| | | 400 mg /Tab (1 tab | 1728 strips |
|-----|--|-----------------------------------|--|
| Alb | endazole | letrins) | 2180 strips |
| Me | tronidazole | 400 mg / lab (xo | 272 strips |
| | | 20 mg/Tab (10 | Z/Z Strips |
| Die | cyclomine | tabs/ strips) 400 mg /Tab (10 | 244 strips |
| Ib | ruphen | tabe (strips) | 1090 strips |
| C | o-Trimoxozole Adult | Sulphamethoxazole | |
| | J-11 | hoprim 80mg / Tab | |
| 1 | | (10 tab/strip) | Approximation (Street, State) |
| 10 | Co-Trimoxozole Pediatric | 200 mg & Trimet | |
| 1 | | hoprim 40mg / 1ai | |
| 100 | | (10 tab/strip) 15 w/w in aplicap. | 1516 aplicap |
| 1 | Chloramphenicol Eye | Fach aplicap to | |
| | Aplicap | contain 250 mg of | The second secon |
| | - | 5% (5 mg/ tube) | 1320 tubes 2180 strips |
| | Povidone Iodine oint Tablet IFA (Large) | Ferous Suphate | 2100 50-7 |
| 1 | Tablet IFA (Large | 180 mg & Folic Acid 0.5 mg/Tab | |
| | | (10 Tabs / strip) | - time |
| - | Tablet IFA (Small) | Ferous Suphate mg & Folic Acid | |
| | Table | 0.1 mg/Tab (10 | |
| | | Tabs / strip) 2 lac IU / 5ml (| 60 750 botto |
| | Vit. "A" Solution | ml/bottole) | |

With thanks,

Chairman,
Nabadwip Municipality
Chairman
Nabadwip Municipality

Greens No. RM Pol Health Com. Book (Uc/1)09-08%.

DA. 5. 11.08

RANIGANJ MUNICIPALITY

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

| SI. No. Item of Expenditure | Expenditure (Amount Rs.) | SI. No. | Item of Expenditure | Expenditure |
|--|--------------------------|--------------|---|--------------|
| | | | Recurring | (Amount Rs.) |
| | 175,000.00 | 9 Honorarium | (Upt | 00 000 000 |
| 2 Furniture (Sub-Centre) | 140,000.00 | 1 | | 268,000.00 |
| Construction: | | | | 260,000.00 |
| the present) | | 11 Rent | | 21,000.00 |
| a) Sub-Centre | | 12 Trains | | |
| b) OPD cum Maternity Home | | 2 0 0 | | |
| OPD | | 13 Drug | | 200,000.00 |
| | | 14 I.E.C. | | 21,000.00 |
| 4 I.E.C & Materials | | 15 Operat | Operating Cost (Sundries, printing, postage, & telephone, TA/DA etc.) | 45,000.00 |
| 5 Renovation Works | | | | 20,000 |
| 6 Base Line Survey | | | | |
| 7 Family Schedule, Training manual, HMIS format & HHW Kit | | 1 | | |
| Strengthening of existing Maternity Home & Dispensaries (Not applicable for the present) | | - | | |
| | | | | |
| | | | TOTAL STREET, | 4 |

Chairman
Ranigani Municipality

Rad bois

Control of State of S





রাজ্য নগর উন্নয়ন সংস্থা STATE URBAN DEVELOPMENT AGENCY

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

SUDA-67/2006/1340

01.12.2008

ক্রমিক নং.....

তারিখ.....

From : Director, SUDA

To

The Manager,

State Bank of India.

Salt Lake City. Kolkata - 700 091.

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

Community Based Primary Health Care Services

Sir.

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

| Name of Payee | Amount (in Rs.) | SBI Branch | | |
|-------------------------------------|--|--|--|--|
| Chairman, Egra Municipality | 8,26,000.00 | Contai | | |
| Chairman, Kalimpong Municipality | 5,27,000.00 | Kalimpong | | |
| Total | 13,53,000.00 | 14.10 | | |
| | Chairman, Egra Municipality Chairman, Kalimpong Municipality | Chairman, Egra Municipality Chairman, Kalimpong Municipality 5,27,000.00 | | |

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

SUDA

Account Section: 2358 6408



রাজ্য নগর উন্নয়ন সংস্থা



STATE URBAN DEVELOPMENT AGENCY

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

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

ক্ৰমিক নং SUDA-67.2006, 1311

26.11.2008

From

: Director, SUDA

To

: The Manager,

10

State Bank of India.

Salt Lake City, Kolkata - 700 091.

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

Community Based Primary Health Care Services

Sir.

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

| | Sl. No. | Name of Payee | Amount (in Rs.) | SBI Branch |
|--------|---------|-----------------------------------|--------------------|------------------------|
| 160636 | 1. | Chairman, Baduria Municipality | 3,83,000.00 | Baduria |
| 37 | 2. | Chairman, Bongaon Municipality | 9,00,000.00 | Bongaon |
| 100 | 3. | Chairman, Contai Municipality | 1,88,000.00 | Contai |
| 38 | 4. | Chairman, Coopers' Camp N.A.A. | 3,08,000.00 | Ranaghat |
| 20 | 5. | Chairman, Dhulian Municipality | 2,98,000.00 | Dhulian |
| 101 | 6. | Chairman, Dubrajpur Municipality | 3,24,000.00 | Dubrajpur |
| 42 | 7. | Chairman, Jhalda Municipality | 2,41,000.00 | Лhalda |
| 143 | 8. | Chairman, Kaliagunj Municipality | 5,81,000.00 | Kaliaguni |
| 44 | 9. | Chairman, Khirpai Municipality | 3,85,000.00 | Khirpai (Halder Dighi) |
| 7/4 | a 10. | Chairman, Mekhligunj Municipality | 1,70,000.00 | Jalpaiguri |
| 43 | 11. | Chairman, Memari Municipality | 2.64,000,00 | Memari |
| 40 | 12. | Chairman, Rampurhat Municipality | 4,31,000.00 | Rampurhat |
| 40 | 13. | Chairman, Sonamukhi Municipality | 3,33,000.00 | Sonamukhi |
| 49 | 14. | Chairman, Tarakeswar Municipality | 2,43,000,00 | Tarakeswar |
| 160656 | 15. | Chairman, Tufangunj Municipality | 2,36,000.00 | Cooch Behar |
| | | Total | 52,85,000.00 | |
| d+ 291 | | (Rupees Fifty Two Lakh Eig | ghty Five Thousand | only) |

DA

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

DELIVERED

(C.Sircar) Director SUDA

Account Section: 2358 6408



Meno no EM - 760/CBPHES-01/08 Date-10/11/2008.

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

Requisition of fund

Requisition of fund for 12 months is to be submitted by the chairperson/Vice-chairperson to Director SUDA as per format along with a forwarding letter.

