

MISCELLANEOUS RECEIPT**BERHAMPORE MUNICIPALITY**No. **20011**Date **30-01-09**Received from **Project officer, SUDA****ILGUS BHABAN, H.C. Block, Sector-III****Bidhannagar, Kolkata-91,**on account of **Expenditure in connection****with DFID H.H.W scheme under****Berhampore Municipality**Rupees (in word) **488,000-00 Rs. four lac**
eighty eight thousand only.**Demand Draft bearing No. 761555.****Dt. 27.01.09**

(Figures)

Rs.**488000-00**

Chairman
Cashier**Secretary / Vice - Chairman**

Berhampore Municipality

DFID Assisted Honorary Health Worker Scheme

Memo No. 173/H.H.W/DFID

Date 4-02-09



To

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

Sub:- Release of fund worth Rs.4,88,000.00 four lac eighty eight thousand in connection with expenditure of DFID assisted HHW Scheme.

With reference to above I have received one Demand Draft worth Rs.4,88,000.00 (four lacs eighty eight thousand) bearing No.761655 Dated 27.1.09 on state Bank of India Salt Lake Kolkata for expenditure of DFID assisted HHW Scheme.

I am sending herewith money receipt No20011. dated.30.1.09
Receipt of the same may kindly be acknowledged.

A. H. O.

A. H. O.
H. H. W. Scheme
Berhampore Municipality

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

SUDA

P-149

STATE URBAN DEVELOPMENT AGENCY

**HEALTH WING
"ILGUS BHAVAN"**

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

Ref No.SUDA-Health/302/08/149

Date28.01.2009

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

Sc

**To : The Chairman
Berhampore Municipality**

**Sub. : Release of fund worth Rs. 4,88,000/- towards expenditure in
connection with DFID assisted Honorary Health Worker Scheme.**

Sir,

Apropos your communication bearing no. 167/HHW/DFID dt. 16.01.09, an Account Payee Demand Draft bearing no. 761655 dt. 27.01.2009 on State Bank of India, Salt Lake Branch for an amount of Rs.4,88,000/- (Rupees Four lakhs eighty eight thousand) only is released for payment towards Salary/Honorarium, Equipment, Training, Drug and Operating Cost.

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

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

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

Yours faithfully,

[Signature]
Project Officer

Receipt/Remittance - 4,88,000/-

SUDA-Health/302/08/149
CC

*Kalpita Basak,
28.1.09.*

Dt. .. 28.01.2009

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

[Signature]
Project Officer

Phone : 250012 / 251299 (O)
Vice-Chairman Chamber : 267899
No B. M.

Dated 27.01.2009

**Office of the Municipal Councillor
BERHAMPORE**

To

The Project Officer Health Wing
DFID / SUDA / ILGUS Bhavan
Sector - III, Bidhannagar
Kolkata

From

Sushil Kumar Paul

Vice-Chairman
BERHAMPORE MUNICIPALITY
MURSHIDABAD, PIN. 742101

Sub :- Authorisation 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 Smt. Kalpita Basak, Office Assistant in favour
of Chairman, Berhampore Municipality. Amounting Rs. 4,88,000/-
(Rs. Four lakhs eighty eight thousand) only.

The signature of Smt. Kalpita Basak is attested here with M/R
will be sent in due cause.

Kalpita Basak
Signature Attested

[Signature]
Vice-Chairman
Berhampore Municipality

[Signature]
Vice-Chairman
Berhampore Municipality

Berhampore Municipality

DFID Assisted Honorary Health Worker Scheme

Memo No. 167/HHW/DFID

Date 16.1.09

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


DD No. 761655 dt. 27.1.09 for
Rs. 4,88,000/- for Equipment, Sal/Hon,
Drug, Training & operating cost.

Sub:- Submission of Monthly A/C (December 08)

Madam

With reference to above I am submitting here with Monthly A/C (December 08) for your kind perusal by the hand Smt Kalpita Bagak one of our staff of DFID & requisition for allotment letter for January 09 to March 09.

Yours faithfully


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

Rs. 4.88 Lakhs
 my ac recd.
 thro DD.
 22.01.09

Requisition for fund for the Month of January 09, February 09, March 09, under HHW Scheme, Health Wing DFID Berhampore Municipality.

Month	Salary & Honorarium	Drug (Medicine)	Operating Cost	Training	Medicine equipment	Renovation of HP & SHP	Local Printing	Total	Remarks
1. January 09	1,35,000.00		10000.00	8000.00	10,000.00			1,58,000.00	BF Instrument of all SHP are not functioning off and on it requires to be repaired so. Rs.10,000/- may be allotted at present purchasing 3 nos B.P Machine out of 8 nos Machine. And other equipments already submitted.
2. February 09	1,35,000.00	50,000.00	10000.00	8000.00				1,98,000.00	
3. March 09	1,35,000.00	50,000.00	10000.00	8000.00		10000.00		1,98,000.00	
Arrear pay from April 08 to Dec 08 9 months @500/- p.r MMC Salary - 5heads HP - Hon 5heads - 10heads 10x500x9month	45000.00								
Vide G0No 1193/MA/P/C-10 Dt 24.12.08	4,50,000.00	1,00,000.00	30,000.00	24,000.00	10,000.00		Total	614,000.00	
							Balance in hand (Dec 08)	1,25,954.00	
							Total	4,88,046.00	

* Say 4,88,000.00

Memo No. 165/HHW/DFID/165/H.H.W./ Dated 16.1.09

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

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

Fund Released = 17,50,525 = w
 Up Recd upto 30.08 = 16,24,573 = w
 Bal. 1,25,952 = w

92.80 / 2

Yours faithfully,

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

Requisition for fund for the Month of January 09, February 09, March 09, under HHW Scheme, Health Wing DFID Berhampore Municipality.

Month	Salary & Honorarium	Drug (Medicine)	Operating Cost	Training	Medicine equipment	Renovation of HP & SHP	Local Printing	Total	Remarks
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3. March 09	1,35,000.00	50,000.00	10000.00	8000.00			10000.00	1,98,000.00	
Arrear pay from April 08 to Dec 08 9 months @500/- p.r MMC Salary - 5heads HP - Hon 5heads - 10heads 10x500x9month	45000.00								
Vide G0No 1193/MA/P/C-10 Dt 24.12.08							Total	614,000.00	
	4,50,000.00	100000.00	30,000.00	24,000.00	10,000.00		Balance in hand (Dec 08)	1,25,954.00	
							Total	488046.00	

*Say 4,88,000.00

Memo No. 165/HHW/DFID/..... 165/HHW/DFID Dated 16.01.09

To

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

Madam,

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

Yours faithfully,

Chairman & President
MLH & F.W.C
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/313/08/145

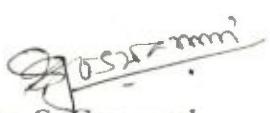
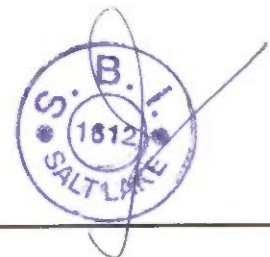
Date ...22.01.2009
27**To : The Manager
State Bank of India
Salt Lake City
Kolkata - 700 064.****Sub. : Issue of Demand Drafts in connection with DFID assisted
Honorary Health Worker Scheme.**

Sir,

We would request you to prepare Account Payee Demand Drafts debiting our Current Account
HHW Scheme - DFID, SUDA (A/C No. 030255770088) as mentioned below:

Sl. No.	In favour of	Amount (In Rs.)
1	Chairman, HHW Scheme, DFID Berhampore Municipality	4,88,000.00
2	Chairman, HHW Scheme, DFID Bolpur Municipality	2,74,000.00
	Total	7,62,000.00
	(Rupees Seven lakhs sixty two 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

Berhampore Municipality

DFID Assisted Honorary Health Worker Scheme

Memo No. 169./H.H.W./DFID

Date 20.01.09



To
 Eastern Enterprise
 2/1, Block-A, Bangur Avenue
 Kolkata-70055.

Sub:- Order for supply of Medicine against NIO No.182/HHW/DFID Date-13.11.08

Sir,

With reference to above you are requested to supply the following medicine very soon.

<u>Medicine</u>	<u>Qty</u>	<u>Rate</u>	<u>Amount</u>
1) Paracetamol 500mg (10 Tab/strip)	3000 Strip	2.14	6420.00
2) Domperidon (10 Tab/strip)	2000 Strip	4.15	8300.00
3) Albendazole 400mg (1Tab/Strip)	2000 Strip	0.98	1960.00
4) O.R.S (Sachet)	3000 Strip	2.50	7500.00
5) Benzyle Benzoate 100ml.....	1000 Box	15.05	15050.00
6) Norfloxacin 400mg (10 Tab/Strip)	2000 Strip	10.60	21200.00
7) Famotidine 40mg (10Tab/Strip)	3000 Strip	2.69	8070.00
			<u>68,500.00</u>

Moreover you are requested to kindly note that the date of above medicine should be 3 years from the date of manufacturing .Bill in duplicate along with challan may be sent for payment .All others terms & condition will be same as in work order.

A. H. C.
 A.H.C

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

Berhampore Municipality

DFID Assisted Honorary Health Worker Scheme

Memo No...170/H.H.W/DFID

Date...20.01.09...

To

M/S Hall Pharmaceutical Distributor
97/99 Sri Arobinda Road
Howrah-711106. W.B

Sub:- Order for supply of Medicine against NIQ No.182/HHW/DFID Date-13.11.08

Sir,

With reference to above you are requested to supply the following medicine very soon.

<u>Medicine</u>	<u>Qty</u>	<u>Rate</u>	<u>Amount</u>
1) Co-trimoxazole 400mg	3000Strip	5.72	17160.00

Moreover you are requested to kindly note that the date of above medicine should be 3 years from the date of manufacturing .Bill in duplicate along with challan may be sent for payment .All others terms & condition will be same as in work order.

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

A.H.O

करदाता का प्रतिपत्र / Taxpayers Courierfoil (करदाता द्वारा भरा जाना)

Set up by tax payer

Project Wing Health Wing

बैंक को भेजने के लिए स्थान

करदाता की लेखा सं. (टैन) / TAN

0A0L5124337F

U. D.

SPACE FOR BANK SEAL

Received 'म

Project Officer, Health Wing, SODA.

(नाम) Name

शे नकद खाते से डेबिट / चेक सं.

Cash/ Debit to A/c/ Cheque No.

796137

For Rs. 417/-

रु. (शब्दों में)

RS. (in words)

Four hundred over ten only

अदाकर्ता / drawn on

State Bank of India, Salt Lake (Sec) Branch.

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

कटौतकर्ता/

द्वारा से व्योम पर कर संग्रहण (टीसीएस) कटौती (हि. डी. एस.)

कम्पनी/ Company

शेर कम्पनी/ Non-Company

Deductees

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

(शेर लागू न होने पर कोट करें) / (Strike out whichever is not applicable)

के साथ में निम्नलिखित वर्ष / for the Assessment Year के लिए प्राप्त हुआ

2009-10

P-148

TENDER DATE

27 JAN 2009

DEBIT DATE

07 JAN 2009

रु. / RS.

00038

417/-

Four hundred over ten only

Done

करने के लिए अलग चालान का प्रयोग किया जाना है।

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

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

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

आपको इसका आय की विवरणी 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.

Car hire charges for December, 08.

1) Bank Banker Bhalla charges - 220 = 0

2) " Bank Dhan - 197 = 0

Total Rs 417 = 00

Original/Duplicate/Triplicate/Quarduplicate

9-147

CHALLAN

Challan No.

0028-00-107-001-03

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

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

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

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

Particulars of Coins & Notes/Cheque

Ch. No. 796136 on 27.1.09 on
 SPd, Salt Lake (Sector 3) Branch,
 Kolkata.

Tax

Interest

Penalty

Comp. Money

Total Amount

Rs.

Paise

270	00
/	
/	
/	
270	00

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

(In words) Rupees... Two hundred Seventy only

Signature of the Depositor

Year end

Case No. if the Payment
Relates to assessed dues

--	--	--	--	--	--	--	--	--	--

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

Bank/Treasury/Code FOR BANK/TREASURY USE Date of Entry

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

D D M M Y Y Y Y

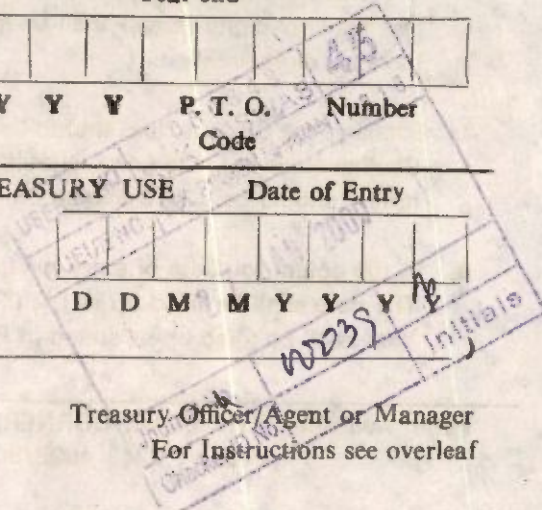
Received Rs. _____ (Rupees _____)

Treasurer

Accountant

Treasury Officer/Agent or Manager

For Instructions see overleaf



(F-1)

P. Tax for Dec 08

INSTRUCTIONS

1) Dr. N. G. Gangopadhyay -	110 = w
2) Sri S. Pal -	50 = w
3) " S. K. Lahiri -	50 = w
4) " P. R. Majumdar -	30 = w
5) " S. S. Shank -	30 = w
<hr/>	
Total Rs 270 = w	

A. For depositors :

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

B. For Bank/Treasury accepting the deposit :

1. The Code No. of the Bank should be noted in the six boxes. If the Code No. is 124, the entries in the six boxes should be 00024 if the Code No. is 1124, the entries will be 001124 and, so on i.e. if the Code No. contain less than six digits zero(s) shall be mentioned in all the preceding boxes to have six digits in all.
2. Similarly, the Challan Nos. should be noted in the five boxes as under. If the Challan Nos. is 1, the entry should be 00001, if the Challan No. is 10, the noting should be 00010 and so on.
3. In the 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

State Urban Development Agency P-146

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

Health Wing

Statement of Bill for Car Hiring Charges

of Smt. Bina Dhar.....

For the Month of December, 2008

Vehicle No. WB 04B-0704

Bill for Rs. 15,629/-

(Rupees fifteen thousand six Rs 15,629 = 00

hundred twenty-nine) only.

i) Less I.T. Deduction @ 2.04% on Rs. 9345/- on actual hire charge (-) Rs 191 = 00

ii) Less I.T. Deduction @ 2.04% on Rs. 320/- on overtime (-) Rs 6 = 00

Net Payable

Rs 15,432 = 00

Passed for payment Rs. 15,432/- (Rupees fifteen thousand -

four hundred thirty-two) only be cheque to the above person and

Rs. 197/- to be deposited to ^{State} Reserve Bank of India, ^{Bikesh Ghoshan} 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 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 December 2008
 Date. - 4/12/08 14/11/09

Date	Reporting Time	Releasing Time	Total Duty Hrs	OT Hours	Reporting K.M.S	Releasing K.M.S.	Total Kms. RUN	Remarks
1.12.08	9.30a	8 P.m	10.30m	X	39137	39205	68	
2.12.08	9.30a	8 P.m	10.30m	X	39210	39278	68	
3.12.08	9.30a	8 P.m	10.50m	1 Hour	39283	39387	104	
4.12.08	9.30a	7.45 P.m	11.30m	1 Hour	39392	39476	84	
5.12.08	9.30a	7.45 P.m	10.15m	X	39481	39543	62	
8.12.08	9.30a	8.40 P.m	11.10m	1 Hour	39693	39776	83	
10.12.08	9.30a	9 P.m	11.30m	1 Hour	39781	39854	73	
11.12.08	9.30a	8.35 P.m	11.05m	1 Hour	39859	39936	77	
14.12.08	9.30a	8.45 P.m	11.15m	1 Hour	39944	40013	72	
15.12.08	9.30a	8.10 P.m	10.40m	1 Hour	40045	40132	87	
16.12.08	8.30a	7.15 P.m	10.45m	1 Hour	40137	40228	91	
17.12.08	9.30a	8.20 P.m	10.50m	1 Hour	40233	40326	93	
18.12.08	9.30a	8 P.m	10.30m	X	40381	40425	94	
19.12.08	9.30a	7.45 P.m	10.15m	X	40430	40533	103	
22.12.08	9.30a	8.25 P.m	10.55m	1 Hour	40687	40774	87	
23.12.08	9.30a	8 P.m	10.30m	X	40777	40863	84	
24.12.08	9.30a	7.40 P.m	10.10m	X	40868	40943	75	
26.12.08	9.30a	8.35 P.m	11.05m	1 Hour	40981	41062	81	
29.12.08	8.30a	8.10 P.m	10.40m	1 Hour	41076	41154	78	
30.12.08	8.30a	8.25 P.m	10.55m	1 Hour	41160	41250	90	
31.12.08	9.30a	8.55 P.m	12.25m	1 Hour	41256	41339	83	
21 days				16 hrs			1737 Km	1413 Km = 17.75 Km

36.02 per day

324 Km = 27 days

Certified that the statement duly reported and returned to the office of the City Engineer and referred to the City Engineer and the City Engineer has verified that the statement is correct and the driver was in possession of the vehicle at the time of the report.

Signature: _____
 Title: _____
 Office: _____
 Residency of Public Services

RS. 15,629/-

- ① Hiring charges for 21 days @ 430/- per day RS. 9030-00
445
9345-00
- ② overtime for 15 Hours @ 20/- per hour RS. 300-00
320 = 00
- ③ Diesel consumed $\frac{324}{12} = 27$ litres @ 38.06 per litre RS. 1027-62

Diesel consumed $\frac{1413}{12} = 117.75$ litres @ 36.02 per litre RS. 4241-35

RS. 694-80

④ M. oil consumed 3.474 litres @ 200/- per litre -
RS. 694.80
 Rounded off Rs. 15,629 = 77

fifteen thousand two hundred and Ninety three seventy seven paisa only

15,629/-

Passed for Payment of Rs. Fifteen thousand six hundred and twenty nine only out of HFW scheme.

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

Bill passed for Rs. 15,629/-
Less I.T. Deduction: 197 = 00

Net amount payable Rs. 15,432 = 00

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

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

Received RS. 15,432/-

by Cheque No 796135- Dated 20/1/09



Bulu Dhan
20/1/09

Recd. No. 796135 dt. 20.1.09

Bulu Dhan
14/1/09

15/12/08

CASH MEMO

No. 6321

Date

V.I.P. SUPER SERVICE STATION

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

Car No.	Rate	Rs.	P.
Ex Mile	50 km	1801	00
U.L.P.			
H.S.D.			
Ex Premium			
Oil	4 km	800	00

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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. Renka Bhattacharya

For the Month of December, 2008

Vehicle No. WB-29-6662

Bill for Rs. 15,120/-

(Rupees Fifteen thousand one hundred twenty) only. Rs 15,120 = 00

i) Less I.T. Deduction @ 2.04% on Rs 10,230/- on actual hire charge (-) Rs 209 = 00

ii) Less I.T. Deduction @ 2.04% on Rs 520/- on overtime (-) Rs 10 = 00

Net Payable

Rs 14,900 = 00

Passed for payment Rs. 14,900/- (Rupees Fourteen thousand nine hundred) only be cheque to the above person and

Rs. 220/- to be deposited to Reserve Bank of India, Calcutta for I.T. Deduction and the bill amount may be booked out of HHW-Scheme, DFID under sub-head O & M Car Hire Charges.


(S. Pal)
Finance Officer
Health Wing, SUDA

MONEY RECEIPT

Received the Cheque No. 796134 dt. 20.1.09 from the

Project Officer, Health Wing, SUDA, amounting to Rs. 14,900/- (Rupees

Fourteen thousand nine hundred) on 22/1/09

Rinke Bhattacharjee.



To
The Project Officer
Health Wing, SUDA
Salt Lake.

Sub. : Request for Handover Cheque.

Madam,

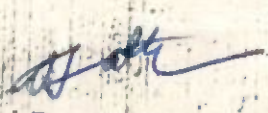
I do hereby authorized Sri Pradip Kr. Bhattacharjee to received the cheque on account of Car Hire Charges of my vehicle no. WB-29 6662 for the month of December 2009 on my behalf.

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

Thanking you.

Yours faithfully,

Rinku Bhattacharjee
Rinku Bhattacharjee 27/1/09


Signature of Sri Pradip Kr. Bhattacharjee attested.

Rinku Bhattacharjee
(Rinku Bhattacharjee) 27/1/09

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

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

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.	1-12-08	9-15	8-10	11h.55m	1h. km.	68172	68203	31			
2.	2-12-08	9-15	9-20	11h.05m	1h. km.	68225	68294	4.9			
3.	3-12-08	9-15	10-00	12h.45m	3h.	68293	68388	9.5			
4.	4-12-08	9-15	9-15	12h.	2h.	68401	68433	3.2			
5.	5-12-08	9-15	8-00	10h.45m	1h. km.	68455	68497	4.2			
6.	8-12-08	9-15	8-35	11h.20m	1h.	68514	68570	5.6			
7.	10-12-08	9-15	9-15	12h.	2h.	68593	68643	5.0			
8.	11-12-08	9-15	8-00	10h.45m	1h. km.	68665	68698	3.3			
9.	12-12-08	9-15	9-00	11h.45	2h.	68720	68757	3.7			
10.	13-12-08	9-15	6-45	9h.30m		68780	68960	180			liber liber
11.	15-12-08	9-15	8-00	10h.45	1h.	68982	69020	3.8			
12.	16-12-08	9-15	8-00	10h.45	1h.	69040	69102	6.2			
13.	17-12-08	9-15	8-45	11h.30m	1h.	69123	69162	3.9			
14.	18-12-08	9-15	8-45	11h.30m	1h.	69182	69216	3.4			
15.	19-12-08	9-15	9-15	12h.	2h.	69242	69299	5.7			
16.	22-12-08	9-15	8-25	11h.10m	1h.	69321	69381	6.0			
17.	23-12-08	9-15	8-00	10h.45m	1h.	69404	69461	5.7			
18.	24-12-08	9-15	8-00	10h.45m	1h.	69483	69518	3.5			
19.	26-12-08	9-15	9-10	10h.55m	1h.	69549	69734	1.75			
20.	29-12-08	9-15	9-00	11h.45m	2h.	69759	69809	5.0			
21.	30-12-08	9-15	7-15	10h.		69831	69897	6.6			
22.	31-12-08	9-15	8-00	10h.45m		69921	69960	3.9			

22 days

26 hrs 29 km

193.37 km

Certified that the distances daily reported and totaling 193.37 km and 26 hrs 29 km have been entered in the diary and that the driver was in the service of the Government of West Bengal.

