.08	9-15	9-50	12 hrs. 35m	3	56106	56203	97			
15.	23.4.08	9-15	9-30	12 hrs. 15m	2	56225	56305	80			
16.	24.4.08	9-15	9-50	12 hrs. 35m	3	56327	56385	58			
17.	25.4.08	9-15	9-25	12 hrs. 10m	2	56406	56615	209			
18.	26.4.08	9-15	6-40	9 hrs. 25m	—	56697	56688	31			
19.	28.4.08	9-15	9-00	11 hrs. 45m	2	56691	56736	45			
20.	29.4.08	9-15	7-50	10 hrs. 35m	1	56758	56806	48			
21.	30.4.08	9-15	9-30	12 hrs. 15m	2	56826	56876	50			

21 April '08

99 km.

1608 km.

It is certified that the driver has not been engaged in any other work during the period of hiring of the car. The driver was in the possession of the car throughout the period of hiring.

WB-29-6662

Signature: *[Signature]*



15-78

1408 hours

	Rs.	P.
(a) Car Hiring Charges for ... 21 ... days @ Rs/430/- per day	9030	00
(b) Overtime Charge for ... 29 ... hours @ Rs. 18/- per hour	522	00
(c) Cost of ... 117.33 ... litres of Diesel @ Rs. ... 35.18 per litre	4127	67
(d) Cost of ... 2.82 ... litres of Mobil Oil @ Rs. ... 170/- ... per litre	479	40
(e) Gross payment (Total from A to D)	14,159	07

Pay Rs. 14,159/-

Passed for Payment of Rs 14,159/-  
 (Rupees Fourteen Thousand one hundred and fifty nine only out of H.W. scheme)  
 LHD, SLDA under sub head Operating cost

Bill passed for Rs. 14,159.00  
 Less I.T. Deducted @ 195.00  
 Net payable Rs. 13,964.00

Pin ke Bhatta charge  
 9.5.58

*[Signature]*  
 Dr. S. GOSWAMI  
 Project Office:  
 Health Wing  
 S. U. D. A.

*[Signature]*  
 Dr. S. GOSWAMI  
 Project Office:  
 Health Wing  
 S. U. D. A.

Ch. no 737948 dt. 14.5.68

SALT LAKE SERVICE STATION

DD-29-SALT LAKE KOL-700054

(INDIAN DIL)

VAT NO:19673688023

GUD LFG 022/HSD/MS:000163,

CASH/BILL

NO 165464 0 PINK 0 15-04-2008

DESCRIPTION	QTY	RATE	AMOUNT
-------------	-----	------	--------

XTRM-MILE	30.000	35.18	1055.40
-----------	--------	-------	---------

SUB-TOT	ITM= 1	0=30.000	1055.40
---------	--------	----------	---------

BL-TOT

1055-40

CR-CRD-

PH: (033) 23349853-THANK YOU VISIT AGAIN.

NICE DAY-HAPPY JOURNEY.

C 1

13:44:15 W/C NO.

0



No. 24109

TAX INVOICE  
CASH / CREDIT

Date 5.4.08

Original - Buyer's Copy

# CALCUTTA LUBE CENTRE



241, B.T. Road (Near Ananya Cinema), Kolkata - 700 036

Phone : 2577 2580, Telefax : 2578 9074

Lubricating Licence No. 28/L-DL/BNG-2000

VAT : 19321571039 • W.B.S.T. : 19321571136



Indian Oil

Name Ronku Phalajee Buyer's VAT No. \_\_\_\_\_

Address \_\_\_\_\_

Qty.	DESCRIPTION	Rate	Rs.	P.
1 X 5	lit Servo Super mlg		488	88
<del>1 X 1</del>	<del>lit Servo Super mlg</del>		<del>151</del>	<del>11</del>
✓ 1 X 1	lit castrol eRB Plus		22	22
1 PIE	Amb mobil belt		662	21
	Thank You!		82	78
	VAT 12.5%			
INDUSTRIAL OIL AVAILABLE HEAR AT REASONABLE PRICES		TOTAL	745	00

Vehicle No. WB 29 666 2

  
Signature

CALCUTTA LUBE CENTRE

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

The undersigned had to attend office on holidays in connection with office work at SUDA as well as attending meeting of Principal Secretary, Dept. of Municipal Affairs held at Maheshtala Municipality. The vehicles utilized on different dates are as under :

Vehicle No.	Dates on which vehicle was utilized
WB04B - 0704	12.04.2008
	19.04.2008
WB 29 - 6662	26.04.2008

Under the circumstances stated above, kind approval may be granted for deployment of the vehicles during holidays as mentioned above.

U. NO. SUDA Health  
DF 10/18/08  
27-5-08  
Director, SUDA

PO (H)

GOSWAMI  
27.5.08

(Min)  
28/5/08



# State Urban Development Agency

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

119  
P-17

Health Wing

Statement of Bill for Car Hiring Charges

of Smt. Binda Saha

For the Month of April, 2008

Vehicle No. WB04B0704

Bill for Rs. 15,502/-

(Rupees Fifteen thousand -

five hundred two ) only.

Rs. 15,502 = ∞

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

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

Net Payable

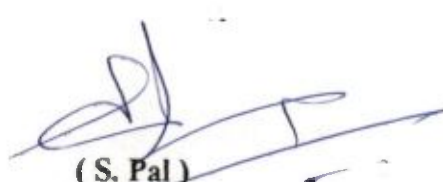
Rs. 15,300 = ∞

Passed for payment Rs. 15,300/- (Rupees Fifteen thousand -

three hundred ) only be cheque to the above person and

Rs. 202/- to be deposited to Reserve Bank of India, Calcutta for I.T. Deduction and the bill

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



( S. Pal )

Finance Officer  
Health Wing, SUDA

Rs-76

1745 km<sup>2</sup>

- 1) Car Hiring Charge for 22 days @ 430/- per day Rs. 9460-00
- 2) Over Time 24 Hours @ 18/- per Hour - - Rs. 432-00
- 3) Diesel consumed 145.4 litres @ 84.62 per lit - - Rs. 5034-09
- 4) M.Oil consumed 3.49 litres @ 165/- per lit - - Rs. 575-85

Rs 15501-94

By Rs. 15,502/-  
fifteen thousand five hundred and one  
Paise Ninety four only

Bula Dha

Passed for Payment of Rs 15,502/-

(Rupees Fifteen thousand five hundred and one only out of HHW Scheme)

DFID, SLDA under sub head .operating cost.

*S. U. D. A.*  
Dr. S. GOSWAMI  
Project Office  
Health Wing  
S. U. D. A.

Bill passed for Rs. 15,502 = 00  
Less I.T. deduction = " 202 = 00

Net payable Rs 15,300 = 00



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

Received Rs 15,300/- by Cheque No 737947  
Dated 14/5/08

Bula Dha

14/5-  
08







State Urban Development Agency, Health Wing, West Bengal

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

The undersigned had to attend office on holidays in connection with office work at SUDA as well as attending meeting of Principal Secretary, Dept. of Municipal Affairs held at Maheshtala Municipality. The vehicles utilized on different dates are as under :

Vehicle No.	Dates on which vehicle was utilized
WB04B - 0704	12.04.2008 19.04.2008
WB 29 - 6662	26.04.2008

Under the circumstances stated above, kind approval may be granted for deployment of the vehicles during holidays as mentioned above.

U. NO. SUDA-Health/  
DFID/18/08 &  
27-5-08  
Director, SUDA  
PO (H)

Goswami  
27.5.08  
Chin  
28/5/08



# JANA ENTERPRISE

Ph. : 2494 0486  
31003067

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

Kolkata - 700 008

Date 20/07/2008

No. 11

Receipt

Received with thanks from Messrs

Project Officer (SODA)

Rupees one thousand four hundred thirty  
only

On account of

Carben charge

date 13.5.08

by Cash/Cheque / D. D. No. 737946 Subject to realisation

Rs. 1430/-



For Jana Enterprise


R

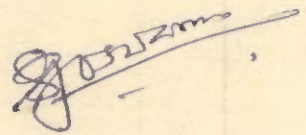
Sub:- Release of payment to M/s. Jana Enterprise  
for supply of tea, coffee, tiffin, & working  
lunch etc.

Apropos verbal order, M/s. Jana  
Enterprise supplied tea, coffee, working  
lunch etc. to the participants during  
meeting held at SUDA during March, 08.  
The Enterprise submitted a bill for Rs. 1437/-  
The bill has been checked and  
the rates quoted in the bill are as per  
rates of 1260/- . The bill is placed below  
for pay order please.

Hence, the amount of Rs. 1437/- (Rupees  
one thousand four hundred thirty) only  
may be released in favour of M/s. Jana  
Enterprise debiting HHR Scheme, DPID, SUDA  
under A/c head - operating cost.

Submitted.

  
13/3/08



~~P.O. ceo, SUDA~~



TTC/s.

18/26

Project officer (SUDA)  
 salt lake, kot-108

# 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/1092/Health/08  
 Challan No. \_\_\_\_\_ Date \_\_\_\_\_ Date 10/4/08

Item	Qty.	PARTICUALRS	Rate	AMOUNT Rs.	P.
<i>Date</i>		<u>Month of March-08</u>			
		Meeting held on 7-3-08, 13-3-08, 20-3-08, 26-3-08 & 28-3-08			
	269	cup tea	2.00	538	✓
	129	cup coffee	3.00	387	✓
	5	heads ritten	10.00	50	✓
	13	heads lunch	35.00	455	✓
		<i>one thousand four hundred thirty only</i>			
		<b>TOTAL</b>		<b>1430</b>	✓

P.T.O.

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

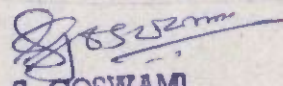
E. & O. E.  
 For Jana Enterprise  
 H. P. E.

Project Officer (SUDA)  
Self-care Kot-102

JANA ENTERPRISE  
ANNUAL REPORT 2007-08  
JANA ENTERPRISE  
ANNUAL REPORT 2007-08

10/11/08  
10/11/08

Passed for Payment of Rs. 1430/-  
(Rupees One thousand four hundred thirty)  
Only out of HHW Scheme.  
DFID, SUDA under sub head Operating cost.