Egra Municipality Requisition of fund for the period of April-08 to March-2009.

| Sl. | Items | Requisitioned |
|-----|--|--------------------------|
| No. | | Amount in Rs. |
| | Non-Recurring | |
| 1. | Equipment | |
| 2. | Furniture | |
| 3. | Construction: (Not applicable for the present) | |
| | a) Sub-Center | |
| | b) OPD Cum Maternity Home | |
| | c) OPD | |
| 4. | I.E.C & Materials | |
| 5. | Renovation Works | |
| 6. | Base Line Survey | |
| 7. | Family Schedule, Traning manual, HMIS format & HHW Kit bag | |
| 8. | Strengthening of existing Maternity Homes&Dispensaries (Not applicable for the present) | |
| | Recurring | |
| 9. | Honorarium(With arrear) | 4,01,605.00 |
| 10. | Salaries | 3,78,011.00 |
| 11. | Rent | 6,000.00 |
| 12. | Training | Nil |
| 13. | Drug | Nil |
| 14. | I.E.C. | 30,000.00 |
| 15. | Operating cost (Sundries, printing, postage & telephone, TA/DA | _60,000.00 |
| | etc.) | 30,000 00 |
| | TOTAL | - 8,75,616.00 |

mus of Segens.

Signature of Chairman/ Vice chairman.

SURA MUNICIPALITY Sero. Puros Medicino

Egra Mpl.

Chroh. 29.1208

KALIMPONG MUNICIPALITY

MEMO NO. 2047 /KM

The Director, S.U.D.A. Health Wing, "ILGUS BHAWAN" H.C.Block, Sector-III Bidhannagar Kolkata-91



DATED 17/10/08

SUB:- Requisition of Fund for Drugs, Salary, Enhancement of Honorarium, Arrear Honorarium, Ad-hoc bonus for Puja.

Respected Sir,

I am submitting herewith the statement of requisition for the enhancement of honorarium of Medical Officer in accordance to your letters bearing Ref. No. 610/MA/P/C-10/1G-5/2007 dated 3rd, June, 08, arrear due to enhancement of honorarium of 23 Nos, of Health Workers as per Ref. No. SUDA Health/63 ULBs/08/16/209 (63) dated 15, Sept., 2008 & ad-hoc bonus for puja as per Ref. No. SUDA Health/08/13/220 (61) dated 19th, Sept., 2008. Therefore I would like to request you to kindly grant further fund for Drugs & Salary as per the enclosed requisition for the smooth running of the project.

Encl: as stated above.

Thanking you,

Date CALIMPO

(Norden Lama)
Chairman,
Kalimpong Municipality.
Ghairman
Kalimpong Municipality

SOR = 1,10,000 - worto sully. 08

- 2,09308 - Old





রাজ্য নগর উন্নয়ন সংস্থা STATE URBAN DEVELOPMENT AGENCY

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

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

| SUDA-0//2000/ 12/ | | SUDA-67/2006/ | 131 |
|-------------------|--|---------------|-----|
|-------------------|--|---------------|-----|

26.11.2008

তারিখ.....

ক্রমিক নং.....

From : Director, SUDA

To

: The Manager,

State Bank of India.

Salt Lake City, Kolkata - 700 091.

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

Community Based Primary Health Care Services

Sir.

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

| Sl. No. | Name of Payee | Amount (in Rs.) | SBI Branch |
|---------|-----------------------------------|----------------------|------------------------|
| 1. | Chairman, Baduria Municipality | 3,83,000.00 | Baduria |
| 2. | Chairman, Bongaon Municipality | 9,00,000.00 | Bongaon |
| 3. | Chairman, Contai Municipality | 1,88,000.00 | Contai |
| 4. | Chairman, Coopers' Camp N.A.A. | 3,08,000.00 | Ranaghat |
| 5. | Chairman, Dhulian Municipality | 2,98,000.00 | Dhulian |
| 6. | Chairman, Dubrajpur Municipality | 3,24,000.00 | Dubrajpur |
| 7. | Chairman, Jhalda Municipality | 2,41,000.00 | Jhalda |
| 8. | Chairman, Kaliaguni Municipality | 5,81,000.00 | Kaliagunj |
| 9. | Chairman, Khirpai Municipality | 3,85,000.00 | Khirpai (Halder Dighi) |
| 10. | Chairman, Mekhligunj Municipality | 1,70,000.00 | Jalpaiguri |
| 11. | Chairman, Memari Municipality | 2,64,000.00 | Memari |
| 12. | Chairman, Rampurhat Municipality | 4,31,000.00 | Rampurhat |
| 13. | Chairman, Sonamukhi Municipality | 3,33,000.00 | Sonamukhi |
| 14. | Chairman, Tarakeswar Municipality | 2,43,000.00 | Tarakeswar |
| 15. | Chairman, Tufanguni Municipality | 2,36,000.00 | Cooch Behar |
| | Total | 52,85,000.00 | |
| | (Rupees Fifty Two Lakh F | lighty Five Thousand | d only) |

L

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

(C.Sircar)

SUDA

Account Section: 2358 6408

STD 03217 : 238-460/237-636(O) 243-086(R)

of Baduria Office of the Municipal Councillors

NORTH 24 PARGANAS.

Shri Kashinath Chakraborty

CHAIRMAN BADURIA MUNICIPALITY 24 PARGANAS (N)

Residence:

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

PIN: - 743401

Ref No. 520

Dated, Baduria the 7.1.1..... 2008

To, The Director, SUDA, Ilgus Bhavan, HC-Block, Sector-III, Bidhannagar, Kolkata - 700106

Sub:-Requisition of Fund.

Madam,

With due respect it is to inform you that as per SOE of 07/11/2008 closing balance of fund for HHW Scheme is Rs. 27,508.00 (i.e. 11.32 % of the given amount Rs. 243,000/-, vide memo no. SUDA-Health/63 Ulbs/Accts/08/232 dt 29/09/08). I do hereby submit the requisition of fund for the month Nov,08 to Jan,09 in the prescribed format. I would therefore request you to release necessary fund to meet up the programme smoothly in due course.

This is for your information and necessary action.

Yours faithfully,

Rash nati China

Chairman Saduria Municipality Morth 24 Parganas

Name of Municipality Baduria

Requisition of Fund For the Period of Nov'08 to Jan'09

| Sl no. | Item of Expenditure | Expenditure | Expenditure |
|--------|--|---------------|---------------|
| | | (Amt. in Rs.) | (Amt. in Rs.) |
| | Non-Recurring | | |
| 1 | Equipment | | 20,000.00 |
| 2 | Furniture | | 80,000.00 |
| 3 | Construction | | |
| | a) Sub-Centre | | |
| | b) OPD cum Maternity Home | | |
| | c) OPD | | |
| 4 | I.E.C. & Materials | | |
| 5 | Renovation Works | | |
| 6 | Base Line Survey | | |
| 7 | Family Schedule, Training manual, HMIS format & HHW kit | | |
| 8 | Strengthening of existing Maternity Homes & | | |
| | Recurring | | |
| 9 | Honorarium: a) 17 no of HHW @ Rs 1750/- for 3 | 89,250.00 | |
| | b) 4 no of supervisor @ 1920/- 3 months | 23,040.00 | |
| | c) Arrear :- 17 no of HHW @ Rs 250/- for 8 | 34,000.00 | |
| | c) Arrear :- 17 no of HHW @ Rs 750/- for 5 | 63,750.00 | 210,040.00 |
| 10 | Salaries | | 125,100.00 |
| 11 | Rent | | 6,000.00 |
| 12 | Training | (9) | |
| 13 | Drug | | 300000 |
| 14 | I.E.C. | | 12,000.00 |
| 15 | Operating Cost (sundries, Printing, Postage & telephone, TA/DA etc.) | | 30,000.00 |
| | Total | | ~813,140.00 |

Ro. 3.83 lateria.