[Signature]
 29/12/08

Jan

P-122

	Rs.	P.
(a) Car Hiring Charges for <u>22</u> days @ Rs/430/- per day ⁴⁶⁵	10,230	∞
(b) Overtime Charge for <u>29</u> hours @ Rs. (8/-) per hour ²⁰¹	522	∞
(c) Cost of <u>111.42</u> litres of Diesel @ Rs. <u>36.20</u> per litre	4033	40
(d) Cost of <u>8.67</u> litres of Mobil Oil @ Rs. <u>12.8</u> per litre	336	42
(e) Gross payment (Total from A to D)	15,121	82

15,119 = 82
 say Rs. 15,120/-

Pinnu Bhattacherjee
 15-01-2009

Passed for Payment of Rs 15,120/-
 (Rupees Fifteen thousand one hundred
 Only out of MHW Scheme,
 DFID, SLDA under sub head Operating Costs.

Bill passed for Rs. 15,120 = ∞
 Less I.T. Deducted " 220 = ∞
 Net amount payable Rs. 14,900 = ∞

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

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

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

Ch. No. 796/34 dt. 20.1.09

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

The undersigned had to visit Kalyani on 13.12.2008 (holiday) in connection with meeting with the Chairman, Councillors, Natural Leaders, HHWs & CDS members on Community Led Total Sanitation. The vehicles bearing no. WB29 6662 was utilized for the purpose.

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

Submitted.

~~Director, SUDA~~

~~PO(H)~~

~~S. Goswami~~
22.07.09

Approved.
Hind
24/11/09

APPROVAL SLIP (R.F.)

NO. _____

Name _____

Address : _____

Qty	PARTICULARS	Amount Rs. P.
1/2	CAB - Pwd.	226
TOTAL Rs.		226

Date 15/12/ 2008

Signature _____

oted by
om &
V (30) 72-CE /
4-2-2000

For Birla Corporation Limited
Unit : DURGAPUR CEMENT WORKS

(Signature of the
his Author

the price actually charged and that there is no flow of additional

CC of Wagon	Tare of Wagon	M.T	Quantity	Bage

Very
ases after delivery of Goods to carriers for any shortage/damages.
ect to Durgapur/Kolkata Jurisdiction.
es shall be charged as applicable.

No. **59267** Cash Memo

36.20

Bharat Petroleum Retail Outlet

Dealer : **KISHORE SERVICE STATION**

Stockist of : Petrol, Diesel, Lubricating
Oil & Accessories

EE 12, Sector II, Salt Lake City, Kol-91, Ph.: 2358-5302

Petrol	Litres		
Speed	Litres	1810 ↑	L
Diesel	Litres		
Hi Speed D 50	Litres		
Engine Oil Spl.	Litres		
VAT No - 19676974092			
Provisional	Total	1810	L

Date..... 31/12/18

Signature

to. 36.20 / Mike

58586

69940 km

~~2019~~ 192
~~220~~ 191
tbl
tbl

3-121

F.O. 12/12/08

P-144



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

Based for Payment of Rs. 1424
(Rupees one hundred forty two) operating cost.
Only out of H/W Scheme.
BFDI, SUDA under sub head

Date: 18/12/08

INVOICE / BILL No. FSA/1108/6545

M / C Serial No. : 2903899932 Model : 5834

A / C No. : M/3288 Installation No. :

Customer TIN No. : IF / 280

Customer : STATE URBAN DEV AGENCY
Installation Address :
Dr. S. GOSWAMI
Project Officer,
Health Wing
S. U. D. A.

PAN : AAGFM3064L
VAT No. : 19200372061
CST No. : 19200372255
SRVTAX : AAGFM3064LST001

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

		Meter Reading	Date	NOTE				Payment Due Date	
Current		235587	18/12/08	PLEASE DO NOT MAKE PAYMENT IN CASH. ONLY CHEQUE / DD PAYMENT ACCEPTED					
Previous		235204	18/11/08	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		383							
Less 1%	4		Per Copy Charge	Gross	AMC	Sales Tax/ WCT/CST/ VAT @ 4% on 30% of Gross	Sales Tax/ WCT/CST/ VAT @ 12.5% on 50% of Gross	Service Tax @ 12.36% on value of taxable service (20% of Gross)	Net
Billable Copies	379		0.34		0.00				
				128.86		1.54	8.05	3.18	142.63

Customer Acceptance :
Signature & Date with Seal

Signature
12/12/08
Remitted
14/12/08

For Mega Trade Centre
Signature

Authorised Signatory

XEROX Premium Partner



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COPIERS
AVAILABLE
ON ATTRACT
RENTAL SCH

P-193

Sub:- Release of payment to Sri Subarna Adhikary plumber for repair works.

Subarna Adhikary, plumber was engaged for repair work, at Ladies Toilet and Project office's Toilet. Sri Adhikary completed the repair work satisfactorily.

After complying with the above work, Sri Adhikary submitted a bill for Rs. 647/- for payment.

Hence, the amount of Rs. 647/- (Rupees Six hundred forty seven) only may be released in favour of Sri Subarna Adhikary debiting D.H.W. Scheme, D.D.D, SUDA under the A/c head - "operating cost".

Submitted.

 16/1/09

Goswami
16.1.09.

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

22/12/08

Approval Slip

SAVITRI ENTERPRISE
3/4 Gagan Sarkar Road
Calcutta 10



No. 2560

Name G.P.P. VIII

Address J. LUG. U.S. Bhalawan
Sec. III Soldhako.

Quantity	Particulars	Rate	
		Rs.	P
①	Spendel - 1 Pdo. 55	120	00
②	Pump Seat (Bhara)	70	00
③	Union - Halls 1 Res 48	140	00
④	Whitied cement Pak.	80	00
⑤	Kool (trap) Pdo.	220	00
⑥	Acid - 2 Btld	24	00
⑦	Zink - 1 Paket	15	00
⑧	Enshuling	25	00
⑨	Leabor charge	150	00
		647	00
P.T.O		844	00
Total:			

স্বাক্ষরিত

22/12/08

Passed for Payment of Rs 647/-
(Rupees Six hundred forty seven)
Only out of HHW Scheme,
EFID, SL DA under sub head "Operating Cost"

S. Goswami

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

62
141

Receipt Rec: 647/-
Subarna Adhikary.
22/07/09

081
081
S = FID

(0.19)

Ph. : 2494 0486
31003067

JANA ENTERPRISE

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

No. 119

Date 27/11/2009

Receipt

Received with thanks from Messrs Project Officers (H&H)

Rupees Two Thousand one hundred seventy
only.

On account of Expenses of 27/2009

by Cash/Cheque / D. D. No. 750130 Date 14/11/09 Subject to realisation

RR No. 21709

Mamir



For Jana Enterprise

[Signature]



JANA ENTERPRISE

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

All kinds of :

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

Ref. No.

Date 6/9/09

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

SUB: Authorized

Dear Sir,

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

Thanking you,

Manik Shee

Manik Shee

Specimoun Signature.

JANA ENTERPRISE

H. P. Jana
Proprietor.

JANA ENTERPRISE

H. P. Jana
Proprietor.

Yours faithfully

JANA ENTERPRISE

9-142

Sub: - Release of payment to M/s. Jana Enterprise for supply of tea, coffee, lunch etc. during Sept. 08 and Oct. 08.

Apropos verbal order, M/s Jana Enterprise supplied tea, coffee, working lunches to the representatives of HHW Scheme, DFID, for discussion, submitting Reports, S.O.B etc. during September, 08 and October, 08 respectively.

After complying with the above supply, the firm submitted bills for Rs. 1139/- and Rs. 1031/- respectively for payment.

Hence, the amount of Rs. 2170/- (1139+1031) (Rupees Two thousand one hundred seventy only) may be released through A/c Payee cheque debiting HHW Scheme, DFID, SUDA under the A/c head - "Operating Cost" Submitted.

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


16/1/09

Goswami
26.1.09.

JIC/s.

B-113

Bill

Ph. : 494 0486

Mobile : 9830058169

Project officer (Health)

Saltlake, Kol - 106

Dr.

To **JANA ENTERPRISE**

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

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

Bill No.. JE/2053/Health/08-09 Order No.. _____ Date _____
Date 5/1/08 Challan No.. _____ Date _____

Item	Quantity	PARTICULARS	Rate	Amount	
				Rs.	P.
		<u>Month of October-08</u>			
100		cup tea	200	300	00
253		cup tea	2.00	508	00
70		cup coffee	3.00	210	00
9		heads lunch	35.00	315	00
(One Thousand Thirty one only.)					
			TOTAL Rs.	1031	00

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

E. & O. E.

P.T.O

For JANA ENTERPRISE

[Signature]

Form No. 10
Date

JANA ENTERPRISE

All kinds of work in the field of Health & Family Welfare
(General Order Supplies)

501D, Kanchandani's Market Road, Kolkata-700 008

Date

Order No.

Date

Order No.

10/11/10

Date

Passed for Payment of Rs 1031/-
(Rupees one thousand thirty one)
Only out of HHW Scheme,
DFID; St BR order sub head Operating Cost.

by
10/11

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

Received Rs 1031/-
Ch No. 796130 Date 16/11/10

Manik Shee
27/1/10

(1031)

B-112

Bill

Ph. : 494 0486
Mobile : 9830058169

M/s. Project officer

salt lake, vol- 106

Dr.

To **JANA ENTERPRISE**

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

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

Bill No. PL/2041/Halt/08 Order No. _____ Date _____

Date 25/8/08 Challan No. _____ Date _____

Item	Quantity	PARTICULARS	Rate	Amount	
				Rs.	P.
<u>Month of September</u>					
	224 <u>313</u>	cup Tea	2.00 <u>2.50</u>	448 <u>626</u>	00 00
	8	heads. lunch	35.00	280	00
26/8/08	15	heads Parhad	25.00	375	00
	18	cup Tea	<u>2.50</u>	<u>45</u>	<u>00</u>
	1	Jar Water	2.00	36	00
	100	pc biscuits	60.00	60	00
	1	pc dispenser	35.00	35	00
	1	pc	20.00	20	00
		(one thousand ^{one} four hundred thirty five only one only.)		<u>1139</u>	<u>00</u>
		TOTAL Rs.		<u>1441</u>	<u>00</u>

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

E. & O. E.

For JANA ENTERPRISE

(P.T.O)

Mobile: 9830031189

Bill

JANA ENTERPRISE

Address of Bill Recipient: ... Office ...
Said: Homanmura ... Road, Kolkata - 700 008

Bill No. ... Date ...

Passed for Payment of Rs. **1139/-**
(Rupees **one thousand one hundred thirty nine**)
Only out of HHW Scheme,
DFID, SUDA under sub head **operating cost.**

70552 mm
Dr. S. GOSWAMI
Project Officer,
Health Wing,
S. U. D. A.

Received Rs 1139. ~
CA No. 796130 Date 16/1/09
Ganik Shee
27/1/09

1139

P/141

Sub: Release of payment to Sri Amit Kumar Ghosh for hiring charge of vehicle for one day on 20.8.2008.

One vehicle bearing no. WB04C 2081 of Sri Amit Kumar Ghosh was hired on 20.8.08 for official use of Project officer, Health Wing, SUDA.

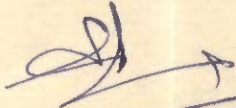
The owner of the above car submitted a bill for Rs. 715/- duly supported by duty slip for payment.

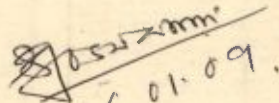
The bill is placed below for payment order please.

Hence, the amount of Rs. 715/- (Rupees Seven hundred fifteen) only may be released in favour of Sri Amit Kumar Ghosh, debiting HHR Scheme, DFID, SUDA under the A/c head - "operating cost".

Submitted.

~~P.O. cec, SUDA.~~


14/1/09


16.01.09.

B-120



Amit Kumar Ghosh
61B, Suren Sarkar Road
Kolkata - 700 010

Phone : 2370-7345
Mob : 9231435506

To

Sub:- Hiring of vehicle NO WB 04C 2081
for Dr. S. Goswami Project officer
Health wing S.U.D.A

Date:- 20th August 2008

Reporting Time:- 10 Am

Releasing Time:- 9 Pm

Total Hours = 11 Hours X 65/- per Hour = Rs. 715/-
Seven hundred fifteen only

Passed for Payment of Rs. ^{715/-}
(Rupees ^{Seven hundred fifteen})
Only out of HHW Scheme.
Under sub-head ^{Operating Cost}

Amit Kumar Ghosh
19/12/08

^{by}
^{16/1}
Dr. S. GOSWAMI
Project Officer,
Health Wing
S. U. D. A.


ch. no. 796129 dt. 16.1.09

Received
RS 715/-
Amit Kumar Ghosh
20/1/09

Vehicle No. WB04C-2081 was hired
for official use on 20.08.2008 by
Dr. S. Goswami, Project Officer,
Health Wing, SUDA.

Reporting time: 10 AM

Releasing time: 9 P.M.

 S. Goswami

P-190

Sub:- Release of payment to M/s. Electrical Measuring Instruments for supply of Cartridge HP 852.

Apropos verbal order of this office, M/s. Electrical Measuring Instruments supplied one Cartridge HP 852 for this office use.

After causing supply, the firm submitted a bill for Rs. 988/- duly supported by challan in original for payment.

The bill has been checked and found reasonable. The bill is placed for pay order phase.

Hence, the amount of Rs. 988/- (Rupees nine hundred eighty eight) only may be released through A/c payee cheque in favour of M/s Electrical Measuring Instruments debiting HAW scheme, DFID, SODA under the A/c head - "Operating Cost".

Submitted:

[Signature]
16/1/09

[Signature]
16.01.09.

P.O. cec, SODA.

TAX INVOICE

BUYER'S COPY

ELECTRICAL MEASURING INSTRUMENTS

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

PHONE NO. : 2360-0878 E-mail : pkbcal@vsnl.net

Buyer's Name & Address :

The Project Officer,
Health Wing, SUDA,
Salt Lake

Tax Invoice No. : EM/01/01/2009.

Date : 06-01-2009

Challan No. : 01(01)/2009.

Date : 06-01-2009

Buyer's Vat Registration No.

Sl. No.	Qty.	Description of Goods	Price per Unit		Value		VAT Rate	Tax Amount		Total Amount	
			Rs.	P.	Rs.	P.		Rs.	P.	Rs.	P.
1.	1 NO.	Cartridge HP 852	950	00	950	00	4%	38	00	988	00

Passed for Payment of Rs 988/-
(Rupees Nine hundred eighty-eight)
Only out of MHW Scheme,
DFID, SUDA under sub head ... operating cost.

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

ch. no. 79628 dt. 16.1.09

Received by me
in full
for amount
29/1/09

Rupees Nine hundred Eighty eight only **TOTAL** 988.00

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

For **ELECTRICAL MEASURING INSTRUMENTS**

S. Goswami
AUTHORISED SIGNATORY

TAX INVOICE

BUYER'S COPY

ELECTRICAL MEASURING INSTRUMENTS

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

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

Buyer's Name & Address :

The Project Officer,
Health Wing, SUDA,
Salt Lake

Tax Invoice No. : EM/01/01/2009.

Date : 06-01-2009

Challan No. : 01(01)/2009.

Date : 06-01-2009.

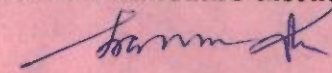
Buyer's Vat Registration No.

Sl. No.	Qty.	Description of Goods	Price per Unit		Value		VAT Rate	Tax Amount		Total Amount	
			Rs.	P.	Rs.	P.		Rs.	P.	Rs.	P.
1.	1 NO.	Cartridge HP 852	950	00	950	00	4%	38	00	988	00

Rupees Nine hundred Eighty eight only **TOTAL** 988.00

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

For **ELECTRICAL MEASURING INSTRUMENTS**


AUTHORISED SIGNATORY

No. 01(01)/2009

DELIVERY CHALLAN

PO 1+
07.01.09
Date 06.01.2009



ELECTRICAL MEASURING INSTRUMENTS

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



To
The Project Officer,
Health Wing & SUDA,
Salt Lake

Your Ref.

Dated

Please receive the following goods in good order and condition.

Qty.	PARTICULARS	RATE
1 No.	Cartridge - HP-852.	

Received
Anand
07/01/09

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

E. & O. E.

Received the above goods in good order & condition.

Signature of the Party
DEPT./PARTY'S COPY

For ELECTRICAL MEASURING INSTRUMENTS

P-139

HHW Scheme

Office of the Councillors of
Suri Municipality : Birbhum.

Sri Tapan Kr. Sukul.
Chairman,
Suri Municipality.

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

Memo No.- 1746/SM

Date :- 15.01.09

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

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

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

Chairman,
Suri Municipality.

Signature of Sri Somnath Das
Attested

Chairman,
Suri Municipality.

SUDA

STATE URBAN DEVELOPMENT AGENCY

**HEALTH WING
"ILGUS BHAVAN"**

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

Ref No. SUDA-Health/311/08/140

Date
15.01.2009

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

To : The Chairman
Suri Municipality

Sub. : Release of fund worth Rs. 2,61,000/- towards expenditure in connection with DFID assisted Honorary Health Worker Scheme.

Sir,

Apres your communication bearing no. 1570 SM dt. 22.12.08, an Account Payee Demand Draft bearing no. 761502 dt. 14.01.2009 on State Bank of India, Salt Lake Branch for an amount of Rs.2,61,000 - (Rupees Two lakhs sixty one thousand) only is released for payment towards Salary Honorarium, Training, and Operating Cost.

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

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

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

*Recd n bank draft
for Rs 2,61,000/- (DD) - 761502
9.14/09) on S.B.I. Salt Lake.
Same recd Am.
16/1/09*

Yours faithfully,

Project Officer

Dt. 15.01.2009

Project Officer

SUDA-Health/311/08/140
CC

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

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

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

कोड क्र. CODE NO

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

जारी करने वाली शाखा SALT LAKE (SECTOR-1) CALCUTTA.

ISSUING BRANCH Tel No.: 33000-235816 KEY : YOBBUP

0 01612

VOIP: 500671

DATE
14/01/2009

9
8
7
6
5
4
3
2
1

मांगे जाने पर ON DEMAND PAYCHAIRMAN, HHW SCHEME, DFID SURIMUNICIPALIT

*****CHAIRMAN, HHW SCHEME, DFID SURIMUNICIPALITY*****

या उनके आदेश पर OR ORDER

रुपये RUPEES

TWO	SIX	ONE	ZERO	ZERO	ZERO
LAKHS	T'TSD	THSDS	HNDRS	TENS	UNITS

₹ 261000 Ps00

*** SBI AMOUNT BELOW 261001 (2/6)

अदा करें। मूल्य प्राप्त VALUE RECEIVED

CO/TL
KO/TL

PAISE ZERO ONLY
Sr. No.: 667767
KEY : YOBBUP



M. Chattaraj

Sasarat
316407

प्राधिकृत हस्ताक्षरकर्ता AUTHORISED SIGNATORY

शाखा प्रबंधक / BRANCH MANAGER

(हस्ताक्षर नमूना क्र०/S.S. NO.

44555) (हस्ताक्षर नमूना क्र०/S.S. NO.)

भारतीय स्टेट बैंक
STATE BANK OF INDIA

कोड क्र. CODE NO
SURI 0 00191

0157000000000761502

0157 अदाकर्ता शाखा / DRAWEE BRANCH

⑈ 76 150 2⑈ 00000 2000⑈ 000 157⑈ 16

HHW Scheme

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

Sri Tapan Kr. Sukul
Chairman,
Suri Municipality.

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

F.O,
23.12.08

Memo No.- 1570 /SM. Date :- 22. 12. 2008

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

Rs. 2.61 Lakhs
my ee release thro
D.D.
12.01.09



DDM-761502 dt 14.1.09

Sub:- Requirement of fund.

Madam,

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

Dec of 15 Mar, 09			
1	Salary and honorarium, from November 08 to January 09	Rs 1,81,830/-	2,24,000/-
2	TRC, from November 08, to January 09	Rs 6,000/-	6,000/-
3	Puja Ex-gratia	Rs. 25,000/-	11,000/-
4	Training of HHW, FTS and ANM	Rs. 11,400/-	20,000/-
5	Contingency	Rs. 20,470/-	
Total		Rs. 2,43,000/-	261,000/-

(Total Rupees Two lakh fortyfive thousand only)

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

Fund Released = 6,31,968
SoE Recd upto Nov 08 5,84,897
47,071

92.55%

Yours faithfully,

(Signature)
Chairman,
Suri Municipality.

SUDA

P-138

STATE URBAN DEVELOPMENT AGENCY

**HEALTH WING
"ILGUS BHAVAN"**

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

Ref No. SUDA-Health/309/08/139

Date 15.01.2009

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

To : The Chairman
Medinipur Municipality

Sub. : Release of fund worth Rs. 5,00,000/- towards expenditure in connection with DFID assisted Honorary Health Worker Scheme.

Sir,

Apropos your communication bearing no 5811 DFID dt 15.12.08, an Account Payee Demand Draft bearing no. 761501 dt. 14.01.2009 on State Bank of India, Salt Lake Branch for an amount of Rs. 5,00,000/- (Rupees Five lakhs) only is released for payment towards Salary Honorarium and Operating Cost.

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

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

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

Received - D/D - of Rs = 5,00,000/- (Five lakh) only vide No:- 761501, dt:- 14⁰¹/₀₉.

by, Manas Das.
(Accts. Asst, DFID).
Medinipur Municipality.
28.01.09

[Signature]
Project Officer

Date: 15.01.2009

SUDA-Health/309/08/139
CC

The Project Director, HIW Scheme - DFID, Medinipur Municipality
- for kind information and necessary action.

[Signature]
Project Officer

Phone : 275384
266483

Office of the Councillors of
MIDNAPORE MUNICIPALITY
MIDNAPORE

Memo No 6533/DFID.

Dated, Midnapore the 24.01.09.

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

Memo No

Dated

Received from Project Officer, Health Wing SUDA the sum of Rupees 5,00,000/- (Rupees - Five lakh only) only on account of expenditure in connection with DFID assisted Honorary Health workers scheme.

Vide Demand Draft No 761501 Dt. 14.01.09. of
Rs. 5,00,000/- (Five lakh) only.



[Signature]
Chairman
Midnapore Municipality

Phone : 275384
266483

Office of the Councillors of
MIDNAPORE MUNICIPALITY
MIDNAPORE

Ref No 6533/D.F.I.D

Dated Midnapore the 24.01.09

From: Chairman
Midnapore Municipality

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

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

Manas Das
Signature of Manas Das.