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

Received AS 1430/-  
Ch NO - 737946 Date 13.5.08  
Main sheet  
20/5/08

T.O.



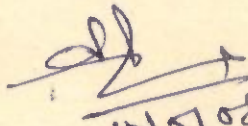
P-15  
P/15

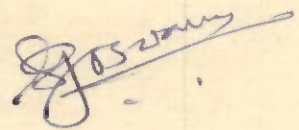
Sub:- Release of payment to M/s. Loknath  
Enterprise for supply of office stationery.

Apropos verbal order, M/s. Loknath Enterprise supplied office stationery articles as per our requirement and submitted a bill for Rs. 2,554/- for payment. The bill has been checked and the rates quoted are reasonable. Hence, the bill is placed below for pay order pt.

Hence, the amount of Rs. 2554/- (Rupee Two thousand five hundred fifty four) only may be released in favour of M/s. Loknath Enterprise debiting H/W scheme, DPID, SUDA under the H/W head - operating cost.

Submitted.

  
13/5/08



~~P.O. C.C. SUDA~~

N 075

CASH MEMO

Date..13/05/2008

# 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 Rm	A4-xerox paper	@150/-	1500	00 ✓
6 pc	Fax Roll	@85/-	510	00 ✓
12 n	Folder	@10/-	120	00 ✓
3 Box	Alpin	@16/-	48	00 ✓
3 n	James clip	@12/-	36	00 ✓
30 n	Penicil	@3/-	90	00 ✓
500 n	Envelope		250	00 ✓
<p>(Receipt in hand). (Payes Two thousand Five hundred and Fifty Paise only.) Rdha 13/05/08</p>				
<p>Received in good condition &amp; entered in stock ledger pg no -</p>		TOTAL	2,554	00

(10) (P.T.O)

Signature  
  
13/05/08



CASH MEMO  
LOKENATH ENTERPRISE  
General Order Supplier  
20, B. Road, 20, B. Road, 20, B. Road  
GATE NO. 20

Passed for Payment of Rs 2554/-  
(Rupees Two Thousands and five hundred and four paise)  
Only out of PHW Scheme.

DFID; STDA under sub head Operating Cost.

*S. S. Wami*

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

by  
18/5

P-14(A)

P/14

To  
Dr. Shibani Goswami,  
Project Officer, Health Wing, SUDA,  
Ilgues Bhaban, Bidhannagar,  
KOLKATA - 700 091.

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

Memo.No. 50/DFID/18-1(N)08

Date : 18.5.08

Received from Project Officer, Health, SUDA the sum of  
Rupees... 3,10,000/- (Rupees... Three Lacs ten thousand  
Only. ) only on account  
of expenditure in connection with DFID assisted Honorary Health Worker  
Scheme.

Vide Demand Draft / Cheque No. 737944 Dated... 18.5.08

RS. 3,10,000/-



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

em.



Alc. Payee Only

दिनांक / Date 12 / 05 / 2008

PAY Chairman, HHW Scheme, DFID,

Krishnagar Municipality

या धारक को OR BEARER

रुपये RUPEES Three lakhs ten thousand only.

₹.Rs. 3,10,000/-

अदा करें

खा.सं.  
A/c. No.

30255770088



भारतीय स्टेट बैंक  
State Bank of India

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

Prefix  
0523700001

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

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

SBIN0001612

HHW SCHEME, DFID, SUDA

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

⑈ 737944 ⑈ 700002145⑈ 000080 ⑈ 11

## STATE URBAN DEVELOPMENT AGENCY

HEALTH WING  
"ILGUS BHAVAN"H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091  
West Bengal

Ref No. .... SUDA-Health/DFID/08/24

Date ..... 12.05.2008

From : Dr. Shibani Goswami  
Project Officer  
Health Wing, SUDATo : The Chairman  
Krishnagar MunicipalitySub. : Release of fund worth Rs. 3,10,000/- towards expenditure in  
connection with DFID assisted Honorary Health Worker Scheme.

Sir,

Apropos your communication bearing no. 48.DFID-18-1(A)08 dt. 09.05.08, an Account Payee Cheque bearing no. 737944 dt. 12.05.2008 on State Bank of India, Salt Lake Branch for an amount of Rs. 3,10,000/- (Rupees Three lakhs ten thousand) only is released as detailed below to meet up concomitant expenditure in connection with DFID assisted Honorary Health Worker Scheme.

Sl. No.	A/C Head	Amount (In Rs.)
1.	Salaries	49,000.00
2.	Honorarium	2,09,000.00
3.	Operating Cost	48,000.00
4.	Rent	4,000.00
TOTAL		3,10,000.00
(Rupees Three lakhs ten thousand) only.		

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

Received Rs. 3,10,000/-  
vide cheque no. 737944  
dt. 12.05.08  
Sommik  
12/5/08

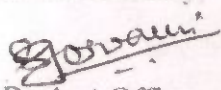
Contd. to P-2.



- 2 -

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.

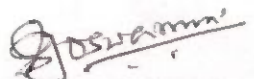
Yours faithfully,  
  
Project Officer

SUDA-Health/DFID/08/24/1(1)

Dt .. 12.05.2008

CC

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

  
Project Officer



# 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**

Resi : 254111 & 253596

Memo No. 48/DFID/18-1(A)08

Vice - Chairman

**ASHIM SAHA**

Resi : 224111

Date 9.5.08

Members :

**SAJAL BIKASH BHADAR**

Off. - 252240

**DILIP SARMA**

9434129345 (M)

**SUPRAVAT GHOSH**

Resi : 252989

To

**Dr. Shibani Goswami**

**Project Officer**

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

*Rs. 3.10 lakhs  
 may be returned  
 Thru A/c payee  
 Ghoswami  
 12.5.08*

**Sub:- For further allotment of Rs. 8,50,000 (Rupees Eight Lakhs Fifty Thousand.) only.**

Respected Madam,

*ca. m. 737944  
 12.5.08*

This is to inform you that the balance as on 1<sup>st</sup> April 2008 of Rs.1,51,507.00/- (**Rupees One Lakh Fifty One Thousand Five Hundred Seven**) only for DFID Assisted HHW Scheme, Krishnagar Municipality for the FY 2008-09.

I request you to place further allotment of fund for **Rs.8,50,000 (Rupees Eight Lakhs Fifty 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 (Apr. 08 & June. 08 Rs.16,350/- x 3 months)	49,050
2	Honorarium (Apr. 08 & June. 08 Rs.69,640/- x 3 months)	2,08,920
3	Operating Cost (Rs.16,000/- x 3 months)	48,000
4	Rent (up to June. 08)	4,030
5	Drug (FY - 2008 - 09)	5,40,000
<b>Total</b>		<b>8,50,000</b>

*17000  
 209000  
 48000  
 4000  
 31 lakhs*

*Fund Released (08. Apr 2008-09) - 1,51,507  
 w/c Resd (Apr 08) - 1,34,940  
 Bal. 16,567*

Thanking you,

Yours faithfully,

*Wajid*  
 -----  
**Chairman**  
**Krishnagar Municipality**

Memo 48(A)/DFID/18-1(A)08 Dated 9.5.08

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

- 1) Project Director, DFID Assisted HHW Scheme, Krishnagar Municipality & ADM(G), Nadia.
- 2) Sri Sashi Gopal Sarkar Councillor In Charge of Health, Krishnagar Municipality
- 3) Dr. Asim Kr. Joardar, CDO DFID Assisted HHW Scheme, Krishnagar Municipality.
- 4) 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.

*Wajid*  
 -----  
**Chairman**  
**Krishnagar Municipality**



Phone : 275384  
266483

P-14

Office of the Councillors of  
**MIDNAPORE MUNICIPALITY**  
**MIDNAPORE**

Memo No 967/O.F.I.D

Dated, Midnapore the 15.05.08

**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 ... 2,00,000 .../- (Rupees ... Two Lakhs only ... only on account of expenditure in connection with DFID assisted Honorary Health workers scheme.

Vide Demand Draft No ... 043030 ... Dt. 07.05.2008.  
Rs. ... 2,00,000/- only .....



*[Signature]*  
15/5/08

Chairman

Midnapore Municipality

*[Initials]*  
15/5

Phone : 275384  
266483

Office of the Councillors of  
**MIDNAPORE MUNICIPALITY**  
**MIDNAPORE**

Ref No 966/D.F.I.D

Dated Midnapore the 15.05.08

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 Dr. Sujit Roy, C.D.O 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 Dr. Sujit Roy.

*Swika*  
ATTESTED

*K. Chel*  
15/5/08  
Chairman  
Midnapore Municipality

*K. Chel*  
15/5/08

Chairman  
Midnapore Municipality  
*MA*  
15/5



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

Ref No. .... SUDA-Health/DFID/08/23

Date ..... 09.05.2008

From : **Dr. Shibani Goswami**  
Project Officer  
Health Wing, SUDATo : **The Chairman**  
Midnapore Municipality*2***Sub. : Release of fund worth Rs. 2,00,000/- towards expenditure in connection with DFID assisted Honorary Health Worker Scheme.**

Sir,

Apropos your communication bearing no. 239/DFID dt. 10.04.08, an Account Payee Demand Draft bearing no. 043030 dt. 07.05.2008 on State Bank of India, Salt Lake Branch for an amount of Rs. 2,00,000/- (Rupees Two lakhs) only is released as detailed below to meet up concomitant expenditure in connection with DFID assisted Honorary Health Worker Scheme.

Sl. No.	A/C Head	Amount (In Rs.)
1.	Honorarium & Salaries	2,00,000.00
	<b>TOTAL</b>	<b>2,00,000.00</b>
(Rupees Two lakhs) only.		

The balance amount <sup>lying with you</sup> may be utilized for which it was allotted.

*Received draft (no. 043030 dated 07.05.08)  
Rs. 2,00,000/- only.*

*Sunita Das (COO)  
16.05.08*

*Midnapore Municipality*

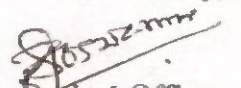
Contd. to P-2.