Wash half Came 7

Chairman

Saduria Municipality

Worth 24 Parganes

STD Code No.: 03215 Phone: 255021

Office of the Bongaon Municipal Royand North Montage Control North Marie Control North BONGAON, NORTH 24 PARGANAS.

SRI PRASANTA BALA

Chairman



Memo N B. M. 1032 Ref. No.:

Dated: 23.10-08

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

Sub: Requisition of HHW Fund

Sir/Madam,

This is to inform you that I already submitted the Status of HHW Fund report and utilisation certificate up to Sept'2008. Current HHWs fund's balance is Rs. 1,69,142.00 (Rupees One Lack Sixty Nine Thousand One Hundred and Forty Two) only after 22nd Oct'2008. Please sent next installment for running the programme.

I hope you will take necessary action about this matter at your earliest.

Thanking you.

Yours truly

Prasanta Belo

Chairman **Bongaon Municipality**

Enclo:

Requisition format and details of requisition.

TR- 10,78,096 5,29,381 - Sept,08 3,91,573 - 0-4 9,20,854

Balance = (851)

BONGAON MUNICIPALITY

Requisition of Fund for the Period OCT,2008 to DEC,2008

| SL. NO. | ITEM OF EXPENDITURE | Amt. Rs. | SL. NO. | ITEM OF EXPENDITURE | Amt. Rs. |
|------------|--|-------------|------------|---|-----------------------|
| | NON- RECURRING | | | RECURRING | |
| 1 | Equipment | NIL | 9 | Honorarium (Details in Work sheet) | 513,500.00 |
| 2 | Furniture | NIL | 10 | Salaries (Details in Work sheet) | 188,500.00 |
| 3 | Construction: (Not applicable for the present) | NIL | 11 | Rent | NIL |
| | a) Sub-Centre | NIL | 12 | Training | NIL |
| | b) OPD cum Maternity Home | NIL | 13 | Drug (Details in Work sheet) | 168,000.00 |
| | c) OPD | NIL | 14 | I.E.C | NIL |
| 4 | I.E.C. & Materials | NIL | 15 | Operating Cost (Sundries, | -00,000.00 |
| 5 | Renovation Works | 50,000.00 | X | Printing, Postage & Telephone,TA / DA etc.) | 30,000 |
| 6 | Base Line Survey | NIL | | Telephone, TA / DA etc.) | |
| 7 | Family Shedule, Training Manual HMS formate & HHW Kit | NIL | | | |
| 8 | Strengthening of existing Maternity Homes & Dispensaris (Not applicable for the present) | NIL | | | |
| | | TOTAL | | | 1,010,000.00 |

Bridge Som

CHAIRMAN BONGAON MUNICIPALITY

Details Worksheet related to Requisition up to Dec'08 **AMOUNT** SL. **AMOUNT PARTICULARS** YEAR BASIS NO. (IN RS.) (IN RS.) Honorarium Due Up to Sept'08 68,000.00 May'07 to Sept'08 17M X 33P X Rs.250 140,250.00 After increasing Rs. 250/-April'08 to Sept'08 6M X 33P X Rs.500 99.000.00 After increasing Rs. 500/-Honorarium From Oct'08 to 3M X 33P X Rs. 1750 173,250.00 Dec'08 Bonus For the Year 2007-33P X Rs.1000 33,000.00 2008 513,500.00 Salaries Due Up to Sept'08 107,000.00 Salary From Oct'08 to 3M X 1P X Rs.5500 + 76,500.00 Dec'08 3M X 4P X Rs.5000 Bonus For the Year 2007-5,000.00 5P X Rs. 1000 2008 188,500.00 Drug From Oct'08 to Dec'08 Rs.24000 X 7SC X 1QT 3 168,000.00 Renovation Works 50,000.00 **Operating Cost** 90,000.00 TOTAL AMOUNT OF RS.= 1,010,000.00



Prasanta Bala

CHAIRMAN
BONGAON MUNICIPALITY

Office of the Councillors © Contai Municipality

S.T.D.-03220

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

No. CM-712/9021-290

Date. ! 11108

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

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



Sub: - Submission the Requisition of Fund for the period October '08 to December '08.

Madam,

I would like to draw your kind attention that a sum of Rs.11,28,702/-(Rupees eleven lac twenty-eight thousand seven hundred two)only has been sanctioned during the year 2008-09 in favour of Contai Municipality under HHW A/C and a sum of Rs. 9,90,349/- (Rupees nine lac ninety thousand three hundred forty nine) only has been utilized during the period April, '08 to Oct.'08 i,e 87.74% of the grant amount was utilized.

Therefore, I am submitting herewith the Requisition of Fund under CBPHCS for the period October'08 to December'08 amount of Rs 3,53,000/-(Rupees three lac fifty-three thousand) only.

1302 = (329, 702 - Supet, 08 Hence, I would request you to release further grant for the expedite for execute the said programme.

ESTD -1958

Thanking you,

01-11-2008 Yours faithfully,

Chairman, Contai Municipality,

Municipality.

Enclo: - As Stated.

OFFICE OF THE COUNCILLORS', CONTAI MUNICIPALITY,

Contai :: Purba Medinipur.

| SI.No | Item of expenditure | | 08. cpenditure ount in Rs.) |
|-------|---|-----|-----------------------------------|
| 1 | Equipment: | 1 | , |
| | a) for Training | | |
| | b) Management & Superv-ision Cell (Sub-Centre) 5 Nos. | | |
| 2 | Furniture: (Sub Centre) | | |
| | a) for Training (due) | | |
| | b) for Management & Supervision Cell (due) | | |
| 3 | construction:(Not applicable for the present) | | |
| | a)Sub-Centre | | |
| | b)OPD cum Maternity Home | | Approx 2 |
| | c)OPD | | |
| 4 | LEC & Materials | | |
| 5 | Renovation Works | Rs. | 30,000.00 |
| 6 | Base Line Survey | | |
| 7 | Family Schedule, Training Manual, HMS format& HHW Kit. | | |
| 8 | Strengthening of existing Maternity Homes & Dispensaries (Not applicable for the present. | | |
| 9 | Honorarium: | | |
| | a) Rs. 250/-X2 m(Aug.07-Sep.07)X26 HHWs (Arrear) | Rs. | 13,000.00 |
| 10 | Salaries | | |
| 11 | Rent(Sub-centre): Rs.1000/-X5 SC X3m | Rs. | 15,000.00 |
| 12 | Training | | 126000 |
| 13 | Drug: Rs. 8,000/-X 5 SC X3m | Rs. | -2,40.000.00 |
| 14 | LEC: Rs.2000/- X 5 SC | Rs. | 10,000.00 |
| 15 | Operating cost(Sundries,printing,postage&Tele Phone,T.A/D.A | Rs. | 30,000 -45,000.00 |
| | Total Rs | Rs. | 3,53,000.00 |



Po.1.88 lesting.