[Signature]
Chairman
Midnapore Municipality

ATTESTED
[Signature]
24/01/09
Chairman
Midnapore Municipality

कम्प्यूटर द्वारा मुद्रित होने पर ही वैध
VALID ONLY IF COMPUTER PRINTED
आरो कर्ता/कर्ता को मिलने ही वैध है।
INSTRUMENT FOR RS. 50,000.- AND OVER IS VALID ONLY WHEN SIGNED BY TWO OFFICERS

शेड नं. CODE NO

ISSUING BRANCH: PALITKY No.: 33000-235816 KEY : QUDGUR

VOIP: 500671

DATE 14/01/2009

शेड नं. CODE NO 0 01612

या उनके आदेश पर OR ORDER

रुपये RUPEES

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



AMOUNT BELOW 500001 (5/6)

₹. 50,000.00 P 500

अवगत करें। मूल अवगत VALUE RECEIVED

शेड नं. CODE NO

PAISE ZERO ONLY
ST. No.: 58208
KEY : QUDGUR



M. K. Sanyal

S. K. Sanyal

भारतीय स्टेट बैंक

STATE BANK OF INDIA

शुद्धिकृत हस्ताक्षरकर्ता AUTHORISED SIGNATORY

शेड नं. / BRANCH MANAGER

(हस्ताक्षर नमूना नं. / S.S. NO.)

(हस्ताक्षर नमूना नं. / S.S. NO.)

MIDNAPORE

शेड नं. CODE NO 0 00132

0157

शेड नं. / DRAWEE BRANCH

0157000000000761501

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शेड नं. 751501 0000020000 000157 15

FO 14, SUDA
31.12.08
Phone: 275384
266483

Office of the Councillors of
MIDNAPORE MUNICIPALITY
MIDNAPORE

Ref No 5811/DFID.

Dated Midnapore the 15.12.08.



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

From
Chairman
Midnapore Municipality

Sub: - Requisition of Allotment.

Madam,

We have received an amount of Rs. 11,51,056/- (Eleven lac fifty one thousand fifty six) only upto the month of November - 08 from SUDA. Amount of U.C already send to SUDA is Rs. 9,66,617/- (Nine lac sixty six thousand six hundred seventeen) only upto the month of September 08 Now, an amount of Rs. 1,84,439/- (One lac eighty four thousand four hundred thirty nine) only remain in our account. After the payment of salary / Hon for the month of November 08 of Rs. 1,20,160/- (One lac twenty thousand one hundred sixty) only an amount of Rs. 64,279/- (sixty four thousand two hundred seventy nine) only remain in our account. So, in this position we need an amount of Rs.5,00,640/- (Five lac six hundred forty) only in the salary / Hon, operating cost head for the month up to March 09.

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

Thanking You.

Yours faithfully

A handwritten signature in black ink, appearing to be "S. S. Ghosh" or similar, with the date "15/12/08" written below it.

Chairman

Midnapore Municipality

Office of the Councillors of
MIDNAPORE MUNICIPALITY
MIDNAPORE

Ref No _____

Dated Midnapore the _____

*DD m. 761501 dt. 14.1.09 Rs. 5.00 Lakhs
ms ee rdms
7200 D.D.
12.01.09.*

DFID assisted Honorary Health Worker Scheme
Name of the Municipality: - Medinipore
For the Period of: - December '08 to March, 09

Requisition of Allotment

Sl.No	Item of Expenditure	Expenditure
	Non - Recurring	
1	Equipment	
2	Furniture	
3	Construction	
	a) Sub Centre - Rent	
	b) OPD	
4.	I.E.C Aids & Materials	
5.	Renovation Works	
6.	Documentation	
7.	Printing of HMIS forms	
8.	NGO Involvement	
	Total :-	
	RECURRING	
✓ 9.	HONORARIUM 99,310 X 4 Month	3,97,240=00 ✓
✓ 10.	Salaries 20,850 X 4 Month	83,400=00 ✓
11.	Rent	
12.	Training	
13.	Drug	
14.	I.E.C	
✓ 15.	Operating Cost (for monitoring & maintains of SHP)	20,000=00 ✓
	Total :-	5,00,640=00
	GRAND TOTAL	

* The amount of Rs. 5,00,640 =00. (Five lao six hundred forty) only required for the running of HHW's Scheme of DFID under Midnapore Municipality for the period of December 08 to March 09.

Fund Released - 11,57,056
So E. Recd upto Nov 10,86,777

64,279

94.42%

[Signature]
Chairman
Midnapore Municipality

Miscellaneous Receipt

PURULIA MUNICIPALITY

No. **1421**

Dated 06.02. 2009.

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

on account of Expenditure with
Connection with D.F.I.D.
Assisted H.H.W Scheme.

Rupees (in words) Three lakh sixty
thousand only.

Rs. P.

(Figures)

3,60,000 = 00



Chairman/Executive Officer/
Authorised Officer.

Cashier
Health Officer
Purulia Municipality
Purulia

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

Memo No: - ~~04.2.09~~ PM/H.H.W/D.F.I.D/117

Date: - 04.2.09,

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



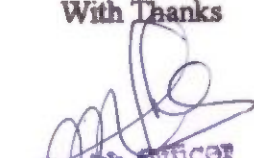
Sub: - Authorization letter.

Madam,

I, the undersigned do hereby authorized Sri. Sanjib Sen (Account Assistant) one of the office employee in our DFID assisted HHW scheme under Purulia Municipality to receive fund from your good office on my behalf. His signature is given in the document below and duly attested by me.

This is for your kind information & necessary action.

With Thanks


Health Officer
Purulia Municipality
Purulia

S. Sen.

(Signature of the authorized person)



Chairman

Purulia Municipality

SUDA

STATE URBAN DEVELOPMENT AGENCY

**HEALTH WING
"ILGUS BHAVAN"**

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

P-137

Ref No. SUDA-Health/310/08/138

Date 15.01.2009

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

To : The Chairman
Purulia Municipality

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

Sir,

Apres your communication bearing no. PM DFID(HHW)-96 dt. 19.12.08, an Account Payee Demand Draft bearing no. 761299 dt. 14.01.2009 on State Bank of India, Salt Lake Branch for an amount of Rs 3,60,000/- (Rupees Three lakhs sixty thousand) only is released for payment towards Salary Honorarium, Rent, IEC, Training, IEC, AIDS & Materials and Operating Cost.

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

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

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

Yours faithfully,

Project Officer

SUDA-Health/310/08/138

CC

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

Dt. 15.01.2009

Project Officer

Received D.D. No. 761299
date - 14.01.09.
S. Sen
15.02.09
Purulia Municipality

Tel/Fax No.: 359-3184

DD no. 761299
dt. 14.1.09

Rs. 3.60 lakhs.
may be released
Thru D.D.
12.1.09.

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

Memo No: PM/DFID/CHW 96 **PURULIA**

Date: 10/12/08

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 below).

Estimation of fund requirement for 03 months (from January 08 to March 08):-

01. Salaries -	81,000=00	} 2,78,000
02. Honorarium	2,27,010=00	
03. Rent-	6,000=00	6,000
04. L.E.C.	25,000=00	25,000
05. Operating cost	30,000=00	30,000
06. Training	12,960=00	13,000
07. L.E.C. Aids & Materials	8,000=00	8,000
Grand Total	3,59,970=00	3,60,000 ✓

Note- We will be claimed medicine fund from your department after medicine tender.

Fund Available - Rs. 11,49,279 =
 S.O.E Submitted upto Dec 08 = " 10,69,891 =
 Bal. Rs. 79,388 =

93.09%

CHAIRMAN PURULIA MUNICIPALITY

S. Sen

कम्प्यूटर द्वारा मुद्रित होने पर ही वैध है।

VALID ONLY IF COMPUTER PRINTED

शेड्स 35, CODE NO

₹. 50,000/- एवं अधिक के निशान दो अधिकारियों द्वारा हस्ताक्षरित होने पर ही वैध है।

ISSUING BRANCH
PAISE ZERO ONLY
KEY : TOGLUQ

0 01612

VOIP : 500671

14/01/2009

MUNICIPALITY

या उनके आदेश पर OR ORDER

PAISE ON DEMAND PAY

CHAIRMAN, HHW SCHEME, DFID PURULIA

रुपये RUPEES

THREE	SIX	ZERO	ZERO	ZERO	ZERO	ZERO
LAKHS	T'TSD	THSDS	HNDRS	TENS	UNITS	

₹. 36000 P 500

SBI AMOUNT BELOW 360001 (3/6)

अदा करें। मूल प्राप्त VALUE RECEIVED

PAISE ZERO ONLY
KEY : TOGLUQ



M. K. Singh

Saravati Singh

भारतीय स्टेट बैंक
STATE BANK OF INDIA

अधिकृत हस्ताक्षरकर्ता AUTHORIZED SIGNATORY

शाखा प्रबंधक / BRANCH MANAGER

0157

शान्त शाखा / DRAWEE BRANCH

PURULIA 0 00160

0157000000000761299

॥ १६१२९९॥ ०००००२०००१: ०००१५७॥ १६

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SUDA

P-136

STATE URBAN DEVELOPMENT AGENCY

**HEALTH WING
"ILGUS BHAVAN"**

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

Ref No. SUDA-Health/303/08/137

Date 15.01.2009

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

To : The Chairman
Bishnupur Municipality

Sub. : Release of fund worth Rs. 3,35,000/- towards expenditure in connection with DFID assisted Honorary Health Worker Scheme.

Sir,

Apropos your communication bearing no. 31 DFID XI-S dt. 31.12.08 an Account Payee Demand Draft bearing no. 76198 dt. 14.01.2009 on SBI, Bank of India, Salt Lake Branch for amount of Rs.3,35,000/- (Rupees Three lakhs thirty five thousand) only is released for payment of Salary Honorarium, IEC Medicine and Operating Cost.

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

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

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

Received Rs. 3,35,000 (Three lakh thirty five thousand) only.
vide D/D No-761298 dated - 14/01-2009

20-01-09

Yours faithfully,

Project Officer

SUDA-Health/303/08/137
CC

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

DL - 15.01.2009

Project Officer

VALID ONLY IF COMPUTED BY PAPER BANK VALUE FOR THE MONTH OF
 AND DATE AND SERIAL NO. OF THE CHECK SECTION-1/CALCULATION
 ISSUING BRANCH No.: 33000-235816 KEY : POFDUN

कोड नं. CODE NO
0 01612

VOIP: 500671
 14/01/2009

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

मौलिक निवेशक *ON DEMAND PAY CHAIRMAN, HHW SCHEME, DFID BISHNUPUR MUNICIPALITY***

या उनके आदेश पर OR ORDER

रुपये RUPEES	THREE	THREE	FIVE	ZERO	ZERO	ZERO
PAISE	LAKHS	T' TSD	THSDS	HNDRS	TENS	UNITS

PAISE ZERO ONLY
 Sf. No.: 332222
 KEY : POFDUN



₹. 33500.00 P 500
 AMOUNT BELOW 335001 (3/6)

अदा करें। मूल गणन VALUE RECEIVED

9	8	7	6	5	4	3	2	1
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भारतीय स्टेट बैंक
STATE BANK OF INDIA
 BISHNUPUR (W. BENGAL)
 0157

शुद्धी/भुगतान/भुगतान/भुगतान

0 00044

015700000000761298

अधिकृत हस्ताक्षरकर्ता AUTHORIZED SIGNATORY

(हस्ताक्षर नमूना क्रं./S.S. NO.)

LMSS

(हस्ताक्षर नमूना क्रं./S.S. NO.)

शाखा प्रबंधक / BRANCH MANAGER

M. Pattanayak

S. S. 16/07

⑈ 751298 ⑈ 000002000⑈ 000157 ⑈ 16

☎ : (03244)-252591

BISHNUPUR MUNICIPALITY**(D.F.I.D. ASSISTED HHW PROJECT)****P.O. : -BISHNUPUR * DIST. : BANKURA**

Ref. No..... 91/D.F.I.D./XI-8

Date..... 31/12/2008

Rs. 3.35 Lakhs
may be released
Thru D.D.
12.01.09

DD No. 76198 dt. 14.1.09

*Requisition of fund for D.F.I.D Assisted Honorary Health Workers Scheme***Under Bishnupur Municipality.****Sub:- Requisition for further fund for Rs. 3,35,000.00****Requirement of fund for three Months is placed below**

Sl. No.	Item & Expenditure	Amount in Rs.
01.	Honorarium & Salaries for Three Months (Jan., Feb., & Mar. - 2009)	2,10,000.00
02.	I.E.C.	25,000.00
03.	Operating cost for Three Months. (Jan., Feb., & Mar. - 2009)	40,000.00
04.	Medicine.	60,000.00
Total Rs:-		3,35,000.00


Total amount Regd. Requested is Lakhs Thirty Five Thousand Only by D\ D.

Fund Released = 12,64,777

SoE Received = 11,96,603

68,174

94.61%


 Chairman,
 Bishnupur Municipality.

12/31/08

12:53 PM

FAX - 03244 256317

BISHNUPUR MUNICIPALITY

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

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

...Memo.no.: 93/D.F.I.D./XI -8

Date.....15/01/2009.....

To

The Project Officer
SUDA., Salt Lake.
Kolkata – 91.

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 SUDA., 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

91/D.F.I.D./XI - 8

Date... 15/01/2009.

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

Sub:- Requisition for further fund for Rs. 3,35,000.00

Requirement of fund for three Months is placed below

Sl. No.	Item & Expenditure	Amount in Rs.
01.	Honorarium & Salaries for Three Months (Jan., Feb., & Mar. - 2009)	2,10,000.00
02.	I.E.C.	25,000.00
03.	Operating cost for Three Months. (Jan., Feb., & Mar. - 2009)	40,000.00
04.	Medicine.	60,000.00
Total Rs:-		3,35,000.00

Total amount Regd. Rupees Three Lakh Thirty Five Thousand Only by D \ D.

[Signature]
 Chairman,
 Bishnupur Municipality.

1/15/09

12:07 PM

FAX - 03244 256317

SUDA HEALTH WING



Bankura Municipality

Miscellaneous Receipt

West Bengal Municipal (Finance and Accounting)

Form No.39

No.....

Date 28.01.2009

Received from Project Officer, Health , SUDA the sum of Rupees 5,23,000/- (Rupees Five lakhs twenty-three thousand) only on account of expenditure in connection with DFID assisted Honorary Health Worker Scheme.

Vide Demand Draft No. 761297

Dt. 14.01.2009

Rs. 5,23,000/-



Re mp

Seili Midge
Chairman 28/1/09

Bankura Municipality

Chairman

Bankura Municipality

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

P-135

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/188

Date 15-01-09

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

Sub: Authorization letter.

Madam,

I do herewith authorize Sri Subrata Kumar Dey, Accounts Assistant of D.F.I.D. Assisted HHW Project, Bankura Municipality to receive Demand Draft against placement of fund vide this office no: A/5/Gen/DFID/181 Dt: 07.01.09 on my behalf. Signature of Sri Subrata Kumar Dey, Accounts Assistant of DFID Assisted HHW Project, Bankura Municipality is attested below.

Siuli midya
Chairman 5/11/09
Bankura Municipality
Chairman
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 15/1/09
Bankura Municipality
Chairman
Bankura Municipality

SUDA

STATE URBAN DEVELOPMENT AGENCY

**HEALTH WING
"ILGUS BHAVAN"**

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

SUDA-Health/301/08/136
Ref No.

Date 15.01.2009

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

To : The Chairman
Bankura Municipality

Sub. : Release of fund worth Rs. 5,23,000/- towards expenditure in
connection with DFID assisted Honorary Health Worker Scheme.

Sir,

Apres your communication bearing no. A-5 Gen DFID/131 dt 07.01.09 an Account Payee Demand Draft bearing no. 761297 dt 14.01.2009 on State Bank of India, Salt Lake Branch for an amount of Rs.5,23,000 - (Rupees Five lakhs twenty three thousand) only is released for payment towards Salary Honorarium, Drugs, Rent, Training, and Operating Cost.

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

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

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

*Received Rs. 5,23,000/-
Rupees five lakhs twenty three thousand only
vide D.D. no: 761297 dt: 14-01-09
Subrata Kumar Das
16-01-09*

Yours faithfully,

Project Officer

Dt. 15.01.2009

Project Officer

SUDA-Health/301/08/136
CC

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

DIS: 01/01/09/09/09/09/09

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

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

*Rs. 5.23 lacs
mm. 66.88 am
Thru. DD.
12.11.09*

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

Memo No. A/5/Gen/DFID/181

Date 07-01-09

To
The Project Officer
Health Wing, SUDA

DD no. 761297 dt. 14.1.09

Sub: Placement of fund to the tune of Rs. 5,22,830.00 (Rupees: Five lakhs twenty-two thousand eight hundred thirty) only.

Madam,

I would like to request you to kindly place a fund to the tune of Rs. 5,22,830.00 (Five lakhs twenty-two thousand eight hundred thirty) only for the following purpose. Copy of order for procuring drugs bearing no. A/7/Ten/DFID/174 dt: 02.01.09 is enclosed herewith for your kind information.

Sl no.	Nature of Expenditure	Expected Expenditure
1.	Salary & Honorarium (For Jan, Feb & Mar-09) i.e For 3 (Three) months Salary for C.D.O., P.H.N., Accts Asstt, Data Entry Operator and Honorarium for 6 FTSs, 28 HHWs, 3 PTMOs, 2 ANMs, 1 Clerk-cum-SK, 1 Attendant & 1 Sweeper	Rs. 2,96,860.00
2.	Drugs	Rs. 1,97,530.00
3.	Rent	Rs. 5,000.00
4.	Training As per your ref no: SUDA-Health/DFID/08/109(1) Dt: 03.11.08	Rs. 13,440.00
5.	Operating Cost	Rs. 20,000.00
Total		Rs. 5,22,830.00

Previous Drug 81,000/-

500,000/-

Rupees: Five lakhs twenty-two thousand eight hundred thirty only

Enclor: As stated above.

Available fund = 12,30,340
S.O.E. Recd. upto Dec. 10,74,846
1,55,494

0
87.36
0

Yours faithfully

Siuli Midya
Chairman

Bankura Municipality

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

BANKURA MUNICIPALITY

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

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

Memo No. A/7/Ten/D.F.I.D./174

Date 2.01.09

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

Sub: Supply Order of Medicine
Ref: Your No. 254/2008-09 dt. 15-12-08

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

Sl. No.	Item	M.F.G. By	Rate [Rs.]	Required Quantity	Total Amount [Rs.]
1	Tab Combined Gastric Antacid 500 mg	NECHOLAS/ LUPIN	4.30 Per 8's	16,000 tabs	68800.00
2	Tab Ranitidine 150 mg	Alembic	5.25 per 10's	20,000 tabs	105000.00
3	Damperidone 10 mg	Cipla	5.00 per 10 tabs	10,000 tabs	50000.00
4	Bromhexine Hydrochloride 8mg	Ipsa	27.00 per 10's	10,000 tabs	270000.00
5	Tab. Chloropheniramine Maleate 4 mg.	Aventisb (Aval 25 mg)	4.10 per 10 s	10,000 tabs	41000.00
6	Tab Polifer (large) (Ferrous Sulf. 180mg Folic Acid 0.5mg)	Wyeth (Aurtrin)	47.85 per 30 cap	30,000 tabs	1435500.00
7	Tab Albendazole 400mg	Ranbaxy	2.50 per tab	10,000 tabs	25000.00
8	O.R.S. Citrate	Wokhurd	5.10 per pkt.	1,000 pkt	5100.00
9	Dicyclanil	Ranbaxy	5.00 per 10's	10,000 tabs	50000.00
10	Paracetamol 500mg	Ranbaxy	4.50 per 10's	10,000 tabs	45000.00
11	Tab Ibuprofen	Abbot Erlufen	5.98 per 10's	10,000 tabs	59800.00
12	Comrimoxazole (Adult)	GLAXCO (Septran)	5.85 per 10's	10,000 tabs	58500.00
13	Vitamin B Complex (Bicozyme-C forth)	Nicolash	12.15 per 10's	30,000 tabs	364500.00
14	Tab. Ciprofloxacin 500mg.	Alembic Nicolash	18.75 per 10's	10,000 tabs	187500.00
				Total Amount	197530.00

Abir Banerjee
Health Officer
Bankura Municipality
02/01/09

Siuli Midya
Chairman
Bankura Municipality
2/1/09

Krishna Chhina 2-1-09
Community Dev. Officer
D.F.I.D. assisted HHW Project
Bankura Municipality

ए. 50,000: एवं अधिक के लिखत दो अधिकारियों द्वारा हस्ताक्षरित होने पर ही वैध है।
INSTRUMENT FOR RS. 50,000: AND OVERS VALID ONLY WHEN SIGNED BY TWO OFFICERS

VALID ONLY IF COMPUTED BY THE BANK'S SYSTEM FOR MONTHLY PAYMENT.
आरो करने वाली शाखा का टेलीफोन नं. : 33000-235816 KEY : TUKMEZ
ISSUING BRANCH

कोट नं. कोड नं. 0 01612

VOIP: 500671

14/01/2009

DATE

ऑन डिमांड पेय चैरमन, हनुवत स्कीम, डी. फी. डी. बैंकुरा निकासीय
ON DEMAND PAY CHAIRMAN, HHW SCHEME, DFID BANKURA MUNICIPALITY*****

या उनके आदेश पर OR ORDER

रुपये RUPEES

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

₹. Rs. 5 2 3 0 0 0 P 500

***SBI AMOUNT BELOW 523001 (5/6)

PAISE ZERO ONLY

Sr. No.: 620937

KEY : TUKMEZ



अदा करें | मूल मूल्य VALUE RECEIVED

भारतीय स्टेट बैंक

STATE BANK OF INDIA

BANKURA

0 00022

अधिकृत हस्ताक्षरकर्ता AUTHORIZED SIGNATORY

(हस्ताक्षर नमूना क्र० / S.S. NO.

CVMS)

(हस्ताक्षर नमूना क्र० / S.S. NO.

शाखा प्रबंधक / BRANCH MANAGER

M. Prasad

Sankar
9-11-09

0157

आगत / ड्राव्ही शाखा

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15 76 1 29 7 0000020000 000157 15

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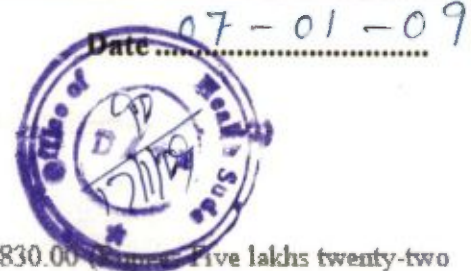
D.F.I.D. ASSISTED H.H.W. PROJECT BANKURA MUNICIPALITY

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

FO, H,
20.1.09

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

Memo No. A/5/Gem/DFID/181



To
The Project Officer
Health Wing, SUDA

Sub: Placement of fund to the tune of Rs. 5,22,830.00 (Five lakhs twenty-two thousand eight hundred thirty) only.