- 2 -

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

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

Yours faithfully,


  
Project Officer

SUDA-Health/DFID/08/23/1(1)

Dt .. 09.05.2008

CC

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

  
Project Officer



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

Ref No. SUDA-Health/DFID/08/21

Date ..... 05-05-2008

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

Sir,

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

Sl. No.	In favour of	Payable at	Amount (in Rs.)
1.	Chairman HHW Scheme, DFID Midnapore Municipality	Midnapore	2,00,000.00 (Rupees Two lakhs) only

Yours faithfully,

*Handwritten signature*  
Pal  
Finance Officer  
HHW Scheme - DFID, SUDA  
Health Wing, SUDA

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



5 MAY 2008

**DELIVERED**

Tel/Fax No.: 359-3184

OFFICE OF THE COUNCILLORS OF MIDNAPORE MUNICIPALITY  
MIDNAPORE

Ref No - 239/ DFID.

Dated - 10.04.2008

From - Chairman  
Midnapore Municipality.To - The Project Officer  
Health wing, SUDA.  
Salt Lake, Bidhannagar.  
Kolkata - 106.DDM. 043030 dt. 7.5.08  
for Rs. 2,00,000/-

Sub. Forwarding of Requisition of Money for the period of April - June'08.

Madam,

There is an amount of Rs- **16,67,712** /- (Sixteen lakh sixty seven thousand seven hundred and twelve rupees) only received from SUDA in the F/Y 2007-2008. Utilization certificate of an amount of Rs - **15,01,656** /- (Fifteen lakh one thousand six hundred and fifty six rupees) only already send to SUDA. Now, we are requesting you to placed before us an amount of Rs-**3,69,980** /- (Three lakh sixty nine thousand nine hundred and eighty, only for the period of April 08 to June 08.

Now, it is placed before you for your kind approval and necessary action.

Thanking You.



Chairman

Midnapore Municipality

10.6.08.



Office of the Councillors of  
**MIDNAPORE MUNICIPALITY**  
MIDNAPORE

Ref No 239/D.F.I.D. Requisition

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: - April to June 08

Sl No	Item of Expenditure	Expenditure
	Non - Recurring	
1	Equipment	9,000=00
2	Furniture	
3	Construction	
	a) Sub Centre - Rent	
	b) OPD	
4.	LEC Aids & Materials	
5.	Renovation Works	
6.	Documentation	
7.	Printing of HMIS forms	
8.	NGO Involvement	
	Total :-	
	RECURRING	
9.	HONORARIUM 74,810 X 3 =	2,24,430=00
10.	Salaries 28,850 X 3 =	86,550=00
11.	Rent	
12.	Training	
13.	Drug	
14.	LEC	20,000=00
15.	Operating Cost	30,000=00
	Total :-	3,69,980=00
	GRAND TOTAL	3,69,980=00

\* The amount of Rs. 3,69,980=00. (Three lac sixty-nine thousand nine hundred eighty) only required for the running of HHW's Scheme of DFID under Midnapore Municipality for the period of April to June 08.

Fund Released = 16,67,712.

W/c Recd upto March 15, 01, 656

Bal. in hand - 1,66,056

90%

28/4/08  
Chairman  
Midnapore Municipality

28.4

2,03,924  
Hon/Sul - 2 or letters

Hon/Sul	450,000
LEC	20,000
OP. Cost	30,000
	<u>2,03,924</u>

Rs. 2.00 lakhs  
may be released  
T/m  
DD.  
02.05.08

STATE URBAN DEVELOPMENT AGENCY  
OFFICE OF THE ADVISOR (HEALTH)

P-13

DEBIT VOUCHER

Voucher No. P-13

Date. 30-4-2008

HHW Scheme, DFID

PARTICULARS OF PAYMENT	AMOUNT	
	Rs.	P.
Being the amount spent on contingent-charges for the months of April, 08 as per vouchers attached	976 =	00
Rupees Nine hundred seventy six only.	976 =	00

Prepared by :

Checked by :

Pay order given by :

- ① Rs. 30 = 00
- ② " 100 = 00
- ③ " 28 = 00
- ④ " 400 = 00
- ⑤ " 81 = 00
- ⑥ " 83 = 00
- ⑦ " 79 = 00
- ⑧ " 75 = 00
- ⑨ " 100 = 00

Total Rs. 976 = 00

*[Signature]*  
30/4/08

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



3417-4-08

A. Mt. Roll - 100.00

100.00

*Alay*

NIZAM'S  
BA-16, SEC-III, KOL-91

2

①

EASTERN RAILWAY CAR PARKING  
HOWRAH

Contractor:-  
MAA TARA AGENCY  
16, Buncshibatala Road, Naihati  
24 Pgs (North)

Serial No. : 7146  
Car No. : WB2966662  
Car Type : FOUR WHR (L)  
Date of Parking : 11/03/2008  
Time of Car In : 6:55:30 PM  
Parking Charge : Rs. 30.00

Prepared by : SUMIT  
Valid upto 2 hours

For MAA TARA AGENCY



# West Bengal State Electricity Distribution Co. Ltd.

(A Government of West Bengal Enterprise)

BILL (Domestic / Commercial)

“টোল ফ্রি টেলিফোন নাম্বার ১৬০০-৩৪৫-৩০০০-এ আপনার  
যে কোন অভিযোগ ও বিদ্যুৎ চুরি সংক্রান্ত তথ্য নথিভুক্ত করুন”

CONSUMER ID : CONSUMER CODE : METER NO(S) : PREVIOUS READING : PRESENT READING : ADVANCE UNITS : AVERAGE UNITS : ADJUSTMENT UNITS : TOTAL UNITS : DUTIABLE UNITS :	SERVICE CONNECTION NO. : CONSUMER NO. : CONSUMPTION PERIOD : CONNECTED LOAD : PREVIOUS READING DATE : PRESENT READING DATE : BILLING DATE : CATEGORY :
---	---

BILL MONTH	ENERGY CH. (Rs.)	FIXED MINIMUM CH. (Rs.)	METER RENT (Rs.)	ELECTRICITY DUTY (Rs.)	FPPCA CHARGE (Rs.)
FEB-2008					
MAR-2008					
APR-2008					
MISC. CH. (Rs.)	ADJUSTMENT AMOUNT (Rs.)	L.P.S.C. (Rs.)	ARR. ENERGY CH. (Rs.)	ARR. ELEC. DUTY (Rs.)	GROSS DEMAND (Rs.)
0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00
REBATE AMT. (Rs.)	AMT. PAYABLE WITHIN DUE DATE	DUE DATE(S) OF PAYMENTS	AMT. PAYABLE AFTER DUE DATE (Rs.)	TOT. AMT PAYABLE WITHIN 1ST. DUE DATE TO AVAIL SPL. REBATE @5P/KWH (Rs.)	

TO AVAIL REBATE FACILITIES  
PAY WITHIN DUE DATE(S)

All A/c Payee Cheque / Draft should be Drawn  
in favour of "West Bengal State Electricity Distribution Company Limited"

**HOURS OF PAYMENT OF BILL**

Monday to Friday : From 9.30 A.M. to 3.30 P.M.  
Saturday : From 9.30 A.M. to 12.30 P.M.

FLUFFY FORMS • PH : 2401-4121/2668, KOL



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

## PROVISIONAL RECEIPT

Received e-TDS statement as per following details -

Receipt No.	Name of Deductor					
020140100276391	STATE URBAN DEVELOPMENT AGENCY					
Date	TAN	A.O. Code	Type of Return	Form No.	Periodicity	Financial Year
30 Apr 2008	CALS12437F	WBGWT1633	Regular	24Q	Q4	2007-08
No. of Deductee Records	Total Amount Paid (Rs.)	Total Income Tax Deducted (Rs.)	No. of Challans	Total Challan Amt. (Rs.)	Upload Fees (Rs.) Inclusive of taxes as applicable	
0	0.00	0.00	1	0.00	28.00	
Total Tax Deposited as per Deductee Details (Rs.)			No. of Salary Records		On behalf of National Securities Depository Limited (e-TDS Intermediary)	
0.00			0		TIN-FC ID: 02014 Alankit Assignments Ltd. DLIHSBRIX1044/2003 STOCK BROKER 213 TODI CHAMBERS 2 LAL BAZAR STREET, KOLKATA (WB)-700001	
Deficiency(ies) wrt to PAN of Deductees. Correction statement may be filed, if required.						
PAN APPLIED	PAN INVALID		PAN NOT AVAILABLE			
0	0		0			

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

SAM 5.46

Received Rs 400/- (Rupees four hundred) only  
from Health Wing SUDA; ILGUS BHAVAN, HC- Block, Sector-III  
Salt Lake, Kolkata-700 006 for supply of drinking water  
to Health wing, SUDA during March, 08 (1-3-08 to  
31-3-2008) and cleaning of Tables & chairs of  
the officers of Health Wing, SUDA.

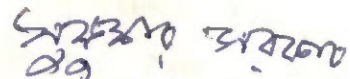
4

(Signature with date)  
Rajesh Rajke  
4/4/2008

CASH RECEIPT

Received Rs. 81/- ..... (Rupees. Eighty one) only  
from Health Wing, SUDA, 'ILGUS BHAVAN', HC- Block, Sector-III,  
Salt Lake, Calcutta-700 091 for supply of tea & snacks  
for meeting at Project office's Chamber on  
16.4.08.

5

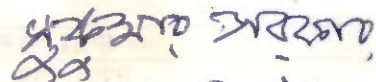
  
25-8-08

(Signature with date)

CASH RECEIPT

Received Rs. 83/- ..... (Rupees. Eighty three) only  
from Health Wing, SUDA, 'ILGUS BHAVAN', HC- Block, Sector-III,  
Salt Lake, Calcutta-700 091 for supply of tea & snacks  
during meeting at Health Wing, SUDA on 30-4-08

6

  
09.8.08

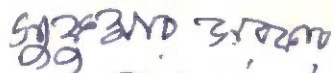
(Signature with date)

(Rupees in lakhs) only

Money Receipt

Received Rs. 79/- ..... (Rupees Seventy nine) only  
from Health Wing, SUDA, 'ILGUS BHAVAN', HC- Block, Sector-III,  
Salt Lake, Kolkata - 700 106 for supply of tea & snacks  
on 3.4.08 for meeting at Project office's Chamber.