Chairman Chairman, Chairma

Camp Notified Area Authority



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

Requisition of fund for the period 01-10-08 to 31-12-08

| SI. No. | Item of Expenditure | Expenditure (Amounting Rs.) |
|------------|---|-----------------------------|
| | Non-Recurring | (Announting Rs.) |
| 1. | Equipment | |
| 2. | Furniture | |
| 3. | Construction: Not applicable for the present) | |
| | a) Sub-Centre | |
| | b) OPD cum Maternity Home | |
| | c) OPE | |
| 4. | LEC & Materials | |
| 5. | Renovation Works | |
| 6. | Base Line Salary | |
| 7. | Family Schedule, training, manual, HMIS format & HHW kit Bag. | |
| 8 | Strengthening of existing Maternity Homes & Dispensaries (Not applicable for the present) | |
| | Recurring | |
| 9. | Honorarium (H.H.W.)including Arrear | 94060.00 |
| 10. | Salaries to M.S. Cell | 76500.00 |
| 11 | Salary to M.O. | 18000.00 |
| 12. | Rent | 9000.00 |
| 13. | Training | |
| 14. | Drug | 72,000.00 |
| 15. | I.E.C | 9000.00 |
| 16. | Opening cost (Sundries, Printing, Postage & Telephone, T.A. / D.A.) | 45000.00 |
| | TOTAL | 3,23560.00 |

This is to certify that the amount shown in the statement has not been preferred earlier.

SOF = 3,15,135 34,890 - July 55,300 - July 3,42,990 - July

Signature of Chairman/Vice-Chairman Cooper's Camp Notified Area Authority

> Chairman Cooper's Camp Notified Area Authority

Memo No. 759, Date - 29-10.08

OFFICE OF THE COUNCILLO

DHULIYAN MUNICIPALITY P.O. DHULIYAN, DIST - MURSHIDABAD

S.T.D.:03485 PHONE/ FAX: 265233

CHAIRPERSON'S CHAMBER PHONE NO. 266133

REQUISITION OF FUND FOR THE PERIOD FROM OCTOBER. TO DECEMBER 2009

| SI. No. | Item of Expenditure | Expenditure (Amount in Rs.) | SI. No. | Item of Expenditure | Expenditure (Amount in Rs.) |
|------------|---|-----------------------------------|------------|---|-----------------------------------|
| | Non- Recurring | | | Recurring | , |
| 1 | Equipent(with Computer for MS Cel Rs. 120000/-) | ★ 245000 | 9 | Honorarium(Include arrears Rs 250/-pm for Five month per HHW) | 123500 |
| 2 | Furniture | √ 180000 | 10 | Salaries | 125100 |
| | Construction:(Not Applicable for the present) | | 11 | Rent | 15000 |
| 3 | (a) Sub- Centre | | 12 | Training | |
| | (b) OPD cum Maternity House | | 13 | Drug | ≥ 120000 |
| | (c) OPD | | 14 | IEC | 5000 -15000 |
| 4 | IEC & Material | | | Operating Cost (Sundries, printing, postage & telephone, TA / DA etc.) | 3000 |
| 5 | Renovation Works | | 16 | | |
| | Base Line Survey | | | | |
| | FamilySchedule,Training Manual, HMIS formate & HHW Kits | | | | |
| | Strengthening of existing Maternity Homes & Dispenseries (Not applicable for the present) | | | | |

Signature of Chairman / Vice-Chairman

My Kesty Kr Melle Date 03/11/08



Office of the Councillors

S.T.D. Code: 03462 Phone: Dubrajpur 244362 Fax No: 244362

DUBRAJPUR MUNICIPALITY

P.O.- DUBRAJPUR • Dist.- BIRBHUM

Memo No. 916 /DM/ 200 8

Date ...18:://:.....2008

To
The Director,
S U D A
Health Wing
ILGUS Bhavan
H.C. Block, Sector-III
Kolkata -91



Sub: - Requisition of fund in respect of Community Based Primary Health Care Services.

Sir,

In our memo no. 607/DM/08 dt. 29/07/08 we requested you to place an amount of Rs. 4,89,360/- only but you kindly released an amount of Rs. 1,06,000/- as 1st installment of fund for the period Jan'08 to June'08 towards expenditure in connection with community Based Primary Helath Gare Service. But the said amount except Rs. 25,331/- has been exhausted for making payment to the workers' arrear honorariums, Puja Bonus and and payment of the monthly honoraruums as usual. Now some arrear honorariums, monthly honorariums are get to be paid.

It may be mentioned here that no fund toward purchase of essential drugs has been made for which we need Rs. 3,84,000/-

So, now, you are requested earnestly to release an amount of Rs. 6,12,080/- in favour of Dubrajour Municipality at an early date.

Betails of requirement in formet is also enclosed herewith.

up & sept ,08

Yours faithfully,

Chairman 18/11/08
Dubrajpur Municipality
Birbhum.

Chairman

DUBRAJPUR MUNICIPALITY

Dubrajpur * Birbhum

Dubrajpur Municipality
Requisition of Fund for the period July to December 2008.

| Sl.No | Item of Expenditure | Expenditure (amount in Rs.) |
|----------------|---|-----------------------------|
| 1 | Equipment | |
| 2 | Furniture | |
| 3 | Construction (not applicable for the present) | |
| | a) sub- center | |
| | b) OPD cum Maternity Home | |
| - 10 - 14 - E1 | c) OPD | |
| 4 | I.E.C. & Material | |
| 5 | Renovation Works | |
| 6 | Base Line Survey | |
| 7 | Family Schedule, Training manual, HMIS format & HHW kit bag | |
| 8 | Strengthening of existing Maternity Homes & Dispensaries (not applicable for the present) | |
| | Recurring | |
| 9 | Honorarium (Including arrear) | Rs 228080.00 |
| 10 | Salaries | |
| 11 | Rent | |
| 12 | Training | |
| 13 | Drug | Rs.384000.00 |
| 14 | I.E.C. | |
| 15 | Operating cost (sundries, printing, postage, & telephone, TA/DA etc. | |
| | w. | Rs.612080.00 |

ps. 3. 24 laters.

Chairman

DUBRAJPUR MUNICIPALITY

Dubrajpur * Birbhum

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OFFICE OF THE CHAIRMAN, JHALDA MUNICIPALITY

JHALDA, PURULIA

Memo No 424 /J.M.

Date: 05 / 11 /08

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

State Urb State Urb Solve (83) 10 (4)

Sub: - Requisition of Fund.

Sir,

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

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

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

Thanking You.

Yours faithfully,

Jhalda Municipality

Enclosures:

1. Requisition Format.

B. Genta.

FA- 4,00,065 SOE = 3,08,742 - wato Suptions 29,980 - oct. 3,38,722

OFFICE OF THE CHAIRMAN, JHALDA MUNICIPALITY

JHALDA, PURULIA

Submission of Requisition of Fund

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

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

D DETAIL C.

Chairman

Jhalda Mensicipality
Jhalda Municipality

BANK ACCOUNT (HEALTH) DETAILS: -

1. S.B.I.SAVINGS BANK ACCOUNT NO.11693742168

2. BANK NAME:STATE BANK OF INDIA, JHALDA BRANCH

3. BRANCH ADDRESS: KUIRY PARA, JHALDA, PURULIA.

4. BRANCH CODE:7101

B. Grupta

Accy. Asst (Health)

Submission of requisition of Fund

Requisition of fund for 3 months is to be submitted by the Chairman person / vice – Chair person to Director SUDA as per format along with a forwarding letter.