Madam,

I would like to request you to kindly place a fund to the tune of Rs. 5,22,830.00 (Five lakhs twenty-two thousand eight hundred thirty) only for the following purpose. Copy of order for procuring drugs bearing no: A/7/Ten/DFID/174 dt: 02.01.09 is enclosed herewith for your kind information.

Sl no.	Nature of Expenditure	Expected Expenditure
1.	Salary & Honorarium (For Jan, Feb & Mar-09) i.e For 3 (Three) months Salary for C.D.O., P.H.N., Accts Asstt, Data Entry Operator and Honorarium for 6 FTSs, 28 HHWs, 3 PTMOs, 2 ANMs, 1 Clerk-cum-SK, 1 Attendant & 1 Sweeper	Rs. 2,86,860.00
2.	Drugs	Rs. 1,97,530.00
3.	Rent	Rs. 5,000.00
4.	Training As per your ref no: SUDA-Health/DFID/08/109(11) Dt: 03.11.08	Rs. 13,440.00
5.	Operating Cost	Rs. 20,000.00
Total		Rs. 5,22,830.00

Rupees Five lakhs twenty-two thousand eight hundred thirty only.

Encl: As stated above.

Yours faithfully

Siuli Midya
 Chairman
 Bankura Municipality

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

BANKURA MUNICIPALITY

PRESIDENT :

Smt. Siuli Midya

Chairperson, Bankura Municipality

Phone : 250367 (O)

Secretary :

Dr. Abir Banerjee

H.O Bankura Municipality

Phone : 259269/257751/254406

Mobile : 9434183427

Memo No. A/7/Ten/D.F.I.D./174

Date 2.01.09

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

Sub: Supply Order of Medicine
Ref: Your No. 264/2008-09 dt. 16-12-08

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

Sl. No.	Item	M.F.G. By	Rate (Rs.)	Required Quantity	Total Amount (Rs.)
1	Tab Combined Gastric Antacid 500 mg	NECHOLAS/ LUPIN	4.30 Per 8's	16,000 tabs	8600.00
2	Tab Ranitidine 150 mg	Alembic	5.25 per 10's	20,000 tabs	10500.00
3	Domperidone 10 mg	Cipla	5.00 per 10 tabs	10,000 tabs	5000.00
4	Bromhexine Hydrochloride 8mg	Ipca	27.00 per 10's	10,000 tabs	27000.00
5	Tab. Chlorpheniramine Maleate 4 mg.	Aventish (Avil 25 mg.)	4.10 per 10's	10,000 tabs	4100.00
6	Tab Folifer (large) (Ferosulf. 180mg Folic Acid 0.5mg)	Wyeth (Atrin)	47.85 per 30 cap	30,000 tabs	47850.00
7	Tab Albendazole 400mg	Ranbaxy	2.50 per tab	10,000 tabs	25000.00
8	O.R.S. Citrate	Wokhurdt	5.10 per pkt.	1,000 pkt	5100.00
9	Dicyclomine	Ranbaxy	5.00 per 10's	10,000 tabs	5000.00
10	Paracetamol 500mg	Ranbaxy	4.50 per 10's	10,000 tabs	4500.00
11	Tab Ibuprofen	Abbot Brufen	5.98 per 10's	10,000 tabs	5980.00
12	Cotrimoxazole (Adult)	GIAXCO (Septran)	5.85 per 10's	10,000 tabs	5850.00
13	Vitamin B Complex (Bicozyme-C forth)	Nicolash	12.15 per 10's	30,000 tabs	24300.00
14	Tab. Ciprofloxacin 500mg.	Alembic Nicolash	18.75 per 10's	10,000 tabs	18750.00
				Total Amount	197530.00

knishna chana 2-1-09

Abir Banerjee
Health Officer
Bankura Municipality

Siuli Midya
Chairman 2/1/09
Bankura Municipality

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

Ref No SUDA-Health/313/08/134

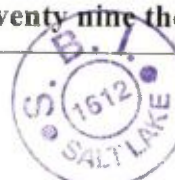
Date13.01.2009

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. 030255770088) as mentioned below :

Sl. No.	In favour of	Amount (In Rs.)
1.	Chairman, HHW Scheme, DFID Bankura Municipality	5,23,000.00 ^{DD-761297}
2.	Chairman, HHW Scheme, DFID Bishnupur Municipality	3,35,000.00 ⁻⁷⁶¹²⁹⁸
3.	Chairman, HHW Scheme, DFID Purulia Municipality	3,60,000.00 ⁻⁷⁶¹²⁹⁹
4.	Chairman, HHW Scheme, DFID Medinipur Municipality	5,00,000.00 ⁻⁷⁶¹⁵⁰¹
5.	Chairman, HHW Scheme, DFID Suri Municipality	2,61,000.00 ⁻⁷⁶¹⁵⁰²
	Total	19,79,000.00
(Rupees Nineteen lakhs seventy nine thousand) only		



Yours faithfully,

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

14/1/09

..... Jangipur Municipality

Miscellaneous Receipt

West Bengal Municipal (Finance and Accounting)

Form No. 39

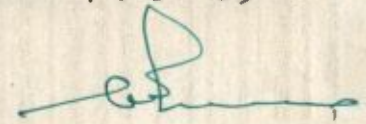
No.

Date :

Received from Project Officer, Health, SUDA the sum of Rupees
2,50,000/- (Rupees *Two Lakhs fifty thousand* only on account of
expenditure in connection with DFID assisted Honorary Health Worker Scheme

Vide Demand Draft No. **796127** Dt. **14.01.09**

Rs. **2,50,000**



Chairman,



..... Jangipur Municipality

SUDA

P-134

STATE URBAN DEVELOPMENT AGENCY

**HEALTH WING
"ILGUS BHAVAN"**

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

Ref No. SUDA/Health/306/08/135

Date 14.01.2009

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

To : The Chairman
Jangipur Municipality

Sub. : Release of fund worth Rs. 2,50,000/- towards expenditure in connection with DFID assisted Honorary Health Worker Scheme.

Sir,

Apropos your communication bearing no. JMDFID 551/09 dt. 13.01.08, an Account Payee Cheque bearing no. 796127 dt. 14.01.2009 on State Bank of India, Salt Lake Branch for an amount of Rs.2,50,000/- (Rupees Two lakhs fifty thousand) only is released for payment towards Salary Honorarium, rent, Training, IEC, Furniture, Drug 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 Cheque, along with money receipt. Kindly acknowledge receipt of this communication.

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

Received the Cheque.

amount of Rs 2,50,000.00

(Two Lakh fifty thousand)

Ch. no - 796127 dt - 14-01-09.

Nesimul Hossain.

Acct. Asst. Jangipur Municipality

SUDA-Health/306/08/135
CC

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

Yours faithfully,

Project Officer

Date: 14.01.2009

Project Officer

OFFICE OF THE COUNCILLORS

JANGIPUR MUNICIPALITY

P.O. - Raghunathganj ❖ Dist. - Murshidabad

Memo No.: JM/DFID/ 551 /09

Dated: 13-01-09.

From : The Chairman / Vice Chairman, Jangipur Municipality

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

Subject : Authorization to collect Draft / Cheque.

I do hereby authorize Nasirul Hossain, Accounts Assistant, DFID assisted HHW Scheme, Jangipur Municipality to collect the ~~Demand Draft~~ / Cheque [bearing No. 796127 dt. 14.01.09] for an amount of Rs 2,50,000=00 (Rupees Two Lakhs fifty thousand) only on my behalf. The Demand Draft / Cheque is in connection with DFID assisted H.H.W. scheme, Jangipur Municipality.

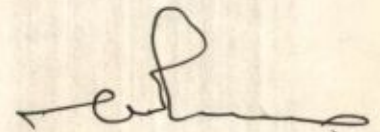
Signature of NASIRUL HOSSAIN

1. Nasirul Hossain

2.

3.

Attested



Chairman
Jangipur Municipality

~~A/c. Payee Only~~

दिनांक / Date 14 / 01 / 2009

● AY Chairman, HHW Scheme, DFID,

Jangipur Municipality

या धारक को OR BEARER

रुपये RUPEES Two Lacks fifty thousand only.

₹.Rs. 2,50,000/-

अदा करें

खा.सं. 30255770088 Care : CLTD
A/c. No.



भारतीय स्टेट बैंक
State Bank of India SBIN0001612

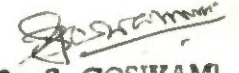
SALT LAKE(SECTOR-1)CALCUTTA,
DB-2,SECTOR-1, CALCUTTA,
KOLKATA

Prefix
0523700003

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



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



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

HHW SCHEME, DFID, SUDA

⑈ 796127⑈ 700002145⑈ 000080⑈ 11

DFID ASSISTED HHW SCHEME**Jangipur Municipality**

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

Memo No.: JM/DFID/5.5.1./09.

Dated: 13.01.09

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

Rs. 2.50 lakhs
may be released
This A/c page
cheques.
R. S. S. S. S.

Sub : Requisition for Finance

Respected Madam,

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

Honorarium	51,000 X 3	=	1,53,000.00	} 2,01,000
Salary	29,000 X 1	=	87,000.00	
Rent	1000 X 3	=	3,000.00	- 3,000
Training	3000 X 3	=	9000.00	✓ 9,000
I.E.C.	2000 X 3	=	6,000.00	✓ 6,000
Furniture	10,500	=	10,500.00	✓ 10,000
Drug	10,000	=	10,000.00	10,000
Operating Cost	10000 X 3	=	30,000.00	12,000
Total			3,08,500.00	2,50,000
Round Figure		=	3,09,000.00	

Total amount of Rs. 3,09,000.00 is urgent^{ly} required^{for} smooth functioning of DFID assisted HHW Scheme, Jangipur Municipality.

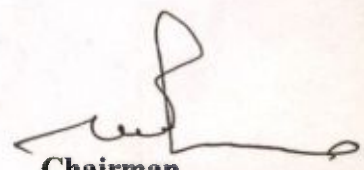
This is for your kind information and taking necessary action.

ch. no 796127 dt 14.1.09

for Rs. 2,50,000/-

Available Fund = 12,78,891 = ₹
SoE submitted
with Deced = 9,17,100 = ₹
Bal. Rs 3,61,791 = ₹
(-) 2,26,000 = ₹ (Drug)
1,35,791 = ₹

72%


Chairman
Jangipur Municipality

Care : CLTD

Care : CLTD

STATE URBAN DEVELOPMENT AGENCY
OFFICE OF THE ADVISOR (HEALTH)

P-133

DEBIT VOUCHER

Voucher No. P-133

Date. 31-12-2008

HHW Scheme, DFID

PARTICULARS OF PAYMENT	AMOUNT	
	Rs.	P.
Being the amount spent on contingent charges for the month of December, 08 from Permanent Advance as per the vouchers enclosed.	1287 =	00
Rupees One thousand two hundred eighty seven only.	1,287 =	00

Prepared by:

Checked by:

Pay order given by:

- 1) Rs. 28 = 00
- 2) " 28 = 00
- 3) " 28 = 00
- 4) " 28 = 00
- 5) " 22 = 00
- 6) " 30 = 00
- 7) " 400 = 00
- 8) " 64 = 00
- 9) " 349 = 00
- 10) " 302 = 00
- 11) " 80 = 00
- 12) " 110 = 00
- 13) " 49 = 00
- 14) " 41 = 00

Total Rs 1287 = 00

[Signature]
21/12/08

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

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					
020140100392731	STATE URBAN DEVELOPMENT AGENCY					
Date	TAN	A.O. Code	Type of Return	Form No.	Periodicity	Financial Year
19 Dec 2008	CALS12437F	WBGWT1633	Regular	24Q	Q1	2008-09
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. M-III/ST/BAS/2847 BUSINESS AUXILLARY SERVICES 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. File correction statement to rectify errors including deductee PAN.
2) Use same TAN to deposit tax and to file returns.

SAM 5.46

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					
020140100392753	STATE URBAN DEVELOPMENT AGENCY					
Date	TAN	A.O. Code	Type of Return	Form No.	Periodicity	Financial Year
19 Dec 2008	CALS12437F	WBGWT1633	Regular	24Q	Q2	2008-09
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. M-III/ST/BAS/2847 BUSINESS AUXILLARY SERVICES 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. File correction statement to rectify errors including deductee PAN.
2) Use same TAN to deposit tax and to file returns.

SAM 5.46

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					
020140100392742	STATE URBAN DEVELOPMENT AGENCY					
Date	TAN	A.O. Code	Type of Return	Form No.	Periodicity	Financial Year
19 Dec 2008	CALS12437F	WBGWT1633	Regular	26Q	Q1	2008-09
No. of Deductee Records	Total Amount Paid (Rs.)	Total Income Tax Deducted (Rs.)	No. of Challans	Total Challan Amt. (Rs.)	Upload Fees (Rs.) Inclusive of taxes as applicable	
6	57902.00	1181.00	3	1181.00	28.00	
Total Tax Deposited as per Deductee Details (Rs.)			1181.00		On behalf of National Securities Depository Limited (e-TDS Intermediary)	
Deficiency(ies) wrt to PAN of Deductees. Correction statement may be filed, if required.			TIN-FC ID: 02014 Alankit Assignments Ltd. M-III/ST/BAS/2847 BUSINESS AUXILLARY SERVICES 213 TODI CHAMBERS 2 LAL BAZAR STREET, KOLKATA (WB)-700001			
PAN APPLIED	PAN INVALID	PAN NOT AVAILABLE				
0	0	0				

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

SAM 5.46

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

PROVISIONAL RECEIPT

Received e-TDS statement as per following details -

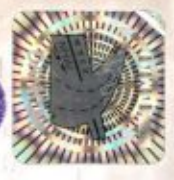
Receipt No.	Name of Deductor					
020140100392764	STATE URBAN DEVELOPMENT AGENCY					
Date	TAN	A.O. Code	Type of Return	Form No.	Periodicity	Financial Year
19 Dec 2008	CALS12437F	WBGWT1633	Regular	26Q	Q2	2008-09
No. of Deductee Records	Total Amount Paid (Rs.)	Total Income Tax Deducted (Rs.)	No. of Challans	Total Challan Amt. (Rs.)	Upload Fees (Rs.) Inclusive of taxes as applicable	
6	56252.00	1147.00	3	1147.00	28.00	
Total Tax Deposited as per Deductee Details (Rs.)			1147.00		On behalf of National Securities Depository Limited (e-TDS Intermediary)	
Deficiency(ies) wrt to PAN of Deductees. Correction statement may be filed, if required.			TIN-FC ID: 02014 Alankit Assignments Ltd. M-III/ST/BAS/2847 BUSINESS AUXILLARY SERVICES 213 TODI CHAMBERS 2 LAL BAZAR STREET, KOLKATA (WB)-700001			
PAN APPLIED	PAN INVALID	PAN NOT AVAILABLE				
0	0	0				

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

SAM 5.46

NHAI
Toll Road
Ticket No.
Date
Time
Booth
One
Type
Fee
Type
Date
Time
Booth
One
Type
Fee
Type
Date
Time
Booth
One
Type
Fee

PAID



S. 395
Date
Parking Fees
By Order
Kolkata Municipal Corporation
Rs. 7/-
Time To
Car No.
Netaji Subash Fee Car
Parking Co-Operative
Society Ltd.

Responsible for Damage
or loss of Car

Regd. 3/10/07

PAID

Parking Fees
THE KOLKATA MUNICIPAL CORPORATION
Date
No. A 25627
Time To
Car No.
NIGHTINGLE FEE CAR-PARKING SAMABAYA SAMITY LTD.
(THE RATE CHART FOR DAY CAR PARKING)

TYPE OF VEHICLE RATE PER HOUR OR PART THERE OF	TWO WHEELER 3.00	CAR/VAN/MINIBUS 7.00	LORRY/ BUS 14.00
--	---------------------	-------------------------	------------------------

Rs. 7/-

8

ROAD CHALLAN / ORDER / ESTIMATE / APPROVAL

PUJA Since 1995

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

BJ-MARKET, SALT LAKE, KOLKATA - 700 091

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

THURSDAY FULL CLOSED

ESTIMATE
CLASSIC CENTRE
Shop No. 6, GD Market,
Salt Lake, Kolkata - 70108
Road Challan / Approval Slip

PAID

2 Pcs Bin Pote @ 65/- = 130.00
6 Pcs T/Spoon = 35.00
1 Set Caster = 40.00
1 Boxo Tree Glass = 144.00
349.00

PAID

16.12.08

PAID

1 Pen — 19.00
1 Index — 11.00
30/-

31/12/08

10

EVEREST
KITCHENWARE

PAID Received Rs. 80/- (Rupees Eighty) only
for the cost of one Perfume for Car.

11

Shiba Chatterjee
1.12.08

ROAD CHALLAN / ORDER / ESTIMATE / APPROVAL

PUJA Since 1995

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

BJ-MARKET, SALT LAKE, KOLKATA - 700 091

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

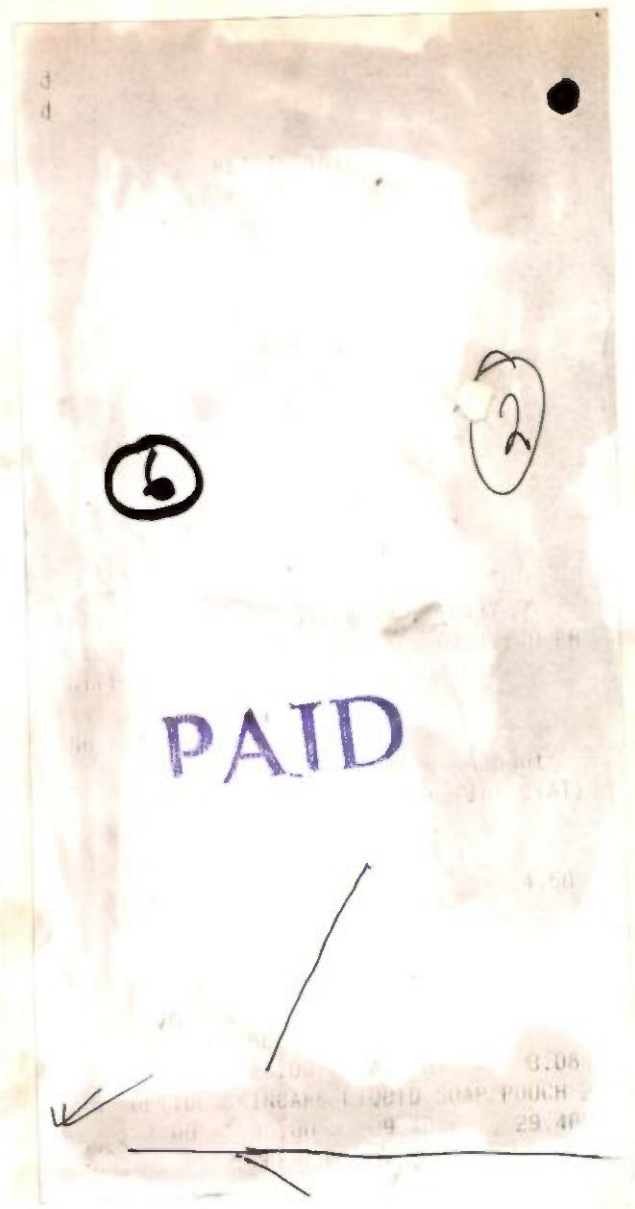
THURSDAY FULL CLOSED

1 OMP. 1cm ——— 10f
2 Rlf ——— 12f

PAID /
—————
22f

9/12/08.
[Signature]

5



PAID

Money Receipt.

Received Rs. 400/- (Rupees Four hundred) only
from Health Wing, SUDA, GUS BHAVAN, H2-Block, Sector III
Salt Lake, Kolkata - 700 106 for supply of drinking water
to Health Wing, SUDA and dusting of Tables & chairs
of officer of CEE, SUDA during November, 2008.

7

Rajes Rajake
4/12/2008
(Signature with date.)

APPROVAL SLIP

No.

NAME :

ADDRESS

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

Qty.	PARTICULARS	Rate	Amount Rs. P.
------	-------------	------	------------------

1	ONE CALCULATOR CITIZEN.		110
	(12)	PAID	
	SONA VARIETY S B. J. Market. Sta. 31 Salt Lake. Kolkata-91		/
		TOTAL	110

Date 1/12/08

RCS
Signature

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

Money Receipt.

Received Rs. 49/- (Rupees Forty nine) only
from Health wing, SUDA, LGUS BHAVAN, HC-Block, Sector III
Salt Lake, Kolkata - 700 106 for supply of tea & snacks
15 Health wing, SUDA during meeting on 19.12.08.

13

PAID

[Signature]
20/12/08
(Signature with date.)

Received Rs. 41/- (Rupees forty one) only
from Health wing, SUDA, LGUS BHAVAN, HC-Block, Sector
Salt Lake, Kolkata - 700 106 for supply of tea & snacks
15 health wing, SUDA during meeting on
29.12.08.

14

PAID

[Signature]
20/12/08
(Signature with date.)

State Urban Development Agency

Office of the Project Officer (Health)

Central co-ordinating Cell, SUDA

Month : December, 2008

Bill No. : CCC/SUDA/Remu/57 dated 30-12-2008

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

Handwritten signature and date: 30/12/08

*Stamp: VIKAS
30/12/08*

*Stamp: SUDA
30/12/08*

*Handwritten signature: Sallu Kumar Lahiri
30/12/08*

*Handwritten signature: Pratiba Ranjan Majumdar
30/12/08*

*Handwritten signature: Sasanka Sekhar Marik
30/12/08*

(Rupees Thirty four thousand eighty) only

*Handwritten signature: S.P. Pal
30/12/08*
Finance Officer
Health Wing, SUDA

*Handwritten signature: Dr. S. Goswami
30.12.08*
(Dr. S. Goswami)
Project Officer
Health Wing, SUDA

8-132

No. 8088

Date

02/01/2008

NANDI ENTERPRISE

(COURIER DIVISION)

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

PH : 2359-5560 / MB: 98306 33895.

8-131

Received with thanks from

POST OFFICE DELIVERED HEREIN SUBD.