7



~~25/8/08~~ 9/8/08  
(Signature with date.)



CASH RECEIPT

Received Rs. 7.57..... (Rupees.. Seventy.. five.....) only  
from Health Wing, SUDA, 'ILGUS BHAVAN', HC- Block, Sector-III,  
Salt Lake, Calcutta-700 091 for Supply of L.S. Snacks  
during meeting at Health Wing, SUDA on  
24-4-08.

8

*Handwritten signature and date*  
28.8.08  
(Signature with date)

**BAAZAR KOLKATA**  
A UNIT OF BAAZAR RETAIL LTD  
EC- 15, SALT LAKE CITY, KOLKATA 700064  
PHONE : 2334 3248/3249  
VAT TIN: 19340841059 CST TIN: 1940841253  
**\*\* RETAIL INVOICE \*\***  
(All Prices Are Inclusive of All Taxes)

No. : 05/00006136 Date: 09/04/08 08:29 PM

SL.	ITEM CODE	QTY.	RATE	AMOUNT
1	MSC W319964	1	295.00	295.00
		Disc:	29.50	
2	TWL W302204	1	125.00	125.00
		Disc:	25.00	
Total :				420.00
Discount :				54.50
Gr. Total :			2	366.00

9



makers at the state and KMDA level. This is more so because for significant part of the poor delivery may remain institution based and because it can add to their poverty and prevent them from rising out of it.

**Existing disease patterns in communities: -**

Water borne diseases rank very highly mainly due to unsafe water connections existing in the community. Diarrohea was ranked very highly by both the HHWs and the community people, followed by incidences of respiratory illness, fever and skin diseases. Injuries was another common complaint. Gastrointestinal disorders and genitourinary problems were also common. Tuberculosis also emerged as a serious health concern. One particular PHA exercise found cases of 18 TB patients from one site. (1) (2) (3) (4) (5) (6)

The above pattern is typical of the poor who are living and working in largely unsanitary conditions and who are suffering from chronic malnutrition.

**RCH behavioural practices:**

The PHAs found that there is a remarkably increased demand for all RCH services and the HHW programme may claim considerable part of the credit for this change. Invariably all families knew about the need for immunisation, and had a preference for institutional delivery, as well as desired ante and post natal care from a nurse. They knew that need for emergency obstetric care may arise and were broadly aware of at least a few centers which had this facility – even is it was not an optimum choice for their context. The demand for family planning services- both temporary and permanent methods were high. (Have impact)

However this increased awareness does not necessarily translate into universal utilisation of these services. (To address)

The general factors determining HHW access already discussed are the main determinants of the remaining gaps in immunisation and antenatal care.

For institutional delivery and emergency obstetric care it is the cost of care that is affecting the pattern – with state government run medical college hospital and district hospitals being preferred over ULB run maternity homes and private clinics. There are also sub-groups which are predominantly having home deliveries with untrained birth attendants as the study team found in all the five areas where PHA was done. The HHWs are also aware of the home deliveries, however, they are not in touch with any of the birth attendants, and mostly they are not even aware who these birth attendants are. Since the official figures are 95% institutional delivery – the home deliveries seen in these PHAs and visits may be all part of the 5%. Alternatively official statistics may be underestimating this by missing out on many sub-groups altogether. (To look into)

Communities were found to be quite dissatisfied with the level of access to reproductive technologies such as facilities for MTP and sterilisation. In fact, there is a huge gap between demand and supply of sterilisations. Demand was clearly there but access to services was (To address)









P-10(A)

P-10(A)

# Bolpur Municipality

## Miscellaneous Receipt

West Bengal Municipal (Finance and Accounting)

Form No. 39

No. 15

Date 30.04.08

Receive from Project Officer, Health, SUDA the sum of Rs. 1,88,000/-

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

Vide Demand Draft No. 042727 Dt. 28.04.2008

Rs. 1,88,000/-

J. Singh  
29/4/08

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. - 16/DFID/08

DATED - 29.04.08

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

Sub: Authorization letter.

Madam,

I do hereby authorize Sri. Madhab Chandra Saha, Account Assistant of DFID assisted HHW Scheme, Bolpur Municipality to receive the Cheque/Draft No. 042727 Dated 28.04.08 amounting to Rs. 1,88,000/- (One Lakh Eighty Eight thousand only) on my behalf. The signature of Sri. Madhab Chandra Saha is attested below.

Signature of Madhab Chandra Saha

Madhab Ch. Saha.

Is attested

*[Signature]*  
29.4.08

President

M.H.F.W. Committee

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

&

Chairman

Bolpur Municipality

Yours faithfully,

*[Signature]*  
29.4.08

President

M.H.F.W. Committee

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

&

Chairman

Bolpur 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.08.09

Date ..... 29.04.2008

From : Dr. Shibani Goswami  
Project Officer  
Health Wing, SUDATo : The Chairman  
Bolpur Municipality

Sub. : Release of fund worth Rs. 1,88,000/- towards expenditure in connection with DFID assisted Honorary Health Worker Scheme.

Sir,

Apropos your communication bearing no. 10/DFID/08 dt. 22.04.08, an Account Payee Demand Draft bearing no. 042727 dt. 28.04.2008 on State Bank of India, Salt Lake Branch for an amount of Rs. 1,88,000/- (Rupees One lakh eighty eight thousand) only is released as detailed below to meet up concomitant expenditure in connection with DFID assisted Honorary Health Worker Scheme.

Sl. No.	A C Head	Amount (In Rs.)
1.	Honorarium & Salaries	1,60,000.00
2.	IEC	10,000.00
3.	Operating Cost	18,000.00
	<b>TOTAL</b>	<b>1,88,000.00</b>
(Rupees One lakh eighty eight thousand) only.		

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

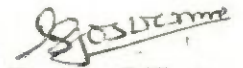
Received Draft no. 042722 amount Rs. 1,88,000/-  
Convered Entry Entry 15th and July.  
Head of Ch. Sirke  
30.04.2008.

Contd. to P-2.

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

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

Yours faithfully,

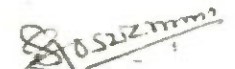
  
Project Officer

SUDA-Health/DFID/08/09/1(1)

Dt .. 29.04.2008

CC

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

  
Project Officer



VALID FOR SIX MONTHS ONLY  
SALT LAKE (SECTOR-1) CALCUTTA.  
ISSUING BRANCH No.: 23581612

KEY : TOJDAY

0 01612

INSTRUMENT FOR RS 50,000 AND OVER SHOULD ONLY BE SIGNED BY TWO OFFICERS

DATE  
28/04/2008

मांगे जानेपर ON DEMAND PAY CHAIRMAN, HHW SCHEME, DFID BOLPUR MUNICIPALITY \*\*\*\*\*  
CHAIRMAN, HHW SCHEME, DFID BOLPUR MUNICIPALITY \*\*\*\*\*

या उनके आदेश पर OR ORDER

रुपये RUPEES

ONE	EIGHT	EIGHT	ZERO	ZERO	ZERO
LAKHS	T'TSD	THSDS	HNDRS	TENS	UNITS

\*\* R. 1 8 8 0 0 0 Ps00

SBI AMOUNT BELOW 188001 (1/6)

अदा करें। मूल प्राप्त VALUE RECEIVED

PAISE ZERO ONLY

Sr. No.: 90100  
KEY : TOJDAY

CO/TL  
KO/TL

भारतीय स्टेट बैंक  
STATE BANK OF INDIA

प्राधिकृत हस्ताक्षरकर्ता AUTHORIZED SIGNATORY

शाखा प्रबंधक / BRANCH MANAGER

(हस्ताक्षर नमूना क्र० / S.S. NO.)

M 4678 (हस्ताक्षर नमूना क्र० / S.S. NO.)

बॉलपुर कोड नं. CODE NO

BOLPUR 0 02027

0129

अदाकर्ता शाखा / DRAWEE BRANCH

0129042727

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⑈042727⑈ 0000020001⑈ 000129⑈ 16

## MUNICIPAL LEVEL HEALTH &amp; FAMILY WELFARE COMMITTEE

## UNDER DFID ASSISTED H.H.W. SCHEME

MEMO NO. - 10/DFID/08

DATED - 22.04.08

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.8, 26,260.00 with utilization certificate has been already sent. The expenditure was incurred out of the fund of Rs.8,53,348.55 (Including O.B.for the year of 2007-08) the received so far.

A sum of Rs. 1,60,791.45 (Rupees One luck Sixty thousand Seven hundred Ninety one & paise Forty Five ) only will be required for salaries of stuff, Honorarium of HHWs, FTSS, PTMO & Attendant, I.F.C, Operating Cost , up to June 2008.The detailed statement enclosed herewith for your kind perusal.

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

Yours Faithfully

  
President

M.H.F.W. Committee

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

\*  
Chairman

Bolpur Municipality





### Details of Requirement of fund

Sl No.	Head of Requirement	Amount (Rs.)
1	Salaries of A.H.O, C.DO, P.H.N, Account. Asst. & D.E.O. (April to June 2008)	78,550.00
2.	Honorarium of HI-Ws (April to June 2008)	52,500.00
3.	Honorarium of FTS (April to June 2008)	12,780.00
4.	Honorarium of P.T. M.O (April to June 2008)	12,600.00
5.	Honorarium of Attendant(April to June 2008)	3,450.00
6.	I.E.C(April to June 2008)	10,000.00
7.	Operating Cost (April to June 2008)	18,000.00
<b>Total</b>		<b>1,97,880.00</b>
Cash in hand-		27,088.55
<b>Urgent Rs.</b>		<b>1,60,791.45</b>

78,550 = ✓  
~~86,550~~  
 81,330 = ✓  
 1,59,880 = ✓  
 10,000 ✓  
 18,000 ✓  
 1,87,880 ✓

(Rupees One lakh Sixty thousand Seven hundred Ninety One & paise forty five only).