Requisition of Fund for the period October to December -2008

| SI.No | Item | Requisitioned (Amount in |
|-------|--|--------------------------|
| | | Rs.) |
| **** | Recurring | |
| 1 | Honorarium (17 X 1750 X 3= 89,250.000) | |
| | $(4 \times 1920 \times 3 = 23,040.00)$ | 1,12,290.00 |
| 2 | Salaries $(31500 \times 3) = 94,500.00$ | 1,59,300.00 |
| | $(16,200 \times 4) = 64,800.00$ | |
| 3 | Rent (4000 x 3) Sub Centre | 12,000.00 |
| | Bonous (23 X 1000) | 23,000.00 |
| | Drug | 96,000.00 |
| | I.E.C | -20,000.00 |
| 4 | Operating Cost (Sundries, Printing, Postage and | 40,000.00 |
| | Telephone, TA / DA etc.) (15,000 x 3) | 30,000. |
| | Rs. | 4,62,590.00 |
| | | 442590 |
| | ARREAR | |
| | Block of the State | |
| | (H.H.W Workers Joining 16/04/2007) | |
| | 15 th Days 17 X 125 = 2,125.00 | |
| | 11 th Month 17 X 250 = 46,750.00 | |
| 1 | 6 th Month 17 X 750 =76,500.00 | |
| | (F.T.S Joining 19/05/2008) | TA BENEFIT THE CONTROL |
| | 13 Days =1,258.00 | |
| | 4 Month 4 X 750 =12,000.00 | 1,38,633.00 |
| Hens | TOTAL | -6,01,223.00 501223 |

This is to certify that the amount as shown in the statement has not been preferred earlier.

Kalifagami Municipality arous mos 8 Pr. 5.82 mg 1,100

Community Based Primary Health Care Services in 63 Non KMA ULBs

Guideline on SOE, UC and Requisition of Fund

Submission of Statement of Expenditure (SOE)

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

Passed for Payment of Rs. 3,06,440.00

Rupees Three Lack Six Thousand four hundred forty only.

Only to be debited to 74,653.00 /-

Chairman / vice- Chairman

- > Revenue stamp for the payment exceeding Rs. 5.000/(Ruppes five thousand) only is to be affixed in the Bill/Receipt.
- > Advance payment should not be treated as expenditure. In such cases, final adjustment vouchers will be treated as expenditure and including in SOE.
- > gross Expenditure (including P. Tax, I. Tax, Security Deposit etc.) is to be booked and shown on SOE.

Phone: (03225) 260 - 233/882,Fax-260-881

Office of the Councillors of the

KHIRPAI MUNICIPALITY

COMMUNITY BASED PRIMARY HEALTH CARE SERVICES
KHIRPAI :: PASCHIM MEDINIPUR

Memo. No. 104/CBPHCS / Km/08

From:- Chairman /Vice- Chairman Khirpai Municipality.

To The Director SUDA (Health Wing) ILGUS Bhavan, HC Block, Sector-III Salt Lake, Kolkata- 91



Sub: Re-requisition of Fund for three months (Oct to Dec '08) of CBPHCS Programme

Sir/Madam,

In connection with the of above subject this is to inform you that I am sending Requisition of Fund for period of Oct to Dec'08 is placed in the prescribe format for Health Programme under Community Based Primary Health Care Service in this Municipality. I had sent letter no – 91/CBPHCS/Km/08 dated 03/10/08 but was not granted for the Expenditure have not over 80%. After the Expenditure for month of October '08, which Fund has been down below 10%.

Please look in to the above matter. I have request you to kindly place Fund as early as possible.

Encl: Fund Requisition.

Yours faithfully

3.11.08

Chairman Khirpai Municipality



FA: 4,70,934

805 = 3,08,790 - Whate Subst, or

(88.1)

Community Based Primary Health Care Services Under Khirpai Municipality

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

Requisition of Fund for the period. Detaber to Desember 2008

| Sl.No. | Items | Requisitioned Amount in Rs. |
|--------|---|--------------------------------|
| | Non-Recurring | |
| 1 | Equipment | |
| 2 | Furniture | |
| 3 | Construction: (Not applicable for the present) | |
| | a) Sub - Centre | |
| | b) OPD cum Maternity Home | |
| | c) OPD | |
| 4 | I.E.C & Materials | |
| 5 | Renovation Works | |
| 6 | Base Line Survey | |
| 7 | Family Schedule, Training manual, HMS format & HHW Kit bag | |
| 8 | Strengthening of existing Maternity Homes & Dispensaries (Not applicable for the present) | |
| | Recurring | |
| 9 | Honorarium Ad-hoc Toonous Anneau Hono 66,250+ Cunnent Honon 64020+ 10,000+ | 1,40,270=00 |
| 10 | Salaries H.O 48,600 + Staffs - 76,500 + Bonous - 4000 + | 1,29,100 =00 |
| 11_ | Rent | |
| 12 | Training | |
| 13 | Drug | 96,000=00 |
| 14 | I. E. C. | 3,000=00 |
| 15 | Operating Cost (Sundries, Printing, Postage & Telephone, TA/DA etc | 20,000=00 |
| | TOTAL | 3,85,3700 |

63.3.85 Selens,

Signature of Chairman/Vice-Chairmen

Office of the Councillors of:

Mekliganj Municipality

P.O.: Mekliganj, Dist.: CoochBehar

Phone No.: (03584) 255249(O) 255480 (Cham.), 255458 (V.C) Fax No.: (03584) 255249

Memo No. 3123/MM/X1-06/08-09

Date 15/10/08

From: The Chairman

Mel·liganj Municipality Mekliganj, Cooch Behar

To : The Director,

State Urban Development Agency (Health Wing) ILGUS Bhawan, HC Block, Kolkata - 700106



Mekliganj Municipality P.O. Mekliganj, Dist.-Cooch Beha.

Sub :- Requisition for further fund.

Madam.

A sum of Rs. 8, 49,694=00 (Rupees Eight lakhs forty nine thousand six hundred ninety four) only was received by this ULB under CBPHCS in three installments. Out of the fund a sum of Rs. 8, 024, 17=00 Rs. (Eight Lakh two thousand four hundred seventeen) only have been spent leaving a balance of Rs. 47,277=00 (forty seven thousand two hundred seventy seven) only.