HC 3604 SECTOR III SALT LAKE CITY FOR 700/06
the sum of Rupees ONE HUNDRED AND SEVEN ONLY

by Cash / Cheque / Draft 796125 Rs 18-12-08

on account of _____

for NANDI ENTERPRISE

P. J. Meher
Signature

Rs. 197/-

18-119

BILL STATEMENT

PH: 2359-5560
MB: 98306 33895

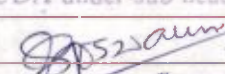
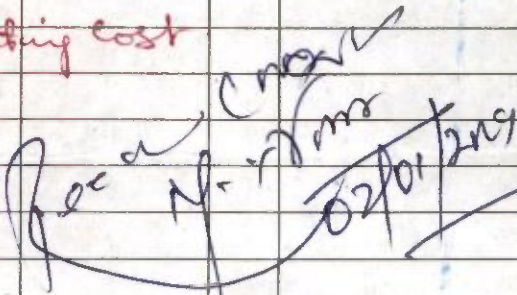
NANDI ENTERPRISE

(COURIER DIVISION)

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

To HEALTH SUDA
26th BHAVAN HC BLDG
SECTOR IN SALT LAKE
KOC-700091

Bill No. NE-1808 Bill for the month of SEPTEMBER 2008 Date 01.10.08

Sl No.	Page No.	DESCRIPTION	AMOUNT Rs.	P	REMARKS
1)	1	TOTAL Rs.	155	✓	
		Rs - 42 ✓			
		155			
		197			
(Rs one hundred and ninety seven only)					
197/-					
Passed for Payment of Rs. <u>one hundred ninety seven</u>					
(Rupees <u>one hundred ninety seven</u>)					
Only out of HHW Scheme.					
BFID, SUDA under sub head <u>Operating cost</u>					
 DR. S. GOSWAMI Project Officer, Health Wing S. U. D. A.					
 Recd Mr. J. S. Das 02/10/2008					
TOTAL Rs.					

Rupees ONE HUNDRED FIFTY FIVE ONLY E.& O.E.

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

Checked by

Accountant

for NANDI ENTERPRISE

J. S. Das

BILL STATEMENT

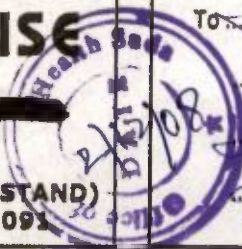
PHONE : 2359-5560

NANDI ENTERPRISE

Agent of :

(COURIER DIVISION)
SALT LAKE BRANCH

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



To: HEACT SUDA
JIGUS BHARON
A/C BLOCK SECTOR II
SALT LAKE CITY 700 106

BILL NO.: NE/1808

Date: 01.10.18

Bill for the month of SEPTEMBER-18

Sl. No.	Cong. No.	Date	DESCRIPTION	Weight	Amount		Remarks
					Rs.	P.	
1)	40819X1	25-8-18	KHARAIKOLA ✓		5	0	
	X2	3-9-18	BALPUR ✓		5	0	
	X3		BISHUPUR ✓		5	0	
	X4		BANISURA ✓		5	0	
	X5		BALPARA ✓		5	0	
	40820X1		JANAKI (M.S.D) ✓		5	0	
	X2		MEDNIPUR ✓		5	0	
	X3		K.A.H. ✓		5	0	
	X4		PURUIA ✓		5	0	
	X5		SURI ✓		5	0	
	X6		COCH BEHAL ✓		5	0	
	40821X1	4-9-18	BALPUR ✓		5	0	
	X2		BALPARA ✓		5	0	
	X3		RABUNATHAN ✓		5	0	
	X4		BISHUPUR ✓		5	0	
	X5		COCH BEHAL ✓		6	0	
	X6		BANISURA ✓		5	0	
	X7		SURI ✓		5	0	
	X8		PURUIA ✓		5	0	
	X9		K.A.H. ✓		5	0	
	X10		MIDNAPUR ✓		5	0	
	40822X1	16-9-18	SILIGURI ✓		6	0	
	X2				6	0	
	X3	23-9-18	ALIPUR DWA ✓		6	0	
	X4		POURHARA ✓		6	0	
	X5		EMILISA BAZAL ✓		6	0	
	X6		SILIGURI ✓		6	0	
	X7		SARDESHI ✓		6	0	
29)	X8		RABUN ✓		6	0	
					✓	155 = 100	

Rupees

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

For NANDI ENTERPRISE

Checked by

Accountant

E. & O. E.

BILL STATEMENT

PHONE : 2359-5560
NANDI ENTERPRISE

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



SUDA FLECHA
 21/10/08
 HC Block SECT II
 Salt Lake KOL-700106

BILL NO. : NE-1828 Date : ...03-11-08 Bill for the month of Oct. 2008

Sl. No.	Cong. No.	Date	DESCRIPTION	Weight	Amount		Remarks
					Rs.	P.	
①	40824/1	20-10-08	Durgabari ✓		6	00	
	^ 2	^	Durgabari ✓		6	00	
	^ 3	22-10-08	Coach behari ✓		6	00	
	^ 4	^	Bishnuram ✓		6	00	
	^ 5	^	Raghunathgari ✓		6	00	
	^ 6	^	Kalra ✓		6	00	
⑦	^ 7	^	S&A ✓		6	00	
<p style="font-size: 2em; color: blue;">Rs. 42/- ✓</p>					<p style="font-size: 1.5em;">42=60</p>		

Rupees

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

Checked by

Accountant

E. & O. E.

For **NANDI ENTERPRISE**

[Signature]

No.

068

Date: 23.12.2018

ELECTRICAL MEASURING INSTRUMENTS
12/1, SUREN SARKER ROAD, KOLKATA-700 010

PS
P130

Received with thanks from The Project Officer, Health-

SUDA, Salt Lake

the sum of Rupees One thousand nine hundred and seventy five

only

against our Bill No. Emil/12(61)2008 Date 10.12.2018

By Cash/DD/Cheque No. 796124 dt. 18.12.08 Date

FOR ELECTRICAL MEASURING INSTRUMENTS

ELECTRICAL MEASURING INSTRUMENTS

[Signature]
Partner

Partner Partner

Rs. (1976/-)



ELECTRICAL MEASURING INSTRUMENTS

MANUFACTURERS ● EXPORTERS ● IMPORTERS

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

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

2370

23.12.2008

The Project Officer, Health
SUDA
Salt Lake

Sub: Payment against our Bill no EM/12(01)2008
dt 10.12.2008 for Rs. 1976/-

Dear Sir

We are authorising our representative Shri Jyotirmoy
Dey to collect the cheque against the above bill.
The specimen signature of Shri Jyotirmoy Dey is
attested below. Please handover the cheque to him
and oblige

Thanking you

yours faithfully

ELECTRICAL MEASURING INSTRUMENTS

Partner

Partner

23/12/08

attested signature of
Shri Jyotirmoy Dey

ELECTRICAL MEASURING INSTRUMENTS

Partner

Partner

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

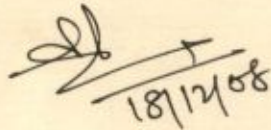
Apropos order of this office, M/s. Electrical Measuring Instruments supplied Cartridge HP 21, and HP 852 and two packets CD. to this office.

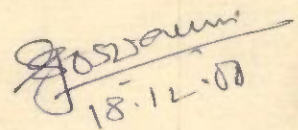
After causing supply, the firm submitted a bill for Rs. 1976/- duly supported by challan in original for payment.

The bill has been checked and ~~submitted~~ placed below for payment order please.

Hence, the amount of Rs. 1976/- (Rupees one thousand nine hundred seventy six) only may be released through A/c Payee cheque in favour of Electrical Measuring Instruments debiting HHW Scheme, DPID, SUDA under A/c head - "Operating Cost".

Submitted.


18/12/08


18.12.08

P.O. CCE, SUDA

B-118

TAX INVOICE

BUYER'S COPY

ELECTRICAL MEASURING INSTRUMENTS

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

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

Buyer's Name & Address :

The Project Officer
Health
SUDA, Salt Lake

Tax Invoice No. : EM/12(01)2008

Date

10-12-2008

Challan No. :

12(01)2008

Date :

10-12-2008

Buyer's Vat Registration No.

Sl. No.	Qty.	Description of Goods	Price per Unit		Value		VAT Rate	Tax Amount		Total Amount	
			Rs.	P.	Rs.	P.		Rs.	P.	Rs.	P.
1)	one	Cartridge HP 21	700/-		700/-		4%	28/-		728-	00
2)	one	Cartridge HP 852	950/-		950/-		4%	38/-		988-	00
3)	Two	Packit (20) CD	125/-		250/-		4%	10/-		260-	00
										1976-00	

Delivered in good Condition
as per specification and
entered in Stock Ledger Page
No. 111

Passed for Payment of Rs 1976/-
(Rupees One thousand nine hundred
and seventy six only out of H.W. amount, 2008)
DEBIT: SUDA under KOL head ... Operating Cost

(60) 2294, टाकार
अनुमति
अनुमति (C.D.)
23/12/08

Signature
10/12/08

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

Rs. one thousand nine hundred and seventy six

TOTAL 1976-00

VAT Registration No. 19400914180032
CST Registration No. 2011A (BE) C
PAYMENT SHOULD BE MADE WITHIN 7 DAYS.
On Presentation of Bill otherwise 21% Interest
will be Charged on Total Amount.

For ELECTRICAL MEASURING INSTRUMENTS
Signature
AUTHORISED SIGNATORY

No. 2(01) 2008

DELIVERY CHALLAN

Date 10.12.08

ELECTRICAL MEASURING INSTRUMENTS

12/1, Suren Sarkar Road, Kolkata-700010

Phone : 2370-0878

To The Project Officer, Health SUDA Salt Lake

Your Ref.

Dated.



Please receive the following goods in good order and condition.

Quantity	PARTICULARS	RATE
one	Cartridge HP 21	
one	Cartridge HP 852	
two	CD Packet	



Received
Dimitri
10.12.08

VAT No. 19400914120 032

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

Received the above goods in good order & condition.

E. & O. E.

For Electrical Measuring Instruments

Signature of the Party
DEPT/PARTY'S COPY

[Handwritten Signature]

P-119

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

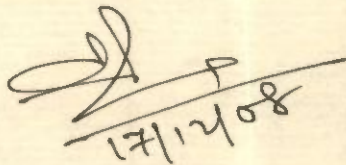
Apropos verbal order, M/s Lokenth
Enterprise supplied stationery articles for
office use.

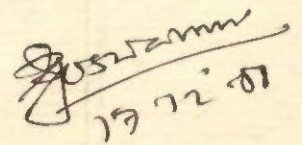
After complying with the above supply
the firm submitted a bill for Rs. 1898/-
for payment.

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

Hence, the amount of Rs. 1898/- (Rupees
one thousand eight hundred ninety eight)
only may be released in favour of
M/s. Lokenth Enterprise debiting AHR
scheme, DFID, SUDA under A/c head -
"Operating Cost".

Submitted.


17/12/08


17/12/08

P.O. cep, SUDA

No. **679**

CASH MEMO

Date. 16/12/2008

LOKENATH ENTERPRISE

General Order Supplier

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

Name Project Officer
Address S.U.D.A

Qty.	DESCRIPTION	Rate	Rs.	P.
10 rim	A4-xerox paper	@160/-	1600	00
12 per	cluster	@8/-	96	00
12 per.	Staples	@6/-	72	00
8 per.	Stapler	@40/-	120	00
2 per.	Salitap.		10	00

(Rupees. One Thousand
Eight Hundred and
Ninety eight only.)

(Receipt on full)

Radha
16/12/08

Received in good
condi. H an B entered
in stocks ledger
by m. (19)

TOTAL 1898 00

(P.T.O)

Signature
16/12/08

LUCKENATH ENTERPRISE

General Office Building
20 K. B. S. Road, Dum Dum, Calcutta

Passed for Payment of Rs. 1,898/-

(Rupees *one thousand eight hundred ninety eight*)

Only out of HAW Scheme
LFID, SEBA under sub head *Operating Cost.*

S. Goswami

6/17/12
Dr. S. GOSWAMI
Project Officer,
Health Wing
S. U. D. A.

SUDA

STATE URBAN DEVELOPMENT AGENCY

**HEALTH WING
"ILGUS BHAVAN"**

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

P-128

Ref No. SUDA-Health/DFID/08/125

Date 17.12.2008

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

2c

To : The Chairman
Berhampore Municipality

**Sub. : Release of fund worth Rs. 94,000/- towards expenditure in
connection with DFID assisted Honorary Health Worker Scheme.**

Sir,

Apropos your communication bearing no. 139 HHW DFID BM dt. 26.11.08, an Account Payee Demand Draft bearing no. 761058 dt. 16.12.2008 on State Bank of India, Salt Lake Branch for an amount of Rs.94,000 - (Rupees Ninety four thousand) only is released for payment towards Drug.

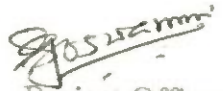
The balance amount may be utilized for which it was allotted.

You are requested kindly to send your authorized representative to collect the 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,

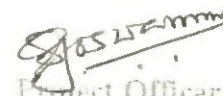
Receipt Draft Amount - 94,000 - Kalpita Basak
19/12/08.


Project Officer

SUDA-Health/DFID/08/125(1)
CC

Dt. 17.12.2008

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


Project Officer

Berhampore Municipality

DFID Assisted Honorary Health Worker Scheme

Memo No. 149/11.H.W/DFID

Date 18-12-08

To

The Project Officer Health Wing
DFID /SUDA/ILGUS Bhawan
Sector III Bidhannagar
Kolkata.


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


Madam,

With reference to above I am to request you to kindly hand over the Draft for release of fund to Mrs. Kalpita Basak Office Assistant in favour of Chairman, Berhampore Municipality. Amounting Rs.94,000 (ninety four thousand) Only.

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

Kalpita Basak
Signature attested


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


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

Berhampore Municipality

DFID Assisted Honorary Health Worker Scheme

Memo No. 139/HHW/DFID/BM

Date 26-11-2008

Sl. No. 125 dt 17.12.08

Revised

To
 Dr. S. Goswami
 Project officer, Health Wing SUDA
 ILGUS BHAVAN, Sector-III,
 Kolkata-91.



Relax
 0.94 lakhs
 8200.00 DD
 15-12-08

Sub:- Allotment of Fund for the following medicine.

Madam,

I am enclosing herewith 2 requisition of Medicine for use of Berhampore Municipality through HHW Scheme.

1. Eastern Enterprise Kolkata.....	Rs. 8,5670.00
2. M/S Hall Pharmaceutical Distributor, Howrah	Rs. 8,238.00
	93908.00

So you are requested to kindly allot Rs.-93908.00 for the payment of the above two suppliers.

Yours faithfully

Chairman
 Berhampore Municipality

Dated:-

Memo No:-

Copy to:-

S.D.O.(S) Pr. Director
 Berhampore, Murshidabad.

Chairman
 Berhampore Municipality

Berhampore Municipality

DFID Assisted Honorary Health Worker Scheme

Memo No. 139/H.H.W/DFID/AM

Date. 26.11.08

To

Eastern Enterprise
2/1, Block-A, Bangur Avenue
Kolkata-70055


Sub:- Order for supply of medicine against NIO No.182/HHW/DFID
dt.13.11.2008

Sir,

With reference to above you are requested to supply the following medicine very soon.

	<u>Qty</u>	<u>Rate</u>	<u>Amount</u>
1) Paracetamol Tab 500mg...	5000 Strip	2.14	10700.00
2) Antacid	3000 Strip	4.35	13050.00
3) Metro Tab..... 200mg....	2000 Strip	2.77	5540.00
4) Metro Tab.....400mg....	3000 Strip	5.40	16200.00
5) C.P.Maleat.....	.3000 Strip	0.98	2940.00
6) Amoxicillin	250m1500 Strip	12.06	18090.00
7) Falifer Large....	5000 Strip	2.16	10800.00
8) Falifer Small	5000 Strip	1.67	8350.00
			<u>85670.00</u>

Moreover you are requested to kindly note that the date of above medicine should be 3 years from the date of manufacturing. Bill in duplicate along with challan may be sent for payment .all others terms & condition will be same as in work order


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

Berhampore Municipality

DFID Assisted Honorary Health Worker Scheme

Memo No. 129/HHW/DFID/BMDate 26.11.08

To
M/S Hall Pharmaceutical Distributor
97/99, Sri Arobinda Road
Howrah-711106.W.B



Sub:- Order for supply of medicine against NIO No.182/HHW/DFID
dt.13.11.2008

Sir,

With reference to above you are requested to supply the following medicine very soon.

	<u>Qty</u>	<u>Rate</u>	<u>Amount</u>
1) Famotidin Tab 20mg...	4000 Strip	1.56	6240.00
2) Poviden Iodine Ointment	200 Tube (15mg)	9.99	1998.00
			8238.00

Moreover you are requested to kindly note that the date of above medicine should be 3 years from the date of manufacturing. Bill in duplicate along with challan may be sent for payment .all others terms & condition will be same as in work order


Chairman & President
M.L.H & F.W.C
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/08/124

Date15.12-2008

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,

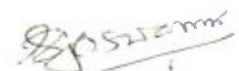
We would request you to prepare Account Payee Demand Draft debiting our current account
HHW Scheme - DFID, SUDA A/c No. 36255770889, as mentioned below:

Sl. No.	In favour of	Payable at	Amount (in Rs.)
1.	Chairman HHW Scheme, DFID Berhampore Municipality	Berhampore	94,000.00 (Rupees Ninety four thousand) only

DD No -
761058
dt. 16.12.08

Yours faithfully,


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


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



DELIVERED



कम्प्यूटर द्वारा मुद्रित होने पर ही वैध - केवल छोटी महीनों के लिये ही वैध
VALID ONLY IF COMPUTER PRINTED - VALID FOR SIX MONTHS ONLY
जारी करने वाली शाखा SALT LAKE (SECTOR-1) CALCUTTA.
ISSUING BRANCH Tel No.: 33000-235816;

कोड क्र. CODE NO
KEY : 0 01612

₹. 50,000/- एवं अधिक के निम्नतम 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
16/12/2008

9
8
7
6
5
4
3
2
1

मांगे जाने पर ON DEMAND PAYCHAIRMAN, HHW SCHEME, DFID BERHAMPORE MUNI
CI. *****CHAIRMAN, HHW SCHEME, DFID BERHAMPORE MUNICI. *****

या उनके आदेश पर OR ORDER

रुपये RUPEES
NINE FOUR ZERO ZERO ZERO
T' TSD THSDS HNDRS TENS UNITS ***

₹. 9 4 0 0 0 Ps00

KO/OL
PAISE ZERO ONLY
Sr. No.: 629177
KEY : PUHMOP

AMOUNT BELOW 94001 (9/5)
अदा करें। मूल्य प्राप्त VALUE RECEIVED

भारतीय स्टेट बैंक
STATE BANK OF INDIA
0157
अदाकर्ता शाखा / DRAWEE BRANCH

कोड क्र. CODE NO
0 00034

प्राधिकृत हस्ताक्षरकर्ता AUTHORIZED SIGNATORY
(हस्ताक्षर नमूना क्र०/S.S. NO. 6445)

शाखा प्रबंधक / BRANCH MANAGER
SASWATI SAHA
8-16407

0157000000000761058

⑈ 76 1058 ⑈ 00000 2000 ⑈ 000 157 ⑈ 16

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

Health Wing

करकटौती लेखा सं. (टैन) / TAN

L. U. D.

Received from Project Officer, Health Wing, SUDA.

(नाम) Name

से नकद खाते से डेबिट / चेक सं.

Cash/ Debit to A/c/ Cheque No

For Rs.

रु. (शब्दों में)

Rs. (in words)

Three hundred forty eight - only

अदाकर्ता / drawn on

State Bank of India Salt Lake Branch

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

कटौतिदाता/

द्वारा से ज्ञान पर कर संग्रहण (टीसीएस) कटौती (दि. डी. एस.)

Deductees

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

(को लागू न हो वसो जाने दें) / (Strike out whichever is not applicable)

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

बैंक की मोहर के लिए स्थान

SPACE FOR BANK SIGNATURE

BIKASH BHAWANI

BSR CODE 0007810

TENDER DATE

DEPOSIT DATE

SERIAL NO.

रु. / RS.

348/-

RUPEES

Adams

कृपया चालान के ऊपर ससगत बाक्स में सही का महान लगाया। कम्पनी कटौतावाला तथा गर कम्पनी कटौतावाला च एत्रात पर काट गए कर क जमा करने के लिए अलग चालान का प्रयोग किया जाना है।

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

कृपया आंच करें कि बैंक पाघती में निम्नलिखित सूची 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: Total Rs 348 = 00

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.

15 m car hire charges for Nov. 08.
1) Rinku Bhatia charges - 177 = 00
2) Bula Bhat - 171 = 00

Original/Duplicate/Triplicate/Quarduplicate

P-126

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
CODE-P4 SALLAKE CITY, KOLKATA-700106.

P. Tax Registration/Enrolment No.

R C S T 1 6 5 1 4 3

Period from				Period to			
MM	YY	YY	YY	MM	YY	YY	YY
11	20	08		11	20	08	

Particulars of Coins & Notes/Cheque

Rs.

Paise

Ch. No. 796120 Ar. 12.12.08 Tax
on S.B.I. Saltlake (Sector) Ar. Interest
Kolkata. Penalty
Comp. Money
Total Amount

270 = 00
/
/
/
270 = 00

Dr. S. GOSWAMI
Project Officer,
Health Wing

(In words) Rupees Two hundred seventy only.

Signature of the Depositor

Year end

Case No. if the Payment Relates to assessed dues

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

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

Bank/Treasury/Code FOR BANK/TREASURY USE Date of Entry

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

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

D D M M Y Y Y Y

Received Rs. (Rupees

Treasurer

Accountant

Treasurer Officer/Agent or Manager

For Instructions see overleaf

Stamp: 00304 Initials

251-9

P. Tax for Nov. 08

INSTRUCTIONS

1) Dr. N-G. Gangopadhyay -	110 = 2
2) S. S. Pal -	50 = 2
3) S. K. Talwar -	50 = 2
4) P. R. Hajind -	30 = 2
5) S. S. Malik -	30 = 2

Total Rs. 270 = 2

A. For depositors :

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

B. For Bank/Treasury accepting the deposit :

1. The Code No. of the Bank should be noted in the six boxes. If the Code No. is 124, the entries in the six boxes should be 00024 if the Code No. is 1124, the entries will be 001124 and, so on i.e, if the Code No. contain less than six digits zero(s) shall be mentioned in all the preceding boxes to have six digits in all.
2. 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

10803

CHEQUE RECEIPT

Mega Trade Centre

P-125

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

Date 18/3/08

Received with thanks from M/s.

Project Officer, Health Building, S.P.I.D.S.A.

by Cheque/Draft/No.

796119

Drawee Bank

SBI

Dated

8.12.08

Rs. 156/-

Rupees One Hundred Six only on account of following bills.