Rs. 1.88 lakhs.  
 may be returned  
 thro. A/c payee cheque...  
 J.S. 22/4/08  
 J.S. 22/4/08  
 President  
 M.H.P.W. Committee  
 Under D.F.I.O. assisted H.W. Scheme  
 &  
 Chairman  
 Panchayat

Fund Released  
 during 2007-08 - Rs. 8,53,349  
 we need upto  
 Mar, 08 - Rs. 8,26,260  
 Bal Rs. 27,089

D.D. No 4272  
 Ar. 28.4.08

97%



**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/08/06Date 25-04-2008To : The Manager  
State Bank of India  
Salt Lake City  
Kolkata- 700 064Sub : 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 Bolpur Municipality	Bolpur	1,88,000.00 (Rupees One lakh eighty eight thousand) only

Yours faithfully.

  
S. Pal  
Finance Officer  
HHW Scheme - DFID, SUDA  
Health Wing, SUDA  
Dr. S. Goswami  
Project Officer  
HHW Scheme - DFID, SUDA  
Health Wing, SUDA**DELIVERED**  
29 APR 2008



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

करकटौती लेखा सं. (टैन) / TAN

Received by  (नाम) Name

शे नकद खाते से डेबिट / बँक सं.  रु.

Cash/ Debit to A/c/ Cheque No.  For Rs.

रु. (शब्दों में)  (शब्दों में)

जमाकर्ता / drawn on  (बँक एवं शाखा का नाम) / (Name of the Bank and Branch)

द्वारा से स्त्रोत पर कर संग्रहण (टीसीएस) कटौती (दि. टी. एस.)  /  (कम्पनी/Company) / (नॉन कम्पनी/Non-Company)

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

(जो लागू न हो उसे काट दें) / (Strike out whichever is not appl)

के रूप में निगारण वर्ष / for the Assessment Year के लिए भाग हुआ  -

63928

ना है।  
कम्पनी कटौतदत्त तथा गैर कम्पनी कटौतदत्तों से प्राप्त पर कटौत कर के जमा

TOP OF THE CHALLAN. SEPARATE CHALLANS SHOULD BE USED FOR DEPOSITING  
ANY DEDUCTIBLES AND FROM NON-COMPANY DEDUCTIBLES.

Car hire charges for March, 08  
1) Rinku Bhattacharjee - 191 = ₹  
2) Binda Dhar — 182 = ₹  
Total Rs 373 = ₹

MENT CONTAINS THE FOLLOWING :

CH  
YY)

OF INCOME.

Kolkata-700 001 Phone : 2248-4698/3022-0074 Code : I-281



2919

Original/Duplicate/Triplicate/Quadruplicate

PS

10317

# CHALLAN

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

0028-00-107-001-03

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

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

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

P. Tax Registration/Enrolment No. <u>RES1165143</u>	Period from	Period to
	MM Y Y Y Y	MM Y Y Y Y
	<u>03 2008</u>	<u>03 2008</u>

Particulars of Coins & Notes/Cheque

Ra.                      Paise

ch. no. 737940 dt 24.4.08 Tax  
 on S.P.S. Saltlake Branch Interest  
 Penalty  
 Comp. Money  
 Total Amount

380	00
380	00

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

(In words) Rupees Three hundred eighty only.

Signature of the Depositor

Case No. 11 of the Payment  
 Return to assessed dues  
State Bank of India P.O. KOLKATA

Year end

Date of Tender  
2 MAY 2008

P. T. O. Number Code

Bank/Treasury Code

FOR BANK/TREASURY USE

Date of Entry

[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
---	---

Date of Credit

5 MAY 2008

MM Y Y Y Y

Received Rs.

Date of Debit

7 MAY 2008

Treasurer

Accountant EARNING

Treasury Officer/Agent or Manager  
For Instructions see overleaf



**INSTRUCTIONS**

1) Dr. N.G. Gangopadhyay -	110.00
2) Dr. Garji De -	110.00
3) S. S. S. -	50.00
4) " S.K. Lahiri -	50.00
5) " P.R. Raju -	30.00
6) " S.S. Menk -	30.00

Total Rs 380.00

**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.

**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. Similary, the Challan Nos. should be noted in the five boxes as under. If the Challan Nos. is 1, the entry should be 00001, if the Challan No. is 10, the noting should be 00010 and so on.
3. In the colum for Date of entry the letter 'D' refers to the date of the month. The date shall be filled up as 01, 02,.....31. The boxes for Month and Year shall be filled up as stated in Paragraph 2 for depositors



भारत संचार निगम लिमिटेड  
(भारत सरकार का एक उद्यम)  
कलकत्ता टेलिफोन्स

BHARAT SANCHAR NIGAM LIMITED  
(A Govt. of India Enterprise)  
CALCUTTA TELEPHONES

STAGE PRE-PAID Service Tax Registration No.  
PC-1/AGE 242 637011/Calcutta Reg Date 31-3-2007

Bill Month : April, 2008

Plan : GENERAL

Page : 1 of 1

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

PIN : 700091 RefNo: 2359-01982

BILL MAIL SERVICE

**SLASHED AGAIN!**

- ▶ Enjoy Life time Pre-Paid connection at Rs. 189/- (Incl. Taxes).
- ▶ Get Free talk value of Rs. 65/-.
- ▶ Renewal every 6 months.

Fill up your form for

**ABAR ANANT\***

- Coming - **POWER VOUCHER** on **ABAR ANANT** - Call @ 30 pause
- Contact your nearest Customer Service Centre or our Franchisees

\* Conditions apply

Telephone No.	2359-3184
Customer ID	0106009800364
Installation Date - PSTN	18-06-1999
Installation Date - DIAS/BB	
(Code) (Class) (USG) (Cat)	(11) 0 0 (5)
Bill Period	Feb08-Mar08
Due Date	25-04-2008
Net Amount Payable	946.00

OPENING MR DATA		CLOSING MR DATA		METERED UNITS	TKT. UNITS	CR. UNITS	FREE UNITS	CHARGEABLE UNITS
DATE	READING	DATE	READING					
31-01-08	000110456	29-02-08	000110749	293	0	0	50	243
29-02-08	000110749	31-03-08	000111038	289	0	0	50	239

CALL CHARGES :

482.00

RATES : 1.00 1.20  
CALLS : 243 239

NET AMOUNT PAYABLE IN THIS BILL

FIXED CHARGE 01-02-08 To 31-03-08	360.00
SERVICE-TAX @12% (W.E.F. 18-APR-2008)	101.04
EDUCATIONAL CESS 2% OF ST	2.02
SECONDARY AND HIGHER EDU CESS	1.01
<b>946/-</b>	<b>946.00</b>

Passed for Payment of Rs. 946/-

(Rupees Nine hundred and forty six)

out of HHW Scheme.

Operating

Rest

Dr. S. GOSWAMI

Project Officer,

Health Wing

S. U. D. A.

Surcharge of Rs. 20.00 will be levied in next bill if not paid by 25-04-08  
The Telephone is liable for disconnection if not paid within due date

Notice for Disconnection:

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

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

LAST PAYMENT DETAIL				OUTSTANDING AS ON : 31-03-08 (FOR LAST 18 MONTHS ONLY; NOT INCLUDED IN THIS BILL)	
AMOUNT	BILL DATE	RECEIVED ON	TOTAL O/S	LAST BILL OUTSTANDING	
				AMOUNT	BILL DATE
1266.00	05-02-2008	21-02-2008	0.00	0.00	

**ONLY A FEW CARE FOR THEIR CUSTOMERS**

BSNL Introduces **FREE PERSONAL ACCIDENT INSURANCE COVERAGE\***

of Rs. 50,000/- for Land Line / WLL / CellOne Postpaid customers (Except Government PSU / Corporate / NGO / PCO connections) effective from 14/01/2008 to 13/01/2009

For details & claims call Toll Free helpline 1800-42-5858 of M/s Bajaj Allianz | \* Conditions apply



23/04/08 11-48 0106  
3184 0946.00

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

Help children in need of care and protection - Dial 1098 to 'Child Line'





# BHARAT SANCHAR NIGAM LIMITED

(A Govt. of India Enterprise)

## CALCUTTA TELEPHONES

### ADDRESS YOUR GRIEVANCES TO

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

#### For following types of grievances :

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

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

### IMPORTANT INFORMATION REGARDING BILL PAYMENT

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

### To help proper delivery of your bill

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

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

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

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

**Other Authorised Collection Centres:** Above 500 collection centre + 150 drop boxes additions made every month.

Telegraph Offices	Barrackpore • Barasat • Nager Bazar	Baguihati • Bidhan Nagar	CTO [BBDBag] (Both Cash & Cheque) • Park St	Bandel • ChandanNagar • Howrah • Srerampore	Alipur • Behala • Jadavpur • Netaji Nagar • ITO • RB Avenue
Post Offices (Partial List)	AlamBazar • Belgachia • Bangur Avenue • Baranagar • Barasat HO • Barrackpor HO • Bhatpara HO • Kalyani SO • Madhyamgram • New Barrackpore • Panihati • Sodepur	BidhanNagar • BidganNagar CC • Belighata HO • DeshbandhuNagar • Sri Bhumi • Kendriya Vihar	Bowbazar • Burrabazar • Calcutta GPO • Chittaranjan Ave • Circus Ave • Entally • Esplanade • Sealdah SO • Telephone Bhavan	Andul Mouri • Bhadrakali ChandanNagar • Chinsura HO • Howrah HO • Salkia HO • Srerampore SO • Shibpur • Tribeni • Uluberia • Uttarpara	Baruipur HO • Budge Budge • Garden Reach • Kasba • Pamashree Pally • Regent Park • Regent Estate • Tollygunge
UTI Bank (Cheque Only)	Airport (Hotel Ashoke) • Barasat (Nabapally) • Barrackpore (Disha Eye Hosp) • Dunlop • DumDum • Lake Town • Madhyamgram • Panihati • Shyambazar	Baguihati • CIT Road • Kankurgachi • Salt Lake - BD20 • Salt Lake - EZCC • Salt Lake - Electronics Complex	Dalhousie Sq • Kolkata Main • Burabazar	ChandanNagar (united NH Co-op Society) • Chinsurah • Dankuni • Howrah • Konnagar • Rishra • Srerampore	Amtala Branch • Baruipur • Behala • Golpark • Garia • New Alipore • Maheshtala • Prince Anwar Shah Rd • RB Avenue • Tollygunge
PNB			Brabourne Road		
Central Bank			Dharamtalla, 68 Lenin Sarani		
INDUSIND Bank			Burrabazar • Lyons Range • Park St		Gariahat
ING Vysya Bank			Brabourne Rd • Burrabazar (Kalikrishna Tagore st) • Dalhousie (Hemanta Bose Sarani) • Middleton St.		RB Avenue
CITI Bank Drop Box	40 Branches All over Kolkata; Please contact Citi Bank				
Internet Kisoks & STD-PCO Booths	Sc. College, Rajabazar • Madhyamgram & Authorised STD-PCOs	Authorised STD-PCOs	Authorised STD-PCOs	Authorised STD-PCOs	Manton, Behala & Authorised STD-PCOs
Easy Bill Limited	Please Dial toll free no. 1800-11-7575 or visit www.calcuttatelephones.com for list • We are reaching nearer				