Accordingly the Requisition of the following fund is placed below with a request to kindly release the money at an early date.

| 1. Salary for 3 contractual staffs from September | er' 08 to November' | 08 | Rs45,000=00 |
|---|----------------------|----------|------------------------------|
| 2. Puja Ex-Gratia for 3 contractual staffs | | | Rs3,000=00 |
| 3. Honorarium for 9 HHWs for the month of Sep | | | Rs9,000=00 |
| 4. Honorarium for 9 HHWs for the month of Oct @ Rs.1750=00 for each HHWs | | | Rs 31,500=00 |
| | | | |
| (As per G.O. No. SUDA-Health/63 ULBs/08/16/ | | | |
| 5. Arrear enhance rate of Rs. 250/- from July,0 | 7 to March,08 for 9 | HHWs | |
| | for 9 | months | Rs20,250=00 |
| (As per G.O no. SUDA-Health/63 ULBs/08/16 | 5/209 (63) dt. 15.09 | .2008) | |
| 6. Arrear crhance rate of Rs. 500/-from Apr,08 | to Spt,08 | | |
| for 9 H | IHWs for six months | S | Rs27,000=00 |
| (As per mémo no. SUDA-Health/63 ULBs/08/ | 16/209 (63) dt. 15.0 | 09.2008) | |
| 7. Operating cost for three months from Septem | | | Rs 45.000=0 0 |
| 8. House rent for one Sub-Centre for 4 months f | | | Rs 45,000=0 0 |
| Septemb | ber' 08 to December | ., 08 | Rs 4,000=00 |
| FA: 2,64,929 | | | |
| | Total | | Rs. 1 ,84,750 =00 |
| 61,968 - Sept. | Total | · . c | 169750200 |
| - 51970 Day | 1.40 800 | | Ida = 10.08 |
| 2,26,970 gm. | and and | V (| hairman 15-W |

Si dobi

MEMARI MUNICIPALITY.

MEMARI, BURDWAN

Memo NO 50/CBPHC-9

To The Director SUDA(Health wing) ILGUS BHAVAN, H.C.BLOCK, SECTOR-III Bidhannagar, Kolkata-91



Sub: - Submission of Revised Requision Fund (Including salary of Medical Officer) against previous forwarding letter memo no.48/CBPHC dt. 04.11.08 for the month of Nov.08 to January 2009

Sir,

With reference to your letter No. SUDA-Health/63 ULBS/ Accts./07/399 dt.17.08.07, I am sending the prescribed format of Revised Requsition Fund (Including the salary of Medical officer, Nov08 - Jan09) duly filled in, This is for your kind information & taking necessary action.

Thanking you,

FA = 7,28,830|-SOB = 6,08,074 - WROSUPT,08 1,41,180 - Oct,

Chairman/Vice-chairman Memari Municipality

Yours Faithfully

Submission of Requisition of Fund

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

Requisition of fund for the period ... November 08....to...January 08(Revised)

| Sl. No. | Items | Requisitioned Amount in Rs. | |
|------------|---|-----------------------------|--|
| | Non-Recurring | | |
| 1. | Equipment | Nil | |
| 2. | Furniture | Nil | |
| 3. | Construction: (Not applicable for the present) | Nil | |
| | a) Sub-Centre | Nil | |
| | b) OPD cum Maternity Home | Nil | |
| | c) OPD | Nil | |
| 4. | I.E.C & Materials | Nil | |
| 5. | Renovation Works | Nil | |
| 6. | Base Line Survey | Nil | |
| 7. | Family Schedule, Training manual, HMIS format & HHW kit bag | Nil | |
| 8. | Strengthening of existing Maternity Homes & Dispensaries (Not applicable for the present) | Nil | |
| | Recurring | | |
| 9. | Honorarium(16 H.H.W @ Rs. 1750.00 for 3 months) + (4 F.T.S @ Rs.1920.00 for 3 months) | 107040.00 | |
| 10. | Salaries (H.O-16920.00 + S.I-5500.00 + H.A- 5000.00 + Acc5000.00 + Store- 5000.00 + comp.Asst5000.00 for 3 moths) | 127260.00 | |
| 11. | Rent | Nil | |
| 12. | Training | Nil | |
| 13. | Drug | | |
| 14. | I.E.C | | |
| 15. | Operating Cost (Sundries, Printing, Postage, & Telephone, TA / DA etc.) | 40000.00 30000 | |
| | TOTAL | 274300.00 | |

Signature of Chairman/Vice-Chairman

Chatterjee

Office of The Rampurhat Municipality

P.O-Rampurhat ◆ Dist.-Birbhum ™ 03461 255008 + Pin-731224

Memo No- 1101

Date- 12 11-08

To The Director SUDA (Health Wing) **ILGUS BHAVAN** H.C. Block, Sector-III Salt Lake Kolkata-106

> Sub: - Requisition of fund for the next three months of Rampurhat Municipality.

In reference to above I am submitting herewith the requisition of fund in proper format for the next three months of Rampurhat Municipality for your information & taking necessary action.

Enclose: As stated

Rampurhat Municipality

FA = 8,06,593 SOE = 4,16,700 - Up to August, of 2,78,310 - Subs.

Submission of Requisition of Fund

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

| SI. No. | Items | Requisitioned (Amount in Rs.) |
|------------|--|-------------------------------|
| | Non-Recurring | |
| 1. | Equipment | |
| 2. | Furniture | |
| 3. | Construction: (Not applicable for the present) | |
| | a) Sub-Centre | |
| | b) OPD cum Maternity Home | |
| | c) OPD | |
| 4. | I.E.C & Materials | |
| 5. | Renovation Works | |
| 6. | Base Line Survey | |
| 7. | Family Schedule, Training manual, HMIS format & HHW Kit bag | |
| 8. | Strengthening of existing Maternity Homes & Dispensaries (Not applicable for the present) | |
| | Recurring | |
| 9. | Honorarium (Ex-gratiqs (2 Nos @ 1000) 21000.00 Arrear upto Sept.08 136500.00 Honorarium 37550.00 | 1,95,050.00 |
| 10. | Salaries (for 3 months) 79,500.00 Ex-gration 5,000.00 | 84,500.00 |
| 11. | Rent (4 Sub-Centre X 1000) X 3 months | 12,000.00 |
| 12. | Training | |
| 13. | Drug | 1,00,000.00 |
| 14. | I.E.C. | 15,000.00 |
| 15. | Operating Cost (Sundries, Printing, Postage & Telephone, T.A / DA etc) | 45,000.00 |
| | Total | 4,51,550.00 |

80.4.31 Jelon, or

Signature of Chairman / Vice-Chairman Rampurhat Municipality

OFFICE OF THE

Councillors of Sonamukhi Municipality

P.O.- Sonamukhi * Dist.- Bankura

From:

Kushal Bandyopadhyay Chairman

Sonamukhi Municipality

(1) (03244) 275-238

E-mail:- sonamukhimunicipality@yahoo.com

Memo No. 65/HHW/SM

Dated 13/9/08

To
The Project Officer,
SUDA Health Wings,
ILGUS BHAWAN, HC-Block, Sector – III,
Bidhannagar,
Kolkata – 700 106, (W.B.)

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

Sir,

This is to inform you that the Utilization Certificate up to September 2008 has already been submitted under Memo No. 64/HHW/SM dated. 13/9/08 In this regard you are requested to release the next installment of Funds to run the said programme smoothly.

Thanking you,

FA= 1292,537

Ser= 9,51,374 - who & Sups, 08 85,587 - Bes.

10,36,961

Enclo.: (i)Requisition

80

Budget Statement

Yours faithfully,

Chairman/Vice-Chairman, Sonamukhi Municipality.