Customer Code	Bill No.	Date	Bill Amount		TDS		Net Amount		Collector Code
			Rs.	P.	Rs.	P.	Rs.	P.	
			156	00			156	00	
TOTAL			156	00			156	00	

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

For MEGA TRADE CENTRE

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

[Signature]



MEGA TRADE CENTRE

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

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

xerox 
Authorised
Service Provider

P-125

B-117

Collector Code : 11






INVOICE / BILL No. FSA/1008/6555	Date : 18/11/08
M / C Serial No. : 2903899932 Model :	5834
A / C No. : M/3288 Installation No. :	Customer TIN No. : IF/2801
Customer : STATE URBAN DEV AGENCY	PAN : AAGFM3064L
Installation Address : BLOCK, SECTOR III, 2nd FLOOR, ADVISER HE, SALT LAKE CITY VILAS BHAWAN, BIDHANNAGAR KOLKATA N	VAT No. : 19200372061 CST No. : 19200372255 SRVTAX : AAGFM3064LST001

Meter Reading	Date	NOTE					Payment Due Date
Current 235204	18/11/08	PLEASE DO NOT MAKE PAYMENT IN CASH. ONLY CHEQUE / DD PAYMENT ACCEPTED					
Previous 234917	17/10/08	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 287							
Less 1%	Per Copy Charge	Gross	AMC	Sales Tax/ WCT/CST/ VAT @ 4% on 30% of Gross	Sales Tax/ WCT/CST/ VAT @ 12.5% on 50% of Gross	Service Tax @ 12.36% on value of taxable service (20% of Gross)	Net
3	0.34		0.00				
Billable Copies 284		96.56		1.15	6.03	3.38	106/-

Customer Acceptance :
Signature & Date with Seal
[Signature] 18/11/08

Passed for Payment of Rs 106/-
(Rupees one hundred six)
only out of HHW Scheme,
CID, SUBA under sub head *operating cost*

[Signature] For Mega Trade Centre
Authorised Signatory

    	Dr. S. GOSWAMI Project Officer Health Wing S. U. D. A. <i>8/12</i>	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	COPIERS AVAILABLE ON ATTRACTIVE RENTAL SCHEMS
	Lowest Price * Exchange offer * Rental Scheme * DGS & D Rate Contract		

State Urban Development Agency

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

P-128

Health Wing

Statement of Bill for Car Hiring Charges

of Smt. Paula Dhar

For the Month of November, 2008

Vehicle No. WB 04B-0704

Bill for Rs. 13,990/-

(Rupees Thirteen thousand

Rs 13,990 = w

nine hundred ninety —) only.

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

ii) Less I.T. Deduction @ 2.04% on Rs 216/- on overtime (-) Rs 4 = w

Net Payable

Rs 13,819 = w

Passed for payment Rs. 13,819/- (Rupees Thirteen thousand

eight hundred nineteen —) only be cheque to the above person and

Rs. 171/- to be deposited to ^{State} Reserve Bank of India, ^{Bikash Gharan} 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. - WBO4B0704
 Bula Dhar
 61/B, Suren Sarkar Road, Kolkata-700010

Name - Bula Dhar
 Car NO. - WBO4B0704
 For The Month Of
 Date. - 4/12/08

S.NO	Date	Reporting		Releasing		Total	OT Hours	Reporting K.M.S	Releasing K.M.S.	Total KMS. RUN	Remarks
		Time	Time	Duty Hrs	Time						
1.	3.11.08	9.30Am	8.55.Pm	11.25mts	1 Hour	37296	1 Hour	37355	59 ✓		
2.	4.11.08	9.30Am	8.20Pm	10.50mts	1 Hour	37360	1 Hour	37441	81 ✓		
3.	5.11.08	9.30Am	8.Pm	10.30mts	X	37446		37528	82 ✓		
4.	6.11.08	9.30Am	8-15Pm	10.45mts	1 Hour	37533	1 Hour	27611	78 ✓		
5.	7.11.08	9.30Am	8-20Pm	10.50mts	1 Hour	37616	1 Hour	37700	84 ✓		
6.	10.11.08	9.30Am	8.05Pm	10.35mts	1 Hour	82317	1 Hour	82389	72 ✓		
7.	11.11.08	9.30Am	8.Pm	10.30mts	X	82394	X	82473	79 ✓		
8.	12.11.08	9.30Am	8.15Pm	10.45mts	1 Hour	37752	1 Hour	37844	92 ✓		
9.	14.11.08	9.30Am	8.10Pm	10.40mts	1 Hour	37869	1 Hour	37963	94 ✓		
10.	17.11.08	9.30Am	7.30Pm	10. Hour	X	38064	X	38118	54 ✓		
11.	18.11.08	9.30Am	7.Pm	9.30mts	X	38123	X	38197	74 ✓		
12.	19.11.08	9.30Am	8-15Pm	10.45mts	1 Hour	38203	1 Hour	38298	95 ✓		
13.	20.11.08	9.30Am	7.30Pm	10. Hour	X	38303	X	38394	91 ✓		
14.	21.11.08	9.30Am	8.30Pm	11. Hour	1 Hour	38399	1 Hour	38487	88 ✓		
15.	24.11.08	9.30Am	6.55Pm	9.25mts	X	38568	X	38649	81 ✓		
16.	25.11.08	9.30Am	8.30Pm	11. Hour	1 Hour	38654	1 Hour	38762	108 ✓		
17.	26.11.08	9.30Am	7.45Pm	10.15mts	X	38767	X	38839	72 ✓		
18.	27.11.08	9.30Am	8-15Pm	10.45mts	1 Hour	38844	1 Hour	38941	97 ✓		
19.	28.11.08	9.30Am	8.35Pm	11.05mts	1 Hour	38946	1 Hour	39034	88 ✓		
19 days					12 Hours						1569 km

I verified that the driver's license is valid and that the driver was reporting to the Public Services.

was reported to the driver was the

was reported to the driver was the

was reported to the driver was the

was reported to the driver was the

was reported to the driver was the

was reported to the driver was the

B-116

- ① Earthing charges for 19 days @ 430/- per day RS. 8170-00
- ② overtime for 12Hrs @ 18/- per Hr — RS. 216-00
- ③ Diesel consumed 130.75 ltr @ 38.06 per ltr — RS. 4976-34
- ④ Mole oil consumed 3.138 ltr @ 200/- per ltr — RS. 627-60

Passed for Payment of Rs 13,990/-
 (Rupees Thirteen thousand nine hundred and ninety)
 Only out of H.W. Scheme
 H.H.D. under the Head Operating Cost.

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

thirteen thousand Nine hundred
 Eighty Nine Ninety four paisa only
 Bala Dha

Bill passed for Rs. 13,990 = 00
 Less I.T. deduction " 171 = 00
 Net amount payable Rs. 13,819 = 00

Received Rs 13819/-
 by Cheque No-796118
 Dated 8/12/08 from S. R. S.
 Salt Lake.

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

Bala Dha
 10/12/08

No. **12015** CASH MEMO

Date 10/11/08

V.I.P. SUPER SERVICE STATION

2, Sura East Road, Kolkata-19, Phone 23705292

Car No.	Rate	Rs.	P.
Ex Mtr <u>50 Ltr</u>	<u>38.06</u>	<u>1903</u>	<u>00</u>
U.L.P.			
H.S.D.			
Ex Premium			
Engine Oil <u>4 Ltr</u>	<u>200</u>	<u>800</u>	<u>00</u>
Cool			
Gear Oil			
Brake Fluid			
Service			
Total		<u>2703</u>	<u>00</u>

VAT No. 19401918079

BEN - 4320
Signature



P-123

MONEY RECEIPT

Received the Cheque No. 796117 dt. 8.12.08 from the
Project Officer, Health Wing, SUDA, amounting to Rs. 12,264.00 (Rupees

Twelve thousand two hundred sixty four) on 11/12/08.

Pankaj Bhattacharjee.
11/12/08



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 November on my behalf.

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

Thanking you.

Yours faithfully,

Rinku Bhattacharjee
Rinku Bhattacharjee 11/12/08



Signature of Sri Pradip Kr. Bhattacharjee attested.

Rinku Bhattacharjee
(Rinku Bhattacharjee) 11/12/08

State Urban Development Agency

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

P-123

Health Wing

Statement of Bill for Car Hiring Charges

of Smt. Rinku Bhattacharya

For the Month of November, 2008

Vehicle No. WB-29-6662

Bill for Rs. 12,441 = ∞

(Rupees Twelve thousand four hundred forty-one) only.

Rs 12,441 = ∞

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

ii) Less I.T. Deduction @ 2.04% on Rs. 486/- on overtime (-) Rs 10 = ∞

Net Payable

Rs 12,264 = ∞

Passed for payment Rs. 12,264/- (Rupees Twelve thousand two

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

Rs. 177/- to be deposited to ^{State} Reserve Bank of India, ^{Bikash Bhavan,} 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 November, 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.	3.11.08	9-15	9-00	11h.45m	2	66641	66695	54			
2.	4.11.08	9-15	9-00	11h.45m	2	66717	66757	40			
3.	5.11.08	9-15	8-15	11h.	1	66779	66838	59			
4.	6.11.08	9-15	8-45	11h.30m	1	66858	66906	48			
5.	7.11.08	9-15	9-35	12h.20m	2	66925	67002	77			
6.	10.11.08	9-15	8-40	11h.25m	1	67025	67074	49			
7.	11.11.08	9-15	8-45	11h.30m	1	67096	67150	54			
8.	12.11.08	9-15	9-30	12h.15m	2	67170	67245	75			
9.	14.11.08	9-15	10-00	12h.45m	3	67307	67352	45			
10.	17.11.08	9-15	7-00	9h.45m	—	67390	67460	70			
11.	18.11.08	9-15	9-00	11h.45m	2	67480	67541	61			
12.	19.11.08	9-15	8-35	11h.20m	1	67562	67615	53			
13.	20.11.08	9-15	7-35	10h.20m	—	67637	67677	40			
14.	21.11.08	9-00	9-20	12h.20m	2	67688	67735	47			
15.	24.11.08	9-15	9-00	11h.45m	2	67788	67830	42			
16.	25.11.08	9-15	9-35	12h.20m	2	67855	67945	90			
17.	26.11.08	9-15	7-00	9h.45m	—	67967	68002	35			
18.	27.11.08	9-15	7-35	10h.20m	—	68022	68075	53			
19.	28.11.08	9-15	10-00	12h.45m	3	68097	68150	53			

I certify that the datebook and reporting time of vehicle WB-29-6662 and the on assigned has duly been checked and also Certified that the vehicle is returned to the driver in the exigencies of Public Services.

[Signature]

19/11/08 2.09
Rinku Bhattacharjee

19 Nov. 1

27h.

1045 Km

B-115

	Rs.	P.
(a) Car Hiring Charges for <u>19</u> days @ Rs/ 430/- per day	8170	00
(b) Overtime Charge for <u>27</u> hours @ Rs. 18/- per hour	486	00
(c) Cost of <u>202</u> litres of <u>Mobil</u> Diesel @ Rs. <u>225</u> per litre	470	25
(d) Cost of <u>87.08</u> litres of <u>Mobil</u> Oil @ Rs. <u>38.07</u> per litre	3315	13
(e) Gross payment (Total from A to D)	12,441	38

Total Rs. 12,441/-

Passed for Payment of Rs 12,441/-
 (Rupees Twelve thousand four hundred and forty one only out of HHW Scheme, DEID, SE DA under sub head "Operating cost")

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

Prinr Bhatkherise

4/12/08

Bill passed for Rs. 12,441 = 00
 Less 17% deduction = 177 = 00
 Net amount payable Rs. 12,264 = 00

Secy H.W. Wing

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

88
Cash Memo

Phone : 2873-09
2531-5075 / 75r.

R. B. TRADING & CO.

Dealer of Indian Oil Corporation Ltd.

Filling & Service Station

101/2A, B. T. ROAD, KOLKATA - 700 090

Received the following in good condition LIC. No. 24/MS & HSD/BNG 138/L-R/BNG/2002

	Rate		Rs.	P.
	Rs.	P.		
MS.....Ltrs.				
XTRA PREMIUM.....Ltrs.				
HSD.....Ltrs.				
XTRA MILE.....Ltrs.	415		3897	1713 15
MOBIL.....Ltrs.				
OTHERS.....Ltrs.	WB-29			
Vehicles No. 6562		TOTAL	1713	15

Date... 13/11/08

Signature
[Signature]

No. 12512

TAX INVOICE
CASH / CREDIT

Date 12/11/08
Original Buyer's Copy



LUBE CENTRE

122/1, B. T. ROAD, KOLKATA - 700 035
Phone : 2577 0490
Lubricating Licence No. 27 / L-R / BNG / 2000
W.B.S.T. : 19321570166 • VAT : 19321570069



Indian Oil

Name Cash Buyer's VAT No. _____
Address _____

Qnty.	DESCRIPTION	Rate	Rs.	P.
1	Cast APS Grease		50.00	
1	IBP 220 B Plus Industrial Oil		225.00	
INDUSTRIAL OIL AVAILABLE HEAR AT REASONABLE PRICES		TOTAL	275.00	00

Thank You!

Vehicle No. W.B.-29 6662

Signature
LUBE CENTRE

P-122
P-122

GOURANGA GOSWAMI
CHAIRMAN

KALNA MUNICIPALITY
KALNA, BURDWAN

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

Memo.No. 509/DFID

Date: - 11/12/08

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.....760920..... dated 04-12-2008 amounting to Rs. 2,98,000.00 (Two lakhs ninety 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

Yours Sincerely,

Gouranga Goswami
Chairman
Kalna municipality
Chairman
Kalna Municipality

Gouranga Goswami
Chairman
Kalna Municipality
Chairman
Kalna Municipality

STATE URBAN DEVELOPMENT AGENCY

HEALTH WING

"ILGUS BHAVAN"

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

Ref No.SLDA/Health/DFID/08/123

Date08.12.2008

From : Dr. Shibani Goswami
Project Officer
Health Wing, SUDATo : The Chairman
Kalna MunicipalitySub. : 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. 502 DFID dt. 18.11.08, an Account Payee Demand Draft bearing no. 760920 dt. 04.12.2008 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 for payment towards Salary Hon., Drug, IEC and Operating Cost for 3 months (Nov. '08 to Jan, '09).

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

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

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

Yours faithfully

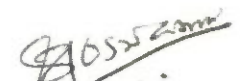

Project Officer

Dt. 08.12.2008

SUDA-Health/DFID/08/123(1)

CC

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


Project Officer

Attention: - Mr. S. Pal (Health wing SUDA) 120

GOURANGA GOSWAMI
CHAIRMAN
KALNA MUNICIPALITY
KALNA, BURDWAN

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

M.O No. 502/DFID

Date: 18/11/08

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

DD No. 760920 dt. 4.12.08
on S.P.S., Saltlake (Sector 2) Av.
for Sal/Hm, Drug, IEC & Op. Cost.
for 3 months (Nov. to Jan. 09).

*Rs. 2.98 lakhs
may be released
thru A/c payee DD.
1.12.08*

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

Madam,

This is to inform you that Kalna Municipality had received during 2008-09 Rs. 6, 37,141.00 only. Out of this fund (6, 37,141.00), we have already spent Rs. 5, 56,479.00 (Five lakhs fifty six thousand four hundred seventy nine) only, which is 87% of the total amount.

Now, you are requested to issue further fund of Rs. 2, 98,530.00 for three months (November, December'08 & January'09). The item-wise necessary fund is shown below: -

Sl No.	Item of expenditure	Amount in Rupees
1.	IEC	Rs-15000.00
2.	Drugs	Rs-65,250.00
3.	Salaries for MMC	Rs-86,350.00
4.	Honorarium	Rs-1,16,730.00
5.	Operation & Maintenance	Rs-15000.00
TOTAL		Rs. 2,98,530.00 <i>for 3 months</i>

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

*Fund Released =
+ previous bal = 6,37,141
w/c upto Oct 08
Recd = 5,56,479
Bal. Rs 80,662*

Gouranga Goswami
Chairman
Kalna Municipality
MB

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/08/120

Date02-12-2008


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,

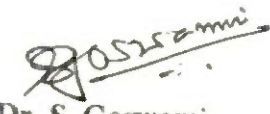
We would request you to prepare Account Payee Demand Draft debiting our Current Account
HHW Scheme - DFID, SUDA (A C No. 30255770088) as mentioned below :

Sl. No.	In favour of	Payable at	Amount (in Rs.)
1.	Chairman HHW Scheme, DFID Kalna Municipality	Kalna	2,98,000.00 (Rupees Two lakhs ninety 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**

04 DEC 2008

S. Pal, General DFID/08/120/08/120

Tel/Fax No.: 359-3184

GOURANGA GOSWAMI
CHAIRMAN
KALNA MUNICIPALITY
KALNA, BURDWAN

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

M.O.No. - 502/DFID

Date: - 18/11/08

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,

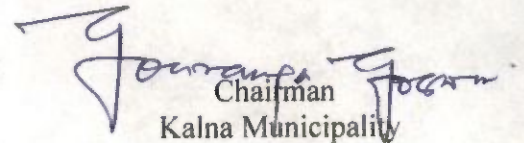
This is to inform you that Kalna Municipality had received during 2008-09 Rs. 6, 37,141.00 only. Out of this fund (6, 37,141.00), we have already spent Rs. 5, 56,479.00 (Five lakhs fifty six thousand four hundred seventy nine) only, which is 87% of the total amount.

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3.	Salaries for MMC	Rs-86,550.00
4.	Honorarium	Rs-1,16,730.00
5.	Operation & Maintenance	Rs-15000.00
	TOTAL	Rs. 2,98,530.00

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
18/11

No. 2790

AUTHORISATION CUM MONEY RECEIPT

P-124
Date: 03.12.08

Received with thanks from

The Project Officer Health wing
Suda

Rupees

Seven hundred twenty eight only

in full / part payment against our

Bill No. TD/3A8A

Date 28-11-08

RS. 708/-

CHEQUE / DD No./ CASH 798116

DATE 03.12.08

ON S. S. I

Mr. K. Narayana

is authorised to collect payment on Company's behalf. Whose specimen

signature attested herewith

TRANSCON ELECTRONICS PVT. LTD.

For TRANSCON ELECTRONICS PVT. LTD.

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



All payments by Cheques/Drafts are acknowledged subject to Realisation

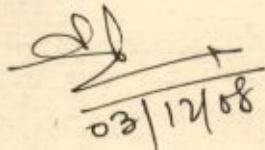
Sub:- Release of payment to M/s. Transcon Electronics Pvt. Ltd. for supply of Fax Roll.

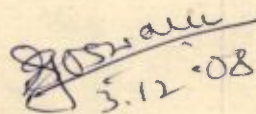
Apropos this office verbal order, M/s. Transcon Electronics Pvt. Ltd. supplied one Box Fax Roll for Panasonic Fax Machine.

The firm after supply, submitted a bill for Rs. 728/- duly supported by Challan in original for payment

Hence, the amount of Rs. 728/- (Rupees seven hundred twenty eight) only may be released in favour of M/s. Transcon Electronics Pvt. Ltd. ~~via~~ through A/c Payee cheque debiting HHW Scheme, DFID, SUDA under A/c head - "Operating Cost".

Submitted.


03/12/08


3.12.08

~~P.O.cec/SUDA.~~

Transcon

Electronics Pvt. Ltd.

B-114

Ezra Mansion
10, Govt. Place (East)
Kolkata - 700 069, India

TAX INVOICE

Telephone : 2248 8118/8210/1620
Fax : 033 2248 6604
E-mail : info@transconelectronics.in
Web Site : www.transconelectronics.in

TAX INVOICE NO.# TD/3484

ORIGINAL - BUYER'S COPY

DATE : 25/11/08

Customer Code : P280

M/s. THE PROJECT OFFICER
HEALTH WING, SUDA,
ILGUS BHAVAN, SECTOR III,
HC BLOCK, SALT LAKE CITY,
KOLKATA - WEST BENGAL.
700 106,



P/O :
Dated :
Challan #: 3484/2008-2009
Dated : 25/11/08
Agent : PARTHO DEY

VAT Registration No.:

Sr#	Code	Description	Qty	Rate	Amount
1	PN(F/R)KX-FA57A	FILM ROLL KXFA-57A FOR PANASONIC FAX M/C.	1.000 BOX.	700.00	700.00

Panasonic

Passed for Payment of Rs. 728/-
(Rupees Seven hundred twenty eight)
Only out of HRW Scheme,
DEIP/MSDA under sub head

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

Recd.
Rs. 728/-
Thru Cheque No. 796116
Date-03-12-08
K. Kannan
08-12-08
TOTAL 700.00
VAT 4.00% 28.00

Indian Rupees Seven Hundred Twenty Eight Only

TOTAL Rs 728.00

For **TRANSCON ELECTRONICS PVT. LTD.**



Authorised Signatory

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

V. A. T. NO. 19450844006

C. S. T. NO. 19450844297

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

I. T. PAN NO. AA ACT9543 N

Service Tax Regn. No. AA ACT9543NST001

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

Transcon

Electronics Pvt. Ltd.

Ezra Mansion
10, Govt. Place (East)
Kolkata - 700 069, India

Telephone : 2248 8118/8210/1620
Fax : 033 2248 6604
E-mail : info@transconelectronics.in
Web Site : www.transconelectronics.in

Sale Challan # 3484/2008-2009

DATE : 25/11/08

Customer Code : P280
M/s. THE PROJECT OFFICER
HEALTH WING, SUDA,
ILGUS BHAVAN, SECTOR III,
HC BLOCK, SALT LAKE CITY,
KOLKATA - 700 106,
WEST BENGAL.

P/Order # :
Dated :

Consignment # :
Dated :

Order Acceptance # :
Dated :

Excise Gate Pass # :
Dated :

Sr # Code	Description	Qty	Rate	Amount
1 PN(F/R)KX-FA57A	FILM ROLL KXFA-57A FOR PANASONIC FAX M/C.	1.000 BOX.	700.00	700.00

Panasonic

*Received one Box Fax Roll
KXFA-57A for Panasonic Fax M/C
and fitted in the Machine.
25/11/08*

VAT 4% TOTAL 700.00
4.00% 28.00

Indian Rupees Seven Hundred Twenty Eight Only

TOTAL Rs 728.00p

Remarks :

For **TRANSCON ELECTRONICS PVT. LTD.**



Authorised Signatory

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

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

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

I. T. PAN NO. AA ACT9543 N
Service Tax Regn. No. AA ACT9543NST001

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

Transcon

Electronics Pvt. Ltd.

Ezra Mansion
10, Govt. Place (East)
Kolkata - 700 069, India

Telephone : 2248 8118/8210/1620
Fax : 033 2248 6604
E-mail : info@transconelectronics.in
Web Site : www.transconelectronics.in

Sale Challan # 3484/2000-2009

DATE : 25/11/08

Customer Code : P280
M/s. THE PROJECT OFFICER
HEALTH WING, SUDA,
ILGUS BHAVAN, SECTOR III,
HC BLOCK, SALT LAKE CITY,
KOLKATA - 700 106,
WEST BENGAL.