### ADDRESS YOUR BILLING COMPLAINTS TO:

#### Chief Accounts Officer (TR)

Alipore, Ph. : 24485776, Fax : 24486128 | Bidhannagar, Ph. : 23218400, Fax : 23584849 | Barrackpore, Ph. : 25924466, Fax : 25927752 | City, Ph. : 22155757, Fax : 22155358  
 Central, Ph. : 22484973, Fax : 22305161 | Howrah, Ph. : 26556070, Fax : 26769100 | Jadavpur, Ph. : 24214001, Fax : 24214444 | North, Ph. : 25338442, Fax : 23522560  
 South, Ph. : 24600640, Fax : 24600641 | Srerampore, Ph. : 26521811, Fax : 26524080

Call Centre Number **SAMPARK** or Visit [www.kolkata.bsnl.co.in](http://www.kolkata.bsnl.co.in) | Broad Band Call Centre Number : 1800-424-1600



## STATE URBAN DEVELOPMENT AGENCY

HEALTH WING  
"ILGUS BHAVAN"H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091  
West Bengal

Ref No. SUDA-Health/DFID/08/05

Date 22.04.2008

From : Dr. Shibani Goswami  
Project Officer  
Health Wing, SUDATo : The Chairman  
Kalna MunicipalitySub. : Release of fund worth Rs. 2,88,000/- towards expenditure in  
connection with DFID assisted Honorary Health Worker Scheme.

Sir,

Apropos your communication bearing no. 429/DFID dt. 09.04.08. an Account Payee Demand Draft bearing no. 042631 dt. 15.04.2008 on State Bank of India, Salt Lake Branch for an amount of Rs. 2,88,000 - (Rupees Two lakhs eighty eight thousand) only is released as detailed below to meet up concomitant expenditure in connection with DFID assisted Honorary Health Worker Scheme.

Sl. No.	A/C Head	Amount (In Rs.)
1.	Honorarium & Salaries	1,77,750.00
2.	IEC	15,000.00
3.	Operating Cost	15,000.00
4.	Drug	65,250.00
5.	Training	15,000.00
TOTAL		2,88,000.00
(Rupees Two lakhs eighty eight thousand) only.		

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

Received in full.  
D.B.No - 042631  
dt :- 15/4/08  
Rs - 2,88,000/-  
Manish Biswas  
16/5/08.

5-9

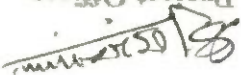
SUDA-Health/DFID/08/05/1(1)

CC

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

Dt. 22.04.2008

Project Officer



Yours faithfully,

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

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



# GOURANGA GOSWAMI

CHAIRMAN

KALNA MUNICIPALITY  
KALNA, BURDWAN

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

D.O.No. 430/DFID

Date: - 9/4/08.

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

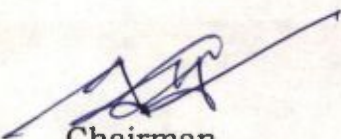
Madam,

I do hereby authorise Sri Manish Biswas, Accountants Assistant, HHW Project under Kalna Municipality to collect the Cheque / Draft No. 042631..... dated 15-04-2008..... amounting to Rs. 2,88,000.00 (Two lakhs eighty eight thousand only), for account of expenditure in connection with DFID ASSISTED Honorary Health Worker Scheme Kalna Municipality, on behalf of me.


Thanking you,

*Manish Biswas*

Signature attested

  
Chairman  
Kalna municipality  
**Chairman**  
Kalna Municipality

Yours Sincerely,

  
Chairman  
Kalna Municipality  
**Chairman**  
Kalna Municipality

SALT LAKE (SECTOR-1) CALCUTTA.

ISSUING BRANCH Tel No.: 23581612

KEY : SOHMET

0 01612

DATE 15/04/2008

मार्गे जानेपर ON DEMAND PAY CHAIRMAN, HHW SCHEME, DFID BISHNUPUR MUNIC  
IPA. \*\*\*\*\*CHAIRMAN, HHW SCHEME, DFID BISHNUPUR MUNICIPALITY\*\*\*\*\*

या उनके आदेश पर OR ORDER

रुपये RUPEES

FIVE	FOUR	ZERO	ZERO	ZERO	ZERO
LAKHS	T'TSD	THSDS	HNDRS	TENS	UNITS

\*\* SBI Rs 5 4 0 0 0 0 Ps00

AMOUNT BELOW 540001 (5/6)

अदा करें। मूल प्राप्त VALUE RECEIVED

PAISE ZERO ONLY

Sr. No.: 717907

KEY : SOHMET

भारतीय स्टेट बैंक  
STATE BANK OF INDIA

0129

BISHNUPUR (W. BENGAL)  
आकर्ता शाखा / DRAWEE BRANCH

कोड क्र. CODE NO

0 00044

प्राधिकृत हस्ताक्षरकर्ता AUTHORIZED SIGNATORY

(हस्ताक्षर नमूना क्र०/S.S. NO. 5-7169)

0129042630

शाखा प्रबंधक BRANCH MANAGER

P.K SAHA

8-011565

04 26 30 00000 20001 000 1 29 16

कंप्यूटर द्वारा मुद्रित होने पर ही वैध - केवल छ: माहों के लिये ही वैध

VALID ONLY IF COMPUTER PRINTED VALID FOR SIX MONTHS ONLY

SALT LAKE (SECTOR-1) CALCUTTA.

ISSUING BRANCH Tel No.: 23581612

KEY : QAKMUN

कोड क्र. CODE NO

0 01612

INSTRUMENT FOR RS. 28800 AND OVER IS VALID ONLY WHEN SIGNED BY TWO OFFICERS

DATE 15/04/2008

मार्गे जानेपर ON DEMAND PAY CHAIRMAN, HHW SCHEME, DFID KALNAMUNICIPALI  
TY\*\*\*\*\*CHAIRMAN, HHW SCHEME, DFID KALNAMUNICIPALITY\*\*\*\*\*

या उनके आदेश पर OR ORDER

रुपये RUPEES

TWO	EIGHT	EIGHT	ZERO	ZERO	ZERO
LAKHS	T'TSD	THSDS	HNDRS	TENS	UNITS

\*\* SBI Rs 2 8 8 0 0 0 Ps00

AMOUNT BELOW 288001 (2/6)

अदा करें। मूल प्राप्त VALUE RECEIVED

PAISE ZERO ONLY

Sr. No.: 309059

KEY : QAKMUN

भारतीय स्टेट बैंक  
STATE BANK OF INDIA

0129

KALNA  
आकर्ता शाखा / DRAWEE BRANCH

कोड क्र. CODE NO

0 03049

प्राधिकृत हस्ताक्षरकर्ता AUTHORIZED SIGNATORY

(हस्ताक्षर नमूना क्र०/S.S. NO. 5-7169)

0129042631

शाखा प्रबंधक BRANCH MANAGER

P.K SAHA

8-011565

04 26 31 00000 20001 000 1 29 16



**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/08/03


Date ..... 10-04-2008

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

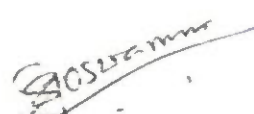
Sir,

We would request you to prepare Account Payee Demand Drafts 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 Bishnupur Municipality	Bishnupur	5.40.000.00 (Rupees Five lakhs forty thousand only)
2.	Chairman HHW Scheme, DFID Kalna Municipality	Kalna	2.88.000.00 (Rupees Two lakhs eighty eight thousand) only

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


Yours faithfully,

  
 Dr. S. Goswami  
 Project Officer  
 HHW Scheme - DFID, SUDA  
 Health Wing, SUDA
**DELIVERED  
16 APR 2008**

**GOURANGA GOSWAMI**  
 CHAIRMAN  
 KALNA MUNICIPALITY  
 KALNA, BURDWAN

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

M.O.No. 429/DFID

Date: - 9/4/08

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

*DDM 042631  
 N-15-4-08  
 S.M. Sutta for  
 Rs-2.88 lakhs  
 wing to  
 DM A/C  
 DD.  
 10/4/08*

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

Madam,

This is to inform you that Kalna Municipality had received during 2007-08 Rs. 10, 14,177.00 only. Out of this fund (10, 14,177.00), we have already spent Rs. 9, 38,036.00 (Nine lakhs Thirty eight thousand Thirty Six) only, which is 92% of the total amount.

Now, you are requested to issue further fund of Rs. 2, 88,030.00 for three months (April, May & June 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-91,280.00
6.	Operation & Maintenance	Rs-15000.00
<b>TOTAL</b>		<b>Rs. 2,88,030.00</b>

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

*Fund Released = 10, 14, 177  
 up to Recd. upto March 08 = 9, 38, 036  
 Bal. Rs. 76, 141*

*92%*

*[Signature]*  
 Chairman  
 Kalna Municipality



**GOURANGA GOSWAMI**  
CHAIRMAN  
KALNA MUNICIPALITY  
KALNA, BURDWAN

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

M.O.No. 428/DFID

Date: - 9/4/08

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

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

Madam,

This is to inform you that Kalna Municipality had received during 2007-08 Rs. **10, 14,177.00** only. Out of this fund (**10, 14,177.00**), we have already spent Rs. **9, 38,036.00** (Nine lakhs Thirty eight thousand Thirty Six) only, which is 92% of the total amount.