> Chairman Smannikhi Municipally



Sonamukhi Municipality

P.O. Sonamukhi, Dist. Bankura

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

| SI. No. | Name of Head | Budget Estimate per month | Budget Estimate for 3 months (Sept '08 to Nov '08) Rs. 18,000/ Rs. 16,500/ Rs. 15,000/ Rs. 15,000/ | |
|--------------|--|--|--|--|
| 1. | Recurring Salary: a) Medical Officer - 1 b) Sanitary Inspector - 1 c) Computer Assistant - 1 d) Accounts Assistant - 1 e) Multi purpose Helper- cum-Store keeper Clerk - 1 | Rs. 6,000/- per month x 3 months Contractual Pay Rs.5,500/- x 3 months Contractual Pay Rs.5,000/- x 3 months Contractual Pay Rs.5,000/- x 3 months Contractual Pay Rs.5,000/- x 3 months | | |
| | f) Health Assistant - 1 | Contractual Pay Rs.5,000/- x 3 months | Rs. 15,000/- | |
| 2. | Honorarium: (a) F.T.S. – 2 Nos. Arrear (@Rs.500/- enhance per month per head from May '08 – Aug '08 (b) H.H.W. – 15 Nos. Arrear (@Rs.500/- enhance per month per head from Apr '08 – Aug '08 | (a) F.T.S. – 2 Nos. Trear (@Rs.500/- Thance per month per ead from May '08 – Aug B (a) H.H.W. – 15 Nos. Trear (@Rs.500/- Thance per month per ead from Apr '08 – Aug Company to the co | | |
| 3. | Rent: a) SC at Chelmore b) SC at Yuger Yatri Club c) SC at Sonamukhi Municipality | Rs. 1,000/- per months x 3 months Rs. 1,000/- per months x 3 months Rs. 1,000/- per months x 3 months | Rs. 1,19,020/- Rs. 3,000/- Rs. 3,000/- | |
| 4. | Drugs | 3 Nos. SCs @ Rs. 25,000/- | Rs. 9,000/- | |
| 5. | I.E.C. | Rs. 2,000/- per month x 3 months | Rs. 6,000/- | |
| 6. | Operating Costs | Rs. 15,000/- per month x 3 months | R s. 45,000 /- | |
| 7. | Non-Recurring Furniture | 3 Nos. SCs | Rs. 20,000/- | |
| Will service | | Grand Total (1+2+3+4+5+6+7) | Rs. 3,68,520/- | |



Chairman,
Sonamukhi Municipality.

Charrings.

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

Name of the Municipality:- Sonamukhi Municipality Requisition of Fund for the period of September '08 to November '08.

| SI. No. | Item of Expenditure | Expenditure (Amount in Rs.) |
|------------|--|-----------------------------|
| | Non-Recurring | |
| 1. | Equipments | 17 |
| 2. | Furniture | 20,000/- |
| | Construction: (Not applicable for the present) | |
| 3. | (a) Sub-Centre | - |
| Э. | (b) OPD-cum-Maternity Home | - |
| | (c) OPD | |
| 4. | I.E.C. & Materials | |
| 5. | Renovation Works | |
| 6. | Base Line Survey | |
| 7. | Family Schedule, Training Manual, HMIS Format & HHW Kit bag. | - |
| 8. | Strengthening of Existing Maternity Homes & Dispensaries. (Not applicable for the present) | |
| | Recurring | |
| 9. | Honorarium | 1,19,020/- |
| 10. | Salaries | 94,500/- |
| 11. | Rent | 9,000/- |
| 12. | Training | - |
| 13. | Drugs | 75,000/- |
| 14. | I.E.C. | 6,000/- |
| 15. | Operating Cost (Sundries, Printing, Postage & Telephone, T.A./D.A. etc.) | 45,000/- |
| | TOTAL (Rs.) | 3,68,520/- |

13 9 08

Signature of Chairman/Vice-Chairman

Chairman

OFFICE OF THE COUNCILLORS OF TARAKESWAR MUNICIPALITY

P.O. - Tarakeswar, Dist. - Hooghly.

Ref. No. - TM / HHW / 2008 / 24

Date- 10/11/08

From :- The Chairman
Tarakeswar Municipality

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

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

Madam,

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

Thanking You.

FA= 8,35,5901-806 = 6,54,561 - Whato Super, 08 1,66,534 8,21,095

Yours faithfully

Chairman

Tarakeswar Municipality

A 1000 108

Tarakeswar Municipality

Tarakeswar ** Hooghly Community Based Primary Health Care Service

Requisition of fund for the period JULY-2008 to SEPTEMBER-2008

| SI. | Item of Expenditure | Expenditure | Sl. | Item of | Expenditure |
|-----|---------------------|-----------------|-----|--|---|
| No. | | (Amount in Rs.) | No. | Expenditure | (Amount in Rs.) |
| | Non-Recurring | | | Recurring | |
| 1 | Equipment | NIL | 09 | Honorarium Arrear Honorarium of HHWs for the year 2007-08 (Date of joint 08.05.07) | Rs.193/- X 15 Nos. X 1 Month = Rs. 2,895/- Rs. 250/- X 15 Nos. X 10 Month = Rs.37,500/- |
| | | | | Arrear Honorarium for the year 2008 – '09 | Rs.500/- X 12 Nos. X 6 Months = Rs. 36,000/- |
| | | | | Do (Date of Joint 02.05.2008) | Rs. 484/- X 3 Nos. X 1 Month =1,452/- |
| | | | | Honorarium (June `08 – Sept. `08) | Rs. 500/- X 3 Nos. X 4 Months = Rs. 6,000/- |
| | - 4.2 | 1 | | Arrear Honorarium of FTSs (Date of Joint 02.05.2008) | Rs. 484/- X 3 Nos. X 1 Month =1,452/- |
| | | | | Honorarium (June '08 – Sept. '08) | Rs.500/- X 3 Nos. X 4 Month = Rs. 6,000/- |
| | | | | Puja Bonus of HHWs | Rs. 1,000/- X 15 Nos. = Rs. 15,000/- |
| 2 | Furniture | NIL | 10 | Salaries Salary of M&S Cell | Rs.5,500/- X 1No. X 3 Months = Rs. 16,500/- Rs. 5,000/- X 3 Months = Rs. 45,000/- Rs. 2,333 X 1 X 1 Month = |

| | | | | Salary of H.O. | Rs. 6,000/- X 1 No. X 1 Month = Rs. 6,000/- |
|---|---|-----|----|--|--|
| | | | | Do(01.08.08 – 15.08.08) | Rs. 2,903/- X 1 No. X 1Month = Rs.2,903/- |
| | | | | Do(16.08.08 – 31.08.08) | Rs. 8,362/- X 1 No. X 1 Month = Rs. 8,362/- |
| | | | | Do | Rs. 16,200/- X 1 No. X 1 Month = Rs. 16,200/- |
| | | | | Puja Bonus of H.O. | Rs. 1,000/- |
| 3 | Construction :- (Not applicable for the present) | Nil | 11 | Rent | Rs. 9,000/- |
| | a) Sub-Centre | | 12 | Training | Nil |
| | b) OPD cum maternity home | | 13 | Drug | Rs.1 ,44,00 0/- |
| | c) OPD | | 14 | I.E.C. | NIL |
| 4 | I.E.C. & Materials | Nil | 15 | Operating Cost (Sundries, Printing, Postage & Telephone, TA/DA etc. | Rs 30,000/- |
| 5 | Renovation Work | Nil | | | |
| 6 | Baseline Survey | Nil | | | |
| 7 | Family Schedule, Training Manual, HMIS format & HHW Kit Bag | Nil | | | |
| 8 | Strengthening of existing Maternity Homes & Dispensaries (Not applicable for the present) | Nil | | Total Rs. | Rs 3,87,597/- 243597 |