P/Order # :
Dated :

Consignment # :
Dated :

Order Acceptance # :
Dated :

Excise Gate Pass # :
Dated :

Sr # Code	Description	Qty	Rate	Amount
1	PN(F/R)KX-FA57A	FILM ROLL KXFA-57A FOR PANASONIC FAX M/C.	1.000 BOX.	700.00

Panasonic

TOTAL 700.00
VAT 4% 4.00% 28.00

Indian Rupees Seven Hundred Twenty Eight Only

TOTAL Rs 728.00p

Remarks :

For TRANSCON ELECTRONICS PVT. LTD.



Authorised Signatory

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

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

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

I. T. PAN NO. AAAC9543 N
Service Tax Regn. No. AAAC9543NST001

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

STATE URBAN DEVELOPMENT AGENCY
OFFICE OF THE ADVISOR (HEALTH)

P-120

DEBIT VOUCHER

Voucher No. P-120

Date. 28-11-2008

HKW Scheme, DFID

PARTICULARS OF PAYMENT	AMOUNT	
	Rs.	P.
Being the amount spent on contingent charges of Health Wing for the month of November, 2008 as per vouchers attached.	948 =	00
Rupees Nine hundred forty eight only	948 =	00

Prepared by :

Checked by :

Pay order given by :

- 1) Rs. 106 = 00
- 2) " 92 = 00
- 3) " 36 = 00
- 4) " 62 = 00
- 5) " 63 = 00
- 6) " 60 = 00
- 7) " 400 = 00
- 8) " 45 = 00
- 9) " 84 = 00

Total Rs 948 = 00

[Signature]
28/11/08

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

APPROVAL SLIP

No.
 NAME :
 ADDRESS :

①

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

Qnty.	PARTICULARS	Rate	Amount Rs. P.
1	CITIZEN CALCULATOR CT 500	100	
1	Rice	6	
TOTAL			106

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

Date 7/11/08 Signature

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

Ph. : 2358 8259

TRINATH BHANDAR

Grossary B.J. Market Salt Lake City Stationery Shop No.-17 Kolkata-700 091

Date 31/10/08

Amount 2 92/-

②

92/-

31/10

Money Receipt:

Received Rs. 36/- (Rupees Thirty six) only from Health wing, SUDA, UGUS BHAVAN, HC-Block, Sector 1 Salt Lake, Kolkata - 700 106 for supply of leafy snacks to Health wing, SUDA on 7.11.08

③

Signature with date.

Money Receipt.

Received Rs. 62/- (Rupees Sixty two) only
from Health Wing, SUDA, GUS BHAVAN, HC-Block, Sector III
Salt Lake, Kolkata - 700 106 for supply of tea & snacks
to Health Wing, SUDA on 19.11.08

④

[Signature]
29/2/08
(Signature with date)

Value Date Post Date Details Chq. No. Debit Credit

Received Rs. 63/- (Rupees Sixty three) only
from Health Wing, SUDA, GUS BHAVAN, HC-Block, Sector III
Salt Lake, Kolkata - 700 106 for supply of tea & snacks
to Health Wing, SUDA on 24.11.08

⑤

[Signature]
28/2/08

(Signature with date)

Received Rs. 60/- (Rupees Sixty) only
from Health Wing, SUDA, GUS BHAVAN, HC-Block, Sector III
Salt Lake, Kolkata - 700 106 for supply of tea & snacks
to Health Wing, SUDA on 28.11.08

⑥

[Signature]
29/2/08

(Signature with date)

Money Receipt

Received Rs. 400/- (Rupees Four hundred) only
 from Health Wing, SUDA, GUS BHAVAN, HZ-Block, Sector-
 Salt Lake, Kolkata - 700 106 for supply of drinking water
 to Health Wing, SUDA during October, 08 and desk of
 Tables & chairs of officers of CEE, SUDA.

7

Rakesh RAJAK
 11-2008
 (Signature with date)

APPROVAL SLIP

No.
 NAME :
 ADDRESS

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

Qty.	PARTICULARS	Rate	Amount Rs.	P.
2	White Baars marker for		45	40
8				
		TOTAL	45	

SUNIA VARIETY STORES
 Market, Stall No. 311
 Salt Lake, Kolkata-91

Date 22/11/08
 Signature ROK

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

CASH MEMO
M/S CBCPL (C/O NUTRIMENT)
 1A, 268 SECTOR III, SALT LAKE CITY,

KOLKATA 700091
 Phone : 64604337

To CASH SALE		Bill No. 0001921/2008-09
		Dated 29 October 2008
Description	Quantity	Rate Amount
MOTI CHUR (RS-3)	4	3.00 12.00
KAJU KISS (RS.5)	4	4.44 17.76
CHICKEN ROLL. (RS-13)	4	11.56 46.22
Vat Tax %		76.00 8.00
Grand Total		84.00

9

Inclusive of taxes if and as applicable @ 0. E
 Sales Tax Local 19600882151 VAT NO. 19600882054
 Sales Tax Central
 Excise Reg. No.
 Thank You for your visit. For M/S CBCPL (C/O NUTRIMENT)

STATEMENT OF ACCOUNT

CENTRAL BANK OF INDIA
SALT LAKE, SALT LAKE, KOLKATA (W.B)
BLOCK DD, PLOT 13-18 SECTOR-1,
SALT LAKE CITY,
Branch Code : 1353

STATE URBAN DEVELOPMENT AGENCY-RCH-ASANS
HC-BLOCK, ILGUS BHAVAN,
SECTOR-III,
SALT LAKE
700091

Account No. : 1537964876
Product : CD-GEN-PUB-OTH-URBAN-INR
Currency : INR

Date : 03/04/2008 Time : 18:16:13 E-mail :
Cleared Balance : 5,94,437.70Cr Uncleared Amount : 0.00
Limit : 0.00 Drawing Power : 0.00 Int. Rate : 17.00 % p.a.
Statement From 01/03/2008 to 31/03/2008 Page No. : 1

Value Date	Post Date	Details	Chq.No.	Debit	Credit	Balance
		BROUGHT FORWARD :				4,14,735.70Cr
		DEP TFR			875.00	4,15,610.70Cr
		TRF FROM 00015379680			875.00	4,16,485.70Cr
		DEP TFR			875.00	4,17,360.70Cr
		TRF FROM 00015379681			875.00	4,18,235.70Cr
		DEP TFR			875.00	4,19,110.70Cr
		TRF FROM 00015379681			875.00	4,20,000.70Cr
		BY TRF.				4,20,000.70Cr
		TRF FROM 00015379649			28,74,750.00	39,92,110.70Cr
		TO TRF.		28,02,000.00		5,90,110.70Cr
		TRF TO 0059402013530				5,90,110.70Cr
		TO TRF.		50.00		5,90,060.70Cr
		01353LEDGER FOLIO CH				5,90,060.70Cr
		TO TRF.		6.00		5,90,054.70Cr
		01353LEDGER FOLIO CH				5,90,054.70Cr
		DEP TFR			875.00	5,90,929.70Cr
		TRF FROM 00015379680			875.00	5,91,804.70Cr
		DEP TFR			875.00	5,92,679.70Cr
		TRF FROM 00015379681			875.00	5,93,554.70Cr
		DEP TFR			875.00	5,94,437.70Cr
		TRF FROM 00015379681			875.00	5,95,312.70Cr
		CLOSING BALANCE :				5,92,679.70Cr

Statement Summary Dr. Count 3 Cr. Count 7 28,02,056.00 29,80,000.00

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

--- END OF STATEMENT ---

State Urban Development Agency

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


Month : November, 2008

Bill No. : CCC/SUDA/Remu/56 dated 27-11-2008

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

(Rupees Forty three thousand nine hundred seventy) only


Finance Officer
Health Wing, SUDA


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


27/11/08


27/11/08


Sahil Kumar Lahiri
27/11/08


Pratiya


Sasanka Sekhar Marik
27.11.08

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8

Project Office

Health Wing

A. S. U. D.

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

करकर्ता की लेखा सं. (टैक) / TAN

0 A L S 1 1 2 4 3 7 E

Received from

Project Officer, Health Wing, SUDA.

(नाम) Name

रु नकद खाते से डेबिट / चेक सं.

Cash/ Debit to A/c Cheque No.

796113

रु. For Rs.

255/-

रु. (शब्दों में)

Rs. (in words)

Two hundred fifty-five only

अदाकर्ता / drawn on

State Bank of India, Sakthore (Sakthi) Branch

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

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

कम्पनी/Company

शैर कम्पनी/Non-Company

कर्तवित्ता/ Deductees

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

(को रद्द न करें) / (Strike out whichever is not applicable)

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

2009 - 10

बैंक का मुहर के लिए स्थान
SPACE FOR BANK SEAL

BIKASH BHAVAN
BSR CODE 0007816

TENDER DATE

□ □ □ □ □ □

DEPOSIT DATE

26 NOV 2008

SERIAL NO.

20325

रु. / Rs.

255/-

RECEIVE CASH/INVOICE NO.

RUPEES

Abhinav

कृपया चालान के उपर असगत बाक्स में सही का निहान लगाया। कम्पनी कटौतीदाता तथा गैर कम्पनी कटौतीदाता से स्रोत पर काट गए कर के जमा करने के लिए अलग चालान का प्रयोग किया जाना है।

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

कृपया आध करें कि बैंक पाचती में निम्नलिखित सूना उपलब्ध है।

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

आपको इसका आय की विवरणी 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 October, 08 in 10 Carhuia
 charges of the following :-
 Dmt. B. Bhattacharya - Rs. 127 = 2
 2 " B. Dhan - " 128 = 2
 Total Rs 255 = 4

Original/Duplicate/Triplicate/Quarduplicate

P-117

CHALLAN

Challan No.

0028-00-107-001-03

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

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

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

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

Particulars of Coins & Notes/Cheque

Rs. Paise

Ch. no. 796112 dt. 26.11.08 on Tax
 SBI, Saltlake (Sector-1), Interest
 Calcutta. Penalty
 Dr. S. GOSWAMI
 Project Officer,
 Health Wing
 S. U. D. A.

270 -	00
/	/
270 -	00

(In words) Rupees Two hundred seventy only.

Signature of the Depositor

Year end

Case No. if the Payment Relates to assessed dues

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

Bank/Treasury/Code FOR BANK/TREASURY USE Date of Entry

D D M M Y Y Y Y

Received Rs. _____ (Rupees _____)

Treasurer

Accountant

Treasury Officer/Agent or Manager
For Instructions see overleaf

by 26/11

10244 10

711-9

INSTRUCTIONS

P. Tax for Oct. 92

1)	Dr. N. G. Gangopadhyay	110.00
2)	Sri S. Pal	50.00
3)	" S. K. Lahiri	50.00
4)	" P. R. Majumdar	30.00
5)	" S. S. Marik	30.00
Total Rs		270.00

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

8-116

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

KRISHNAGAR MUNICIPALITY

MISCELLANEOUS RECEIPT

WEST BENGAL MUNICIPAL (FINANCE & ACCOUNTING)

FORM NO. 39

Memo No. 105/DFID/18-1(A)08 Dated: 21.11.08

Received from Project Officer, Health Wing SUDA, the sum
of Rs. 4,75,000/- (Rupees Four Lac Seventy five
thousand Only only on account of expenditure in connection with
DFID Assisted honorary Health Worker Scheme.

Vide Demand Draft / Cheque No. 796111 Dated: 21.11.08

Rs. 4,75,000/-



Ardaya DeL
Chairman
Krishnagar Municipality
&
President, Municipal Level Health &
Family Welfare Committee
Krishnagar Municipality

Ardaya DeL

SUDA

STATE URBAN DEVELOPMENT AGENCY

HEALTH WING

"ILGUS BHAVAN"

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

Ref No.SLDA-Health/DFID/08/117

Date21.11.2008

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

To : The Chairman
Krishnagar Municipality

Sub. : Release of fund worth Rs. 4,75,000/- towards expenditure in connection with DFID assisted Honorary Health Worker Scheme.

Sir,

Apropos your communication bearing no. 99 DFID 18-1(A)08 dt. 12.11.08, an Account Payee Cheque bearing no. 796111 dt. 21.11.2008 on State Bank of India, Salt Lake Branch for an amount of Rs. 4,75,000/- (Rupees Four lakhs seventy five thousand) only is released for payment towards Salary, Hon., Bonus, Operating Cost, Rent and Training.

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

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

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

*Received Rs. 4,75,000/-
vide chq. 796111 dt. 21.11.08
Somnath Roy
21.11.08*

Yours faithfully,

Project Officer

Dt. 21.11.2008

SUDA-Health/DFID/08/117(1)
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

Vice - Chairman

ASHIM SAHA

Members :

SAJAL BIKASH BHADAR

DILIP SARMA

SUPRAVAT GHOSH

Resi : 254111 & 253596

Resi : 224111

Off. - 252240

9434129345 (M)

Resi : 252989

Memo No. 99/DFID/18-1(A)08

Date 12.11.08

Ch. m. 796111 dt. 21.11.08
for Rs. 4,75,000/- for

Ap. 4.75 Lakhs may be released from A/c payee cheque.
21.11.08

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

Sub:- For further allotment of Rs. 4,25,000 (Rupees Four Lakhs Twenty Five Thousand.) only.

Respected Madam,

This is to inform you that we have received Rs.18,32,605/- (Rs.16,81,098/- + bal. as on 1st April 2008 Rs.1,51,507/-) (Rupees Eighteen Lakhs Thirty Two Thousand Six Hundred Five) only for DFID Assisted HHW Scheme, Krishnagar Municipality up to October 2008 for the FY 2008-09.

I have already submitted the Utilization Certificate for the expenditure up to October 2008 of Rs.16,71,872/- (Rupees Sixteen Lakhs Seventy One Thousand Eight Hundred Seventy Two) only.

So, I request you to place further allotment of fund for Rs. 4,25,000 (Rupees Four Lakhs Twenty Five Thousand.) only for onwards work (FY- 2008-09) of DFID Assisted HHW Scheme, Krishnagar Municipality. Details of the requisition are given below.

Sl No.	Accounts Heads	Amount (In Rs.)
1.	Salaries (Jan. 09 to March 09)[Rs.16,350/- x 3 months]	49,050
2.	Honorarium (Jan. 09 to March 09)[Rs.92,140/- x 3 months]	2,76,420
3.	Salaries & Honorarium (for Bonus) {Rs.1,000 x 55 heads}	55,000
4.	Operating Cost (Jan. 09 to March 09)[Rs.12,000/- x 3 months]	36,000
5.	Rent (up to March 09)	8,530
Total		4,25,000

6. - Training
Fund Released = 18,32,605 = w
w/c Recd upto Oct 08 = 16,71,872 = w
Rs. Bal. Rs. 1,60,733 = w to be paid upto Dec-08

Thanking you,
91%

50,000 (Apprx)
4,75,000/-
Yours faithfully,
[Signature]

Chairman
Krishnagar Municipality

Memo 99(2)/DFID/18-1(A)08 Dated 12.11.08

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

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

[Signature]
Chairman
Krishnagar Municipality

A/c. Payee Only

दिनांक / Date 21 / 11 / 2008

PAY Chairman, HHW Scheme, DFID,

Krishnagar Municipality

या धारक को OR BEARER

रुपये RUPEES Four lakhs seventy five thousand -
only CLTD अदा करें

₹.Rs. 4,75,000/-

वा.सं. 30255770088
A/c. No.



भारतीय स्टेट बैंक
State Bank of India SBIN0001612

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

Prefix
0523700003

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

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

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

HHW SCHEME, DFID, SUDA

⑈ 796 1 1 1 ⑈ 700002145⑈ 000080⑈ 1 1

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

P-115

Memo No.: JM/DFID/ 527 /08

Dated: 14.11.2008

From : The Chairman / Vice Chairman, Jangipur Municipality

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

Subject : Authorization to collect Draft / Cheque.

I do hereby authorize Nasirul Hossain, Accounts Assistant, DFID assisted HHW Scheme, Jangipur Municipality to collect the ~~Demand Draft~~ / Cheque [bearing No. 796110..... dt. 14.11.08.] for an amount of Rs. 2,28,000.00.. (Rupees Two Lakh twenty eight thousand only only on my behalf. The Demand Draft/ Cheque is in connection with DFID assisted H.H.W.s scheme..... Jangipur Municipality.

Signature of NASIRUL HOSSAIN

1. Nasirul Hossain
2. [Signature]
3. [Signature]

Attested

[Signature]
 Chairman
 Jangipur 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/08/115

Date 17.11.2008

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

To : The Chairman
Jangipur Municipality

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

Sir,

Apropos your communication bearing no. JM/DFID/520/08 dt. 10.11.2008, an Account Payee Cheque bearing no. 796110 dt. 14.11.2008 on State Bank of India, Salt Lake Branch for an amount of Rs.2,26,000/- (Rupees Two lakhs twenty six thousand) only is released for payment towards Drug.

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

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

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

*Received the Cheque
of Rs 2,26,000/- (Two lakhs twenty six thousand)
Ch. no - 796110 dt - 14.11.08.*

*Masrurul Hossain
Accounts Assistant
Jangipur Municipality.*

17-11-08

SUDA-Health/DFID/08/115(1)
CC

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

Yours faithfully,

[Signature]
Project Officer

Dt .. 14.11.2008

[Signature]
Project Officer

A/c. Payee City

दिनांक / Date 14 / 11 / 2008

PAY Chairman, HHW Scheme, DFID,

Jangipore Municipality

या धारक को OR BEARER

रुपये RUPEES Two lakhs twenty six thousand only

₹.Rs. 2,26,000/-

अदा करें

खा.सं.
A/c. No. 30255770088

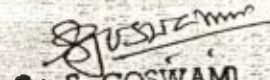


भारतीय स्टेट बैंक
State Bank of India SBIN0001612

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

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


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


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

HHW SCHEME, DFID, SUDA

⑈ 796110⑈ 700002145⑈ 000080⑈ 11

DFID ASSISTED HHW SCHEME**Jangipur Municipality**

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

Memo No.: JM/DFID/520/08....

Dated: 10.11.08..

To
 The Project Officer,
 Health-Wing, SUDA,
 ILGUS BHAVAN,
 H-C Block, Sector - III,
 Kolkata - 700 105.

Ch. no. 796110 dt. 14.11.08
 for Rs. 2,26,000/- for
 Drug

F.O
 to scheme for
 Rs. 2.26
 lakhs
 14.11.08

Sub: Requisition for finance.



Madam,

This is to inform you that under DFID Assisted HHW Scheme, Jangipur Municipality has purchased medicines for the session 2008-09. Rupees about 2,26,000.00 is urgently required.

This is for your kind information and necessary action.

Thanking you.

Yours faithfully,

Chairman,
 Jangipur Municipality

DFID ASSISTED HHW SCHEME
Jangipur Municipality

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

Dated: 20.11.2008

Memo No.: JM/DFID/521(6)/08

To
M/S. East India Medical Agency,
(Govt. Approved Suppliers of Medicines, Chemicals & Equipments.)
49/1A Ananthnath Dev Lane, Belgachia, Kol - 700 037.

Subject: Supply of Medicines.



Dear Sirs,

The authority of Jangipur Municipality is pleased to inform you that your quotation for supply of medicines under DFID assisted HHW Scheme has been accepted. You are, therefore, requested to despatch the following medicines within 15 days from the date of receipt of this letter. Bills in triplicate, supported by challans, may be forwarded to this office for arranging payment.

Thanking you,

Name of the Medicines		Unit	Rate /unit (Rs.)	Quantity	Amount (Rs.)
1.	Tab. Combined gastric Antacid	Per 500 tab	65.00	40000 tab	5200.00
2.	Tab. Ranitidine (150 mg)	Per 10 tab	5.75	50000 tab	28750.00
3.	Tab Domperidone	Per 10 tab	7.50	3500 tab	2625.00
4.	Tab. Bromhexine	Per 100 tab	17.00	15000 tab	2550.00
5.	Tab Chlorpheniramine Maleate	Per 10 tab	0.90	25000 tab	2250.00
6.	Tab. Paracetamol (500 mg)	Per 10 tab	3.20	50000 tab	16000.00
7.	Tab Iron + folic acid	Per 500 tab	45.00	60000 tab	5400.00
8.	Tab. Albendazole (400 mg)	Per tab	3.00	15000 tab	45000.00
9.	Tab Metronidazole (400 mg)	Per 10 tab	6.50	20000 tab	13000.00
10.	Tab Dicyclomine (20 mg)	Per 10 tab	25.00	2500 tab	6250.00
11.	Tab Ibuprofen (400 mg)	Per 10 tab	6.00	30000 tab	18000.00
12.	Tab Cotrimoxazole DS	Per 10 tab	10.25	50000 tab	51250.00
13.	Tab Cotrimoxazole Kid	Per 10 tab	4.50	10000 tab	4500.00
14.	Chloramphenicol eye applicap	Per 100 cap	35.00	3000 cap	1050.00
15.	Solu Benzyle Benzoate Lotion (500 ml)	Per bott.	32.00	30 bott	960.00
16.	Crem Povidone Iodine Ointment (15 mg)	Per tube	13.50	1400 tube	18900.00
17.	Tab Paracetamol Kid	Per 10 tab	2.40	15000 tab	3600.00
Total =					2,25,285.00

(Rupees Two lacs twenty five thousand two hundred eighty five Only)

Clauses: -

1. Medicines should contain life span at least 3 years from the date of Manufacturing.
2. Delivery should be within one month after receiving of this Purchase Order.
3. Medicines should reach at the following address - Health Post (DFID assisted HHW Scheme, Jangipur Municipality), Kichhukshan Lodge, Sahebbazar, P.O. - Jangipur, Dist. - Murshidabad, PIN - 742 213.
4. Prior intimation may be given to A.H.O./ C.D.O., DFID assisted HHW Scheme, Jangipur Municipality. Contact Phone No.: 03483 -266169, 266074; Fax : 266017].
5. Payment will be made in cheque within one month after receiving the bills and consignment.

A.H.O.

DFID assisted HHW Scheme
Jangipur Municipality

Chairman
Jangipur Municipality

Dated:2008

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

Copy Forwarded to: -

1. Project Officer, Health-Wing, State Urban Development Agency, "ILGUS BHAVAN", H-C Block, Sector - III, Bidhannagar, Kolkata - 700 091.
2. S.D.O. - Jangipur Subdivision & Project Director, DFID assisted HHW Scheme, Jangipur Municipality, P.O.- Raghunathganj, Dist. - Murshidabad, PIN - 742 2225.
3. C.M.O.H. - Murshidabad, P.O. - Berhampore, Dist. - Murshidabad.
4. A.C.M.O.H. - Jangipur Subdivision, P.O.- Raghunathganj, Dist. - Murshidabad, PIN - 742 2225.
5. Superintendent of Jangipur S.D. Hospital, P.O. - Raghunathganj, Dist. - Murshidabad, PIN - 742 2225
6. Executive Officer, Jangipur Municipality.