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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	Rs-15000.00
	<b>TOTAL</b>	<b>Rs. 2,88,030.00</b>

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

  
Chairman  
Kalna Municipality

*Mzi*

## STATE URBAN DEVELOPMENT AGENCY

HEALTH WING

"ILGUS BHAVAN"

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

Ref No. ....SUDA-Health/DFID/08/04

Date ..... 22.04.2008

From : Dr. Shibani Goswami  
Project Officer  
Health Wing, SUDATo : The Chairman  
Bishnupur MunicipalitySub. : Release of fund worth Rs. 5,40,000/- towards expenditure in  
connection with DFID assisted Honorary Health Worker Scheme.

Sir,

Apropos your communication bearing no. 74/DFID/XI-8 dt. Nil, an Account Payee Demand Draft bearing no. 042630 dt. 15.04.2008 on State Bank of India, Salt Lake Branch for an amount of Rs. 5,40,000/- (Rupees Five lakhs forty thousand) only is released as detailed below to meet up concomitant expenditure in connection with DFID assisted Honorary Health Worker Scheme.

Sl. No.	A/C Head	Amount (In Rs.)
1.	Honorarium & Salaries	2,10,000.00
2.	IEC	40,000.00
3.	Operating Cost	40,000.00
4.	Medicine	2,50,000.00
TOTAL		5,40,000.00
(Rupees Five lakhs forty thousand) only.		

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

Received one D/D bearing no 042630 dated 15.04.08 on S.B. 9 Salt Lake Branch amounting Rs 5,40,000 (Five lakh forty thousand) only.

— Arun K. (Act Asst)

Contd. to P-2.

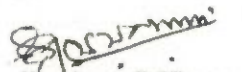


- 2 -

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

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

Yours faithfully,

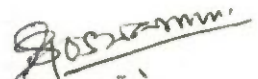
  
Project Officer

SUDA-Health/DFID/08/04/1(1)

Dt. 22.04.2008

CC

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

  
Project Officer

# BISHNUPUR MUNICIPALITY

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

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

Ref. No.....

Date..... 17/04/2008.

To

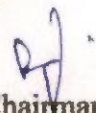
The Project Officer  
S.U.D.A., Salt Lake.  
Kolkata - 106.

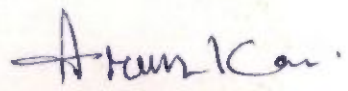
Sir


I do hereby authorized Sri Arun Kar, Account Assistant of DFID Project under Bishnupur Municipality, on my behalf, to received demand Draft/Cheque form S.U.D.A., Salt Lake, Kolkata, whose signature is given below. Whom please makeover the same and oblige.

Thanking you,

Yours faithfully,

  
Chairman,  
Bishnupur Municipality.

  
Signature of Sri Arun Kar is attested.

  
Chairman,  
Bishnupur Municipality.



# BISHNUPUR MUNICIPALITY

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

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

Ref. No..... 74 /D.F.I.D./XI - 8.

Date.....

*DDMM 042630  
A. 15. 4. 08  
S.B.A. Sikkhalu  
M. 5.40  
be returned  
pages DD.  
10.9.08*

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

### Under Bishnupur Municipality.

Sub:- Requisition for further fund for Rs. 6,38,000.00

Requirement of fund for three Months is placed below

Sl. No.	Item & Expenditure	Amount in Rs.
01.	Honorarium & Salaries for Three Months (Apr., May, & June - 2008)	2,10,000.00
02.	I.E.C.	40,000.00
03.	Operating cost for Three Months. (Apr., May, & June - 2008)	40,000.00
04.	Stationary.	40,000.00
05.	Medicine. <i>for Six Months</i>	3,00,000.00
06.	Convenience.	8,000.00
<b>Total Rs:-</b>		<b>6,38,000.00</b>

*2.10  
0.40  
0.40  
2.50  
5.40*

*5,90,000.00*

Total amount Regd. Rupees Six Lakh Thirty Eight Thousand Only by D\ D.

*Fund Released - 15, 31,646  
w/c Recd upto Feb 08 - 13, 82,422*

*1,49,224*

*90%*

*[Signature]*  
Chairman,  
Bishnupur Municipality.

*5,44,000 for whole year.*

*1,49,224*



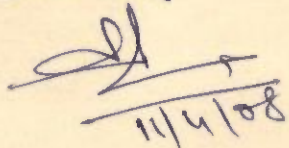
Sub:- Release of payment to M/s. Loknath Enterprise for supply of stationery articles for office use.

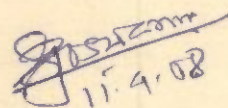
Apropos verbal order, M/s. Loknath Enterprise supplied stationery articles for office use. After complying with the above supply, the firm submitted two bills for Rs. 2520/- and Rs. 150/- dt. 8.4.08 and 10.4.08 respectively for payment.

The articles have been received in good condition and entered in Stock Ledger. The bills have been checked and the rates quoted are reasonable and placed below for pay order.

Hence, the amount of Rs. 2670/- (Rs. 2520/- + Rs. 150/-) Rupees Two thousand six hundred seventy only may be released in favour of M/s. Loknath Enterprise debiting SHW Scheme, DPID, SUDA under the Hc head - "Operating Cost."

Submitted.

  
11/4/08

  
11.4.08

P.O. cep, SUDA



No. **645**

CASH MEMO

Date 08/04/2008

# 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.
6 Rim	A4 Xerox Paper.	@150/-	900	00
3 Rim	V1 Xerox Paper.	@210/-	630	00
3 Rim	A3 Xerox Paper.	@330/-	990	00

(Paper Two Thousand  
 Five Hundred and  
 Twenty only)  
 (Received in full)  
*[Signature]*  
 08/04/08

Received in good  
 condition & entered  
 in stock ledger  
 P.O. m. 10

TOTAL 2520 00

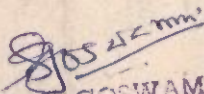
(P.T.O)

Signature  
*[Signature]*  
 08/04/08

Passed for Payment of Rs 2520/-

(Rupees ~~Two thousand five~~ hundred and five)

Only out of HHW Scheme.  
CFID, SCDA under sub head "Operating Cost"

  
Dr. S. GOSWAMI

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

11/4



No. 629

CASH MEMO

Date..10/24/2008

# 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.
50/89	Comiser Cover.  (Rupees One Hundred and Fifty only) (Received in sum.)  And 10/24/08.  Received in good condition and entered in stock ledger pg no. (10)		150	00
TOTAL			150	00.

(P.T.O)

Signature

*[Signature]*  
10/24/08

Passed for Payment of Rs .. 150/-  
( rupees *one hundred fifty*)  
( Pay out of HHW Scheme,  
J : ID, SUDA under sub head ... *Operating cost*)

*6/11/4*

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



# State Urban Development Agency

P-4

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

Health Wing

## Statement of Bill for Car Hiring Charges

of Smt. Bula Dhar

For the Month of March, 2008

Vehicle No. WB04B0704

Bill for Rs. 14,288 = ₹

(Rupees fourteen thousand + Rs. 14,288 = ₹  
two hundred eighty-eight) only.

i) Less I.T. Deduction @ 2.04% on Rs. 8600/- on actual hire charge (-) Rs. 175 = ₹

ii) Less I.T. Deduction @ 2.04% on Rs. 342/- on overtime (-) Rs. 7 = ₹

Net Payable

Rs. 14,106 = ₹

Passed for payment Rs. 14,106 = ₹ (Rupees fourteen thousand  
one hundred six) only be cheque to the above person and

Rs. 182/- 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



BILL

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

Name - Bula Dhar  
 Car NO.- WB04B0704  
 For The Month of March 2008  
 Date.- 4/4/08

No	Date	Reporting		Releasing		Total Duty Hrs	OT Hours	K.M.S	Releasing K.M.S.	Total KMS. RUN	Remarks:
		Time	Time	Time	Time						
	3.3.08	9.15Am	8.15Pm	11.Hours	1.Horn	22224	22305	81			
	4.3.08	9.15Am	8.30Pm	11.15mts	1.Horn	22310	22372	82			
	5.3.08	9.15Am	8.Pm	10.45mts	1.Horn	22397	22476	79			
	6.3.08	9.15Am	8.15Pm	11.Horn	1.Horn	22481	22567	86			
	7.3.08	9.15Am	8.35Pm	11.20mts	1.Horn	22572	22648	76			
	10.3.08	9.15Am	8.45Pm	11.30mts	1.Horn	22813	22892	79			
	11.3.08	9.15Am	8.35Pm	11.20mts	1.Horn	22897	22993	76			
	12.3.08	9.15Am	8.10Pm	10.55mts	1.Horn	22978	23075	77			
	13.3.08	9.15Am	8.15Pm	11.Horn	1.Horn	23080	23153	73			
	14.3.08	9.15Am	9.05Pm	11.50mts	2.Horn	23158	23238	80			
	17.3.08	9.15Am	8.35Pm	11.20mts	1.Horn	23256	23318	62			
	18.3.08	9.15Am	8.15Pm	11.Horn	1.Horn	23323	23413	90			
	19.3.08	9.15Am	8.10Pm	10.55mts	1.Horn	23418	23500	82			
	20.3.08	9.15Am	7.30Pm	10.15mts	X	23505	23557	52			
	24.3.08	8.30Am	7.30Pm	11.Horn	1.Horn	23607	23784	177			
	25.3.08	9.15Am	7.50Pm	10.35mts	1.Horn	23789	23867	78			
	26.3.08	9.15Am	8.10Pm	10.55mts	1.Horn	23872	23947	75			
	27.3.08	9.15Am	7.20Pm	10.5mts	X	23952	24026	74			
	28.3.08	9.15Am	8.10Pm	10.55mts	1.Horn	24031	24113	82			
	31.3.08	7.15A	8.15Pm	11.Horn	1.Horn	24134	24216	82			
	20 days				19.Horn			1663			

Certified that the data in this report is true and correct as reported and releasing the same to the concerned authorities for their use. I am duly bound by the provisions of the Act and the rules thereunder. I am duly bound by the provisions of the Act and the rules thereunder. I am duly bound by the provisions of the Act and the rules thereunder.

*[Signature]*



- ① Can Hiring Charge for 20 days @ 430/- per day = RS. 8600-00
- ② overtime charge for 194 hours @ 78/- per hour = RS. 342-00
- ③ Diesel consumed 138.58 ltr @ 34.62 per ltr  
1663 ✓ RS. 4797-63
- ④ M. oil consumed 3.326 str @ 165 per str  
3.326 str X 165 per str = RS. 548-79

for ten thousand Nine hundred Eighty seven only Bula Dhan  
 eight Paise forty two only 4/4/08

Passed for Payment of Rs. 14,288/-  
 (Rupees Fourteen thousand and eighty two only)  
 Only out of ITT Scheme, Operating Cost.  
 DFID, SLIDA under sub head...

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

Recd of Rt 14106/- by  
 Charge NO-7329378201  
 11/4/08.

Amount for payment = Rs. 14,288 = 00  
 Less IT deducted " 182 = 00  
 Net payable Rupees Fourteen thousand and eighty two only.  
 Rs. 14,106 = 00

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

B-11111111111111111111  
 Bula Dhan  
 11/4/08



9-3

MONEY RECEIPT

Received the Cheque No. 737936 dt. 11.4.08 from the  
Project Officer, Health Wing, SUDA, amounting to Rs. 12701/- (Rupees

Twelve thousand seven hundred one ) on 15/4/08



Pinku Bhattacharjee  
15/4/08



To  
The Project Officer  
Health Wing, SUDA  
Salt Lake.

Sub. : Request for Handover Cheque.

Madam,

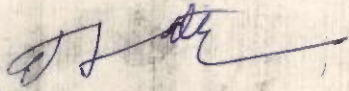
I do hereby authorized Sri Pradip Kr. Bhattacharjee to received the cheque on account of Car Hire Charges of my vehicle no WB-29 6662 for the month of March '08 on my behalf.

Specimen signature of Sri Pradip Kr. Bhattacharjee is attested below.

Thanking you.

Yours faithfully,

*Rinku Bhattacharjee*  
Rinku Bhattacharjee  
15/4/08

  
Signature of Sri Pradip Kr. Bhattacharjee attested.

*Rinku Bhattacharjee*  
(Rinku Bhattacharjee) 15/4/08

# State Urban Development Agency

P-3

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

Health Wing

Statement of Bill for Car Hiring Charges

of Smt. Rinku Bhattacharjee

For the Month of March, 2008

Vehicle No. WB-29-6662

Bill for Rs. 12,892 = 00

(Rupees Twelve thousand -

Rs. 12,892 = 00

eight hundred ninety-two) only.

i) Less I.T. Deduction @ 2.04% on Rs. 9030/- on actual hire charge (-) Rs. 184 = 00

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

Net Payable

Rs. 12,701 = 00

Passed for payment Rs. 12,701/- (Rupees Twelve thousand

seven hundred one) only be cheque to the above person and

Rs. 191/- 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



No.

94672 MEMO

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.
	<b>PETROL</b>		
	<b>DIESEL</b> 27 super	1038	90
	<b>ENGINE OIL</b> @ 34.63		
Thanking you!		<b>Total</b>	1038 90

Date.....

*[Signature]*  
Signature





# CASH MEMO

H.S.D. & M.S. SL. No. 28/2005

LUB SL. No. CG/L. Oil/Salt Lake 82/2003/2735

No. N **31658**

Phone : 2335-0895

Date: 18/3/08

## Jaya Service Centre

IA-278, Sector-III, Salt Lake, Kolkata-700 097

Bharat Petroleum dealer of Petrol, Diesel  
& Lubricating.

Description	Amount	
	Rs.	P.
Petrol / Speed Ltrs.		
Diesel/Hi-speed Diesel Ltrs.		
Lubs. <i>Castrol CB 815</i>	<i>165</i>	<i>1</i>
Others		
<b>TOTAL</b>	<i>165</i>	<i>1</i>

NO.

Signature 31/3/08

**BILL**

Bill for Car Hiring Charge in respect of Car No. WB-29 6662 for the Month of March '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.	3.3.08	9-15	8-45	11 hrs. 30m	✓	53504	53560	59.0			
2.	4.3.08	9-15	8-40	11 hrs. 25m	✓	53585	53620	35.0			
3.	5.3.08	9-15	8-15	11 hrs	✓	53643	53675	32.0			
4.	6.3.08	9-15	7-00	9 hrs 45m	—	53692	53735	36.0			
5.	7.3.08	9-15	9-30	12 hrs. 15m	✓	53758	53806	48.0			
6.	10.3.08	9-15	9-10	11 hrs. 55m	✓	53819	53887	68.0			
7.	11.3.08	9-15	7-50	12 hrs. 45m	✓	53902	53980	78.0			
8.	12.3.08	9-15	7-45	10 hrs. 30m	—	54000	54044	44.0			
9.	13.3.08	9-15	7-15	11 hrs	—	54065	54106	41.0			
10.	14.3.08	9-15	9-00	10 hrs. 45m	✓	54129	54170	41.0			
11.	17.3.08	9-00	9-00	12 hrs.	✓	54181	54234	53.0			
12.	18.3.08	9-00	8-30	11 hrs. 30m	✓	54257	54302	45.0			
13.	19.3.08	9-15	8-35	11 hrs. 20m	✓	54325	54390	65.0	90.75	2.178	
14.	20.3.08	9-15	7-30	10 hrs. 15m	—	54414	54451	37.0	1.5m	1.5m	
15.	24.3.08	9-15	7-35	10 hrs. 20m	—	54476	54535	59.0			
16.	25.3.08	9-15	8-00	10 hrs. 45m	✓	54556	54610	54.0			
17.	26.3.08	9-15	8-15	11 hrs.	✓	54634	54696	62.0			
18.	27.3.08	9-15	7-35	10 hrs. 20m	—	54714	54762	48.0			
19.	28.3.08	9-15	8-15	11 hrs.	✓	54782	54836	54.0			
20.	29.3.08	9-15	7-45	10 hrs. 30m	—	54852	54894	42.0			
21.	31.3.08	9-15	8-15	11 hrs.	✓	54909	54998	89.0			
22.	31.3.08			20 hrs.	✓			108.0			

Certified that the distance run of vehicle reported and releasing time of vehicle is duly been verified by the undersigned and also that the same is correct and also that the same is correct as per the entries in the Register of Public Services.

*[Signature]*



	Rs.	P.
(a) Car Hiring Charges for ..... <sup>21</sup> days @ Rs/ 430/- per day	✓ 9030	✓ 00
(b) <sup>1089</sup> Overtime Charge for ..... <sup>20</sup> hours @ Rs. 18/- per hour	✓ 360	✓ 00
(c) Cost of ..... <sup>90.75</sup> litres of Diesel @ Rs. <sup>34.63</sup> per litre	✓ 3142	✓ 67
(d) Cost of ..... <sup>2.178</sup> litres of Mobil Oil @ Rs. <sup>165/-</sup> per litre	359	37
(e) Gross payment (Total from A to D)	✓ 12,892	✓ 04

Passed for Payment of Rs. <sup>12,892/-</sup>  
 (Rupees Twelve thousand eight  
 only out of HTW Scheme, 'Operating Cost'  
 DFID, SLDA under sub head

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

Prinika Bhallechandra  
 Bill passed for Rs. 12,892 = 0  
 Less I.T. deducts = 191 = 0  
 Net payable Rs. 12,701 = 0  
 (Rupees Twelve thousand seven hundred one only)

*[Signature]*  
 13/11/18

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



Sub. : Deployment of vehicle bearing no. WB-29 6662  
on holiday - approval thereof.

The undersigned had to attend office on 29.03.2008 (Saturday) in connection with preparation towards ensuing training of FTSs to be held at SUDA during 7-11 April, 2008 and to work on some of the pending files.

Under the circumstances stated above, kind approval may be granted for deployment of the vehicle during holiday as mentioned above.

~~Director SUDA  
10/H~~

~~29.03.2008~~  
02.04.08  
Chinn  
24/4/08



# State Urban Development Agency

Office of the Project Officer (Health)

Central co-ordinating Cell, SUDA

Month : March, 2008

Bill No. : CCC/SUDA/Remu/48 dated 02-04-2008

Sl. No.	Name	Designation	Contractual Remuneration	Gross Pay	Professional Tax	Income Tax	Net amount Payable
1	Dr. N.G. Gangopadhayay	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	8006.00	50.00	0.00	7950.00
4	Sri Sahil Kumar Lahiri	MIES Officer	8000.00	8006.00	50.00	0.00	7950.00
5	Sri Prativa Ranjan Majumder	Clerk-cum-Store Keeper	3350.00	3350.00	30.00	0.00	3320.00
5	Sri Sasanka Sekhar Marik	Data Entry Operator	5000.00	5000.00	30.00	0.00	4970.00
<b>TOTAL</b>			44350.00	44350.00	380.00	0.00	43970.00

(Rupees Forty three thousand nine hundred seventy) only

① Paid Through A/c Payee cheque no. 737934 dt. 02.04.2008

*(S. Pat)*  
Finance Officer  
Health Wing, SUDA

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

P-2

*(Signature)*  
24/08

*(Signature)*  
24/08

*(Signature)*  
24/08

*(Signature)*  
24/08

*(Signature)*  
24/08

*(Signature)*  
24/08

# State Urban Development Agency

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

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3	Sri Sukhamoy Pal	Accounts Officer CCC, SUDA	8000.00	8000.00	50.00	0.00	7950.00
4	Sri Sahil Kumar Lahiri	MIES Officer	8000.00	8000.00	50.00	0.00	7950.00
5	Sri Pratiba Ranjan Majumder	Clerk-cum-Store Keeper	3350.00	3350.00	30.00	0.00	3320.00
5	Sri Sasanka Sekhar Marik	Data Entry Operator	5000.00	5000.00	30.00	0.00	4970.00
<b>TOTAL</b>			44350.00	44350.00	380.00	0.00	43970.00

( Rupees Forty three thousand nine hundred seventy) only

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*(S. Pat.)*  
Finance Officer  
Health Wing, SUDA

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



*Pratiba Ranjan Majumder*  
2/4/08

*Sasanka Sekhar Marik*  
2/4/08

P-1