A.H.O.

DFID assisted HHW Scheme
Jangipur Municipality

Chairman
Jangipur Municipality

OFFICE OF THE COUNCILLORS

JANGIPUR MUNICIPALITY

P.O. – Raghunathganj ❖ Dist. – Murshidabad

Memo No.: JM/DFID/520/08

Dated: 10.11.2008

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



Sub: Requisition for finance.

Madam,

This is to inform you that Under DFID assisted HHW scheme , Jangipur Municipality has purchased medicines for the session 2008-09 amount of Rs 2,36,000.00 (Two Lakhs Thirty Six Thousand only) is urgently required.

This is for your kind information and taking necessary action.

Thanking you.

Yours faithfully,

A handwritten signature in blue ink, appearing to be "A. B.", written over a horizontal line.

**Chairman,
Jangipur Municipality**



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-114

B-111



Collector Code : 11

INVOICE / BILL No. FSA/0908/6561

Date : 17/10/08.

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

VAT No. : 19200372061

CST No. : 19200372255

SRVTAX : AAGFM3064LST001

Installation Address :

Block, SECTOR III, 2nd FLOOR, ADVISER HE, SALT LAKE CITY
ELGUS BHAWAN, BIDHANNAGAR
KOLKATA N

		Meter Reading	Date	NOTE				Payment Due Date	
Current		234917	17/10/08.	PLEASE DO NOT MAKE PAYMENT IN CASH. ONLY CHEQUE / DD PAYMENT ACCEPTED				24/10/08.	
Previous		234429	16/09/08						
Gross		488		Subject to the terms and conditions of the above agreement, Payment Received beyond the due date shall be subject to interest @ 24% P.A. From the due date to the date of payment.					
Less 1%	5								
Per Copy Charge			0.34	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	483			164.22	0.00	0.98	13.34	4.02	183/-

Customer Acceptance :
Signature & Date with Seal

Signature and date stamp: 17/10/08

Received for Payment of Rs. 183/-
(Rupees One hundred eighty three)
Only out of HHW Scheme,
DFID, SUDA under sub head Operating Cost

For Mega Trade Centre

Authorised Signatory

XEROX Premium Partner



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

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ON ATTRACTIVE RENTAL SCHEMES

State Urban Development Agency P-113

ILGUS BHAVAN, HC-BLOCK, SECTOR - III, SALT LAKE CITY, P-113
CALCUTTA - 700 106

Health Wing

Statement of Bill for Car Hiring Charges

of Sanku Panda Dhar.....

For the Month of October, 2008

Vehicle No. WB04B0704

Bill for Rs. 10,301/-

(Rupees Ten thousand three

Rs. 10,301 = 00

hundred one) only.

i) Less I.T. Deduction @ 2.04% on Rs. 6020/- on actual hire charge (-) Rs. 123 = 00

ii) Less I.T. Deduction @ 2.04% on Rs. 252/- on overtime (-) Rs. 5 = 00

Net Payable

Rs. 10,173 = 00

Passed for payment Rs. 10,173/- (Rupees Ten thousand one

hundred seventy-three) only be cheque to the above person and

Rs. 128/- to be deposited to ^{State} Reserve Bank of India, ^{Bikash Bhawan, Salt Lake Br.} 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-109

1128 ~~1000~~

- ① Car Hiring Charges for 14 days @ 430/- per day RS. 6020-00
- ② Over time Chaps for 15 Hours - @ 18/- per hour RS. 270-00
- ③ Diesel consumed 94 litres - @ 38.06 per litre - RS. 3577-64
- ④ M.Oil consumed 2.256 litres - @ 200/- per litre - RS. 451-02

RS. 10318-66

10,300 = 68
Rounded to Rs. 10,301/-

Ten thousand Three hundred Eighteen and Sixty Six Paise only

Passed for Payment of Rs 10,301/-
(figures Ten thousand Three hundred Eighteen and Sixty Six Paise)
Copy out of HAW Scheme,
DEI(D) 15/10/88 under sub head ... Operating Cost.

Bula Dhar 7/11/08

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

Passed for payment Rs. 10,301 = 0
Less 1.T. deducted " 128 = 0
Net amount payable Rs. 10,173 = 0

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

Received Rs 10173/- by Cheque
NO-796/08 on dated 14/11/08 from
State Bank of India



Bula Dhar

12/11/08

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 October 2008

Date. - 7.11.08

S.No	Date	Reporting Time	Releasing Time	Total Duty Hrs	OT Hours	Reporting K.M.S	Releasing K.M.S.	Total Kms. RUN	Remarks
1.	1.10.08	9.15 Am	8.30 Pm	11.15mts	1. Hour	35916	35997	81	
2.	3.10.08	9.15 Am	7.30 Pm	10.15mts	1. Hour	36002	36083	81	
3.	13.10.08	9.15 Am	8.20 Pm	11.05mts	1. Hour	84682	84778	96	
4.	15.10.08	9.15 Am	7.50 Pm	10.35mts	1. Hour	84782	84882	100	
5.	16.10.08	9.15. Am	8.40 Pm	11.25mts	1. Hour	84887	84949	62	
6.	17.10.08	9.15 Am	8. Pm	10.45mts	1. Hour	84944	85033	89	
7.	20.10.08	9.15 Am	8.45 Pm	11.30mts	1. Hour	36330	36407	77	
8.	21.10.08	9.15 Am	8.30 Pm	11.15mts	1. Hour	36412	36503	91	
9.	22.10.08	9.15 Am	8.10 Pm	10.55mts	1. Hour	36508	36591	83	
10.	23.10.08	9.15 Am	8.45 Pm	11.30mts	1. Hour	36596	36668	72	
11.	24.10.08	9.15 Am	8.25 Pm	11.10mts	1. Hour	36673	36747	74	
12.	27.10.08	9.15 Am	8.50 Pm	11.35mts	2. Hour	36878	36941	63	
13.	29.10.08	9.15 Am	8.25 Pm	11.10mts	1. Hour	36953	37027	74	
14.	31.10.08	9.15 Am	8.10 Pm	10.55mts	1. Hour	37066	37131	65	
14 days					15 Hours			1128 Kms	

111

94.5 for forward
2.28 for return

Certified that the driver reporting above has been duly tested and found fit to drive the motor vehicle and that the driver is duly licensed and that the motor vehicle is duly licensed and that the driver is duly licensed and that the motor vehicle is duly licensed.

Authorised Signatory
Kolkata-0704

P112

MONEY RECEIPT

Received the Cheque No. 796107 dt. 14-11-08 from the

Project Officer, Health Wing, SUDA, amounting to Rs. 8650/- (Rupees)

Eight thousand Six hundred fifty on 17-11-08

 P. S. Patil Charice.
17-11-08

5/1/19

Cheque No. - 796107
dt. - 14.11.09
Rs. 8650/-

14.11.09

8650/-

Rs. 8650/-

8650/-

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 October on my behalf

Specimen signature of Sri Pradip Kr. Bhattacharjee is attested below

Thanking you.

Yours faithfully,

Rinku Bhattacharjee
Rinku Bhattacharjee 17/11/08

[Signature]
Signature of Sri Pradip Kr. Bhattacharjee attested.

Rinku Bhattacharjee
(Rinku Bhattacharjee) 17/11/08

State Urban Development Agency

P-112

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

P-112

Health Wing

Statement of Bill for Car Hiring Charges

of Smt. Rinke Bhatta charges

For the Month of October, 2008

Vehicle No. WB-29-6662

Bill for Rs. 8,786/-

(Rupees Eight thousand seven hundred eighty six) only. Rs. 8,786 = 00

i) Less I.T. Deduction @ 2.04% on Rs. 6020/- on actual hire charge (-) Rs. 123 = 00

ii) Less I.T. Deduction @ 2.04% on Rs. 216/- on overtime (-) Rs. 4 = 00

Net Payable Rs. 8,659 = 00

Passed for payment Rs. 8659/- (Rupees Eight thousand - six hundred fifty nine) only be cheque to the above person and

Rs. 127/- 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 October '08
 Date: 10.11.08

Car No. WB29 6662

Car: Daimler
 Driver: Rinku Bhattacharjee

Sl. No.	Date on which the car place	Reporting time of the car a.m.	Releasing time of the car p.m.	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	3.10.08	9-15	7-15	10 hrs.	—	65697	65788	917			
2	14.10.08	9-15	6-15	9 hrs.	—	65810	65865	557			
3	15.10.08	9-15	7-00	9 hrs. 45 m.	—	65870	65915	45			
4	16.10.08	9-15	7-00	9 hrs. 45 m.	—	65926	65982	56			
5	17.10.08	9-15	7-30	12 hrs. 15 m.	2	65994	66061	67			
7	20.10.08	9-15	8-45	11 hrs. 30 m.	1	66073	66139	66			
8	21.10.08	9-15	8-35	11 hrs. 20 m.	1	66149	66196	47			
9	22.10.08	9-15	8-00	10 hrs. 45 m.	1	66207	66252	45			
10	23.10.08	9-15	9-00	11 hrs. 45 m.	2	66264	66330	66	1.42		
11	24.10.08	9-15	9-00	11 hrs. 45 m.	2	66348	66382	34	Litres		
12	27.10.08	9-15	8-45	11 hrs. 30 m.	1	66406	66463	57			
13	29.10.08	9-15	8-40	11 hrs. 25 m.	1	66479	66517	38			
14	31.10.08	9-15	8-40	11 hrs. 25 m.	1	66525	66570	45			
											14 days
											12 hrs.
											712 km

Verified that the driver has been duly reported to the driver was to the Public Services.

WB29-6662

10.11.08

Signature

15-11-08

	Rs.	P.
(a) Car Hiring Charges for <u>14</u> days @ Rs/ 430/- per day	6020	00
(b) Overtime Charge for <u>12</u> hours @ Rs. 18/- per hour	216	00
(c) Cost of <u>59.33</u> litres of Diesel @ Rs. <u>38.20</u> per litre	2266	40
(d) Cost of <u>1.42</u> litres of Mobil Oil @ Rs. <u>200.00</u> per litre	284	00
(e) Gross payment (Total from A to D)	8786	40

712 hrs
59.33 litres
1.42 litres

Passed for Payment of Rs. 8786/-
(Rupees Eight Thousand and Ninety six)
only out of MVA Scheme.
LEHD, Sr. PA under sub head "Operating Cost"

[Signature]
Dr. S. GOSWAMI
Project Officer,
Health Wing
S. U. D. A.
14/11

Prinka Bhatla Charise
10/11/08

Total Rs. 8786/-

Bill passed for Rs. 8786 = M
Loss 1-T. 127 = M
Net amount payable Rs. 8,659 = M

[Signature]
Dr. S. GOSWAMI
Project Officer,
Health Wing
S. U. D. A.
14/11

No. **19273**

Cash Memo

Bharat Petroleum Retail Outlet

Dealer **(KISHORE SERVICE STATION**

Stockist of : Petrol, Diesel, Lubricating

Oil & Accessories

EE 12, Sector II, Salt Lake City, Kol-91, Ph.: 2358-5302

Petrol	Litres	
Speed	Litres	
Diesel	Litres	
Hi Speed	mpg. 1844	09
Engine Oil Spl.	Litres 38.20	
VAT No - 19676974092		
Provisional	Total	1844 09

Date.....

3/10

Signature



No. 12285

TAX INVOICE
CASH / CREDIT

Date 17/10/08
Original - Buyer's Copy



LUBE CENTRE

122/1, B.T. ROAD, KOLKATA - 700 035

Phone : 2577 0490

Lubricating Licence No. 27 / L-R / BNG / 2000

W.B.S.T. : 19321570166 • VAT : 19321570069



Indian Oil

Name RINKU BHATTERSEE Buyer's VAT No. _____
Address 36, R.M.B. Road KOL 35

Qty.	DESCRIPTION	Rate	Rs.	P.
1x	200 gm. B/L M.F Grease		35 00	
1 liter	Castrol CB3 Plus. IBP motor oil		200 00	
INDUSTRIAL OIL AVAILABLE HEAR AT REASONABLE PRICES		TOTAL	235 00	

Thank You!

Vehicle No.

Signature
LUBE CENTRE



LUBE CENTRE

132/1, B.T. ROAD, KOLKATA - 700 032

Phone: 2511430

Branching: 1, Green Park, L.F. BANGALORE

W.B. ST. REGISTRATION NO. - VAT - 1892152088



Buyer's VAT No. _____
Date: _____

DESCRIPTION

59	33		
38	20		
11	86		
47	46		
17	94		
22	64		
18	46		
7	18		
14	18		
46	22		
32	58		
84	51		
712	114		
500	500		
2120			
2000			
1200			
112			
109			
40			
36			
187400			
19718			
40220			
39248			
9720			
4906			
48140			

Municipal Form No. 42/554

Miscellaneous Receipt

COOCH BEHAR MUNICIPALITY

Date 14/11/2008

Received from Project Officer, SODA Health Ward

On account of DFID HHW Scheme

Rupees (in words) Five Lakhs Five Thousand

D/D No. 760164 of 12/11/08 Rs. 5,05,000/-

(Figures)



R

Cashier

Chairman

Secretary/Vice-Chairman

SUDA

STATE URBAN DEVELOPMENT AGENCY

**HEALTH WING
"ILGUS BHAVAN"**

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

P-111

R-111

Ref No. SUDA-Health/DFID/08/114

Date 14.11.2008

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

To : The Chairman
Coochbehar Municipality

Sub. : Release of fund worth Rs. 5,05,000/- towards expenditure in connection with DFID assisted Honorary Health Worker Scheme.

Sir,

Apropos your communication bearing no. DFID 26 08 dt. 03.11.2008, an Account Payee Demand Draft bearing no. 760164 dt. 12.11.2008 on State Bank of India, Salt Lake Branch for an amount of Rs. 5,05,000 - (Rupees Five lakhs five thousand) only is released for payment towards Sal Hon. Puja ex-gratia, Drug & Operating Cost upto Dec. '08.

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

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

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

*Shibani Goswami
14/11/08
C.O. Cooch Behar Municipality*

Yours faithfully,

Project Officer

DL .. 14.11.2008

SUDA-Health/DFID/08/114(1)
CC

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

Project Officer

COOCH BEHAR MUNICIPALITY
 COOCH BEHAR PHONE : 03582 222286
 FAX : 03582-222286

113
114

Memo No. DFID 26/08

3rd Nov. 2008

From : Chairman
 The President
 Health & Family Welfare Committee
 Cooch Behar Municipality
 To : Dr. Subar Dasgupta
 Project Officer
 SUDA District Office
 State Urban Development Agency
 II CUS Bldg. in H.C. Bldg. Sector-III
 Bidhanagar, Kolkata 71

*Rs. 5.05 lakhs
 may be released
 thro' A/C payee
 DD
 03.11.08*

*DD no. 760164 dt. 12.11.08 on sbst
 for Rs. 5,05,000/-
 for Hm/sal, Puja & gratia,
 Drug & op. cost upto Dec-08*

for release of a sum of Rs. 5,05,000/- (Five lakh
 five thousand and five hundred) only from the DFID
 assisted Urban Scheme in favour of Cooch Behar Municipality.

Madam,

I would like to draw your attention to the pay accounts on the following Head of Accounts concerning the above scheme which is yet to be cleared.

Head of Account	Amount
1. Salary & honorarium for the months of Oct. to Dec. 08	Rs. 2,07,840.00
2. Opener's gratia	Rs. 4,200.00
3. Pujas & gratia	Rs. 31,000.00
4. Drug	Rs. 2,24,460.00
Total	Rs. 5,05,300.00

While on the subject, I may submit that the position on this score will not permit us to release salary & honorarium payment of the employees of the Project for the months of Sep. 08 and the Pujas & gratia for the 97.44% share due out of the fund released made are enclosed for your information and further course of action as you consider fit.
 In view of the above, I request you to kindly direct 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 fund.

Yours faithfully,



Chairman

The President

Health & Family Welfare Committee,
 Cooch Behar Municipality.

*Fund Released = 4,51,057
 (2008-09)
 w/c Recd. = 4,31,951
 (upto Sept 08)
 Bal = Rs. 19,106*

96%

DFID ASSISTED HHW S²HEME

UNDER CDOOR, COOCH MUNICIPALITY
COOCH BEHAR

PAN-03582-222988

Memo No.: DFID/23/08

Date: 23/10/08

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

To : M/s. P. S. S. S.
Rabindra S. S.
Kadamfani
Darjeeling

Sub :- Further delivery order for Drugs as per List (W. No. 100) (Part of SHD)
NII No. 118/08 dated 12/10/08

Ref No. Acceptance Letter (No. DFID/23/08) dated 15/10/08
Estimated Amount Rs. 3,48,000.00
Rate Accepted 15.7% below
Tendered Amount Rs. 2,94,460.00

Sir,
Subsequent to your agreement with the undersigned, you are requested to supply the items as per List - (Annexure - I). Technical specification will be enclosed.

You are further requested to ensure the supply of the items within 10 (ten) days from the date of receipt of this order, failing which the then pending order will stand cancelled without making any further claim.

[Signature]
Chairman & President
Health & Family Welfare Committee
Cooch Behar Municipality

Date: 23/10/08

Memo No. DFID/23/08
Copy for information & reference to:

- ✓ The Project Officer, SIDA, The Project Director, ACMCR, Cooch Behar, the E.O.,
- Convenor - Member Procurement Committee, The State Receiver, DFID, Assam.
- DFID for information & necessary action.

[Signature]
Chairman & President
Health & Family Welfare Committee
Cooch Behar Municipality

100

QUALITY
100

100

100

ISSUING OFFICE: SALT LAKE (SECTOR-1) CALCUTTA.
KEY : YICGOV-0 01612

INSTRUMENT FOR RS. 5000- AND OVER IS VALID ONLY WHEN SIGNED BY TWO OFFICERS

DATE
12/11/2008

मार्गे जानेपर ON DEMAND PAYCHAIRMAN, HHW SCHEME, DFID COOCHBEHAR MUNI
CIPALITY**CHAIRMAN, HHW SCHEME, DFID COOCHBEHAR MUNICIPALITY**

या उनके आदेश पर OR ORDER

रुपये RUPEES

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

Rs 505000 Ps00

PAISE ZERO ONLY
Sr. No.: 304577
KEY : YICGOV

SBI AMOUNT BELOW 505001 (5/6)
अदा करें। मूल्य प्राप्त VALUE RECEIVED

KO/TL

भारतीय स्टेट बैंक
STATE BANK OF INDIA

प्राधिकृत हस्ताक्षरकर्ता AUTHORIZED SIGNATORY

शाखा प्रबंधक / BRANCH MANAGER

कोड नं. CODE NO
00058

(हस्ताक्षर नमूना क्र० / S.S. NO. 510668) (हस्ताक्षर नमूना क्र० / S.S. NO.)

0157

भरकर्ता शाखा / DRAWEE BRANCH

0157000000000760164

⑈ 760164 ⑈ 0000020001: 000157 ⑈ 16

- 9
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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/08/113

Date 10-11-2008


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

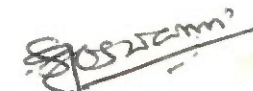
Sir,

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 Coochbehar Municipality	Coochbehar	5,05,000.00 (Rupees Five lakhs five 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

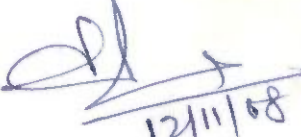
DELETED



SBI.

Statements for the month of October, at (01-10-08 to 31-10-08) in respect of the following:-

- 1) A/c no. 30255770088 (CA)
- 2) " " 30294922708 (CLTD).


12/11/08

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

करदाता का प्रतिपण / Taxpayers Counterfoil (करदाता द्वारा भरा जाग) (to be filled up by tax payer) **Health Wing**
 करदाता का लेखा सं. (टैन) / TAN **C A L S I 2 4 3 7 F U. D.**

Project officer, Health wing, SUDA.
 (नाम) Name

से नकद खाते से डेबिट / चेक सं. **796106** रु. **4071-** For Rs.

रु. (शब्दों में) **Four hundred seven only.**

अदाकर्ता / drawn on **State Bank of India, (Sector-1) Saket, New Delhi.** कर्तृत्व/ कर्तृत्व
 (बैंक एवं शाखा का नाम) / (Name of the Bank and Branch) **कर्मचारी/Non-Company** Deductees

द्वारा से स्त्रोत पर कर संग्रहण (टीसीएस) कटौती (टि.डी.एस.) / **कर्मचारी/Non-Company** / **कर्मचारी/Non-Company**
 on account of Tax deducted at Source (TDS)/ Tax Collected at source (TCS) from **946** (Fill up Code)
 (जहाँ लागू न हो उसे काट दें) / (Strike out whichever is not applicable)

के रूप में निर्धारण वर्ष / for the Assessment Year के लिए प्राप्त हुआ **2009-10**

PAID
 बैंक के लिए स्थान
STATE BANK OF INDIA
BANK SEAL
SH BHAVAN
BSR CODE 0007816

TENDER DATE

DEPOSIT DATE **4 NOV 2008**

SERIAL NO. **00208**

रु. / Rs. **4071-**
 RECEIVE CASH/RT/C/LG/RS

RUPEES **4071**

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 आय करे कि बैंक पावती में निम्नलिखित सूचना भरना 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 ईसका 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 Con hire charges.

1) R. Ghoshal's charges - 205522
2) B. Debn - 202022

Total Rs 40722

} For
Sd/-

Original/Duplicate/Triplicate/Quarduplicate

P-109

CHALLAN

Challan No.

--	--	--	--	--	--

0028-00-107-001-03

p-109

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. RC81165143	Period from	Period to
	MM Y Y Y Y	MM Y Y Y Y
	09 20 08	09 20 08

Particulars of Coins & Notes/Cheque

Ch. no-796105 dt. 4.11.08 on
 SBI (Sector-1), Salt Lake Branch,
 Kolkata.

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

S. Goswami
DR. S. GOSWAMI
 Project Office
 Health Wing

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

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																		
<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>							<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>							<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						
		D D M M Y Y Y Y																		

Received Rs. _____ (Rupees _____)

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

10574
 Initials

PO-9

INSTRUCTIONS

1) Dr. N.G. Gangopadhyay	110.00
2) Dr. Ganji De -	110.00
3) Sri S. Pal -	50.00
4) " S.K. Zahir -	50.00
5) " R.R. Majumdar -	30.00
6) " S.S. Malik -	30.00
<hr/>	
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 boxds. If the Code No. is 124, the entries in the six boxes should be 00024 if the Code No. is 1124, the entries will be 001124 and, so on i.e. if the Code No. contain less than six digits zero(s) shall be mentioned in all the preceding boxes to have six digits in all.
2. Similary, the Challan Nos. should be noted in the five boxes as under, If the Challan Nos. is 1, the 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