(Rupees Three Lakh Eighty Seven Thousand Five Hundred & Ninety Seven Only.)

boing he drive

Chairman Tarakeswar Municipality

Tarakeswa

TUFANGANJ MUNICIPALITYP.O: TUFANGANJ :: DT- COOCHBEHAR

Memo. No: TM/HW/003/26/1237(3)/2008-09

Date: 08-11-08

From- Chairman
Tufanganj Municipality
Tufanganj
Coochbehar

To: The Director

State Urban Development Agency [SUDA]

[HEALTH WING], ILLGUS BHAVAN

H-C BLOCK, SECTOR-III,

BIDHANNAGAR, KOLKATA-700106, WEST BENGAL

SUBJECT: Requisition of Fund upto December 2008

Sir,

This is to inform to your kind notice that we have sent our UC up to date till September and for the month of October 2008 along with necessary documents. The requisition of fund upto the above stated period is being enclosed for your kind reference as per prescribed format and our monthly demand statement.

Your are, therefore, cordially requested to do the needful in this connection and kindly release of fund as per requirement.

This is for favour your kind information and doing the needful.

Thanking You.

Yours Faithfully

Chairman

Tufanganj Municipality

Chairman, Tufanganj Municipality.

Encld:

Requisition of Fund as per format upto December 2008



Contact: Ph - (03582)- 244256 Fax- (03582)- 244659 Email- municipality tufanganj@yahoo.co.in

SOE = 3,91,318 - upoto Ary,08 66,700 - Supt.

(Francis)



TUFANGANJ MUNICIPALITY

Requisition of Fund for the Period April to June, 2008

| | Including March 2008 (Break period) | |
|------|--|----------------|
| SL | ITEM OF EXPENDITUE | Requisitioned |
| No | | Amouont in Rs. |
| + | Non- Recurring | |
| 1 8 | Equipment | 30,000 |
| | | |
| 2 | Furniture | |
| | | |
| 3 0 | Construction : (Not Applicable for Present) | |
| | a) Sub-Centre | |
| t | o) OPD cum Maternity Home | |
| 0 | o) OPD | |
| 4 1 | EC & Materials | |
| 242 | | |
| 5 F | Renovation Works | |
| 6 | Base Line Survey | |
| | , | |
| | Family Schedule, Training Mannual, HMIS & | |
| I | Dispensaries (Not Applicable for the present) TOTAL | 30,000 |
| - | Recurring | 30,000 |
| 9 | Honorarium | |
| 40 | | |
| 10 | Salaries | |
| 11 F | Rent | |
| 40 7 | | |
| 12 | Training | |
| 13 | Drug | |
| | | |
| 14 | EC | |
| | Operating Cost (Sundries, Printing, Postage | 20,000 |
| 8 | & Telephone, TA/DA etc.) | |
| | | 20,000 |
| | TOTAL | 50,000 |
| | | |

Tufanganj Municipality.

TUFANGANJ MUNICIPALITY

Requisition of Fund for the Period July to September 2008

| SL | ITEM OF EXPENDITUE | Requisitioned |
|----|---|----------------|
| | | |
| No | | Amouont in Rs. |
| | Non- Recurring | |
| 1 | Equipment | |
| | | |
| 2 | Furniture | |
| | | |
| | | |
| | Construction : (Not Applicable for Present) | |
| | a) Sub-Centre b) OPD cum Maternity Home | |
| | c) OPD | |
| | | |
| 4 | IEC & Materials | 76 THE ST |
| 5 | Renovation Works | |
| | | |
| 6 | Base Line Survey | |
| 7 | Family Schedule, Training Mannual, HMIS & | |
| • | Dispensaries (Not Applicable for the present) | |
| | TOTAL | - |
| 9 | Recurring Honorarium | |
| 9 | Honoralium | |
| 10 | Salaries | 75,593.00 |
| 44 | Rent | |
| 11 | Rent | |
| 12 | Training | |
| 42 | Drug | |
| 13 | Drug | |
| 14 | IEC | |
| 42 | Operating Cost (Sundries, Printing, Postage | 45,000 |
| 10 | & Telephone, TA/DA etc.) | |
| | | 120,593 |
| | TOTAL | 120,593 |

Signatue of Chairman / Vice-Chairman
Tufanganj Municipality

Chairman,

Tufanganj Municipality.

TUFANGANJ MUNICIPALITY

Requisition of Fund for the Period October to December 2008

| SL | ITEM OF EXPENDITUE | Requisitioned |
|-------|---|----------------------|
| No | | Amouont in Rs. |
| | Non- Recurring | |
| 4 | Equipment | |
| • | For Sub-Centres (3 Nosx 25000) | 75,000 |
| | | 70,000 |
| 2 | Furniture | |
| | For Sub-Centres (3 Nosx 20000) | 60,000 |
| | Construction : (Not Applicable for Present) | |
| | a) Sub-Centre | |
| | b) OPD cum Maternity Home | |
| | c) OPD | |
| 70.00 | IEC & Materials | |
| 77.7 | Renovation Works | |
| | Base Line Survey | |
| 7 | Family Schedule, Training Mannual, HMIS & | |
| | Dispensaries (Not Applicable for the present) | |
| | TOTAL Recurring | 135,000 |
| 9 | Honorarium | |
| 9 | For 12 Nos of HHW (12x1750x3) | 63,000 |
| | Arrear Honorarium for 12 Nos of HHW (Sept '07 to Sept'08) | 37,500 |
| | Arrear Honorarium for 12 Nos of HHW (Apr '08 to Sept'08) | 36,000 |
| | Ex-gratia for 12 HHWs (12x1000) | 12,000 |
| 10 | Salaries | 12,000 |
| | Salary to Health Officer (1x16200x3) | 48,600 |
| 11 | Rent | |
| | For Sub-Centres (3 Nosx 1000) | 9,000 |
| 12 | Training | |
| | | |
| 13 | Drug | |
| | For Sub-Centres (3 Nosx 96000) | 288,000 |
| 14 | IEC | |
| 15 | Operating Cost (Sundries, Printing, Postage | |
| | & Telephone, TA/DA etc.) (3x15000) | 45,000 |
| | | 3000 |
| | | 539,100 |
| | TOTAL | -674,10 0 |

Signatue of Chairman / Vice-Chairman Tufanganj Municipality Chairman,

Tulangani Municipality.

21:11.68 21:11.68



রাজ্য নগর উন্নয়ন সংস্থা STATE URBAN DEVELOPMENT AGENCY

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

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

SUDA-67/2006 1130 ক্রমিক নং

From : Director, SUDA

To

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

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

Community Based Primary Health Care Services

Sir,

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

760309

| Sl. No. | Name of Payee | Amount (in Rs.) | SBI Branch |
|---------|--|---------------------|-----------------|
| 1. | Chairman, Arambagh Municipality | 244000.00 | Arambagh |
| 2. | Chairman, Chakdah Municipality | 330000.00 | Chakdah |
| 3. | Chairman, Chandrakona Municipality | 319000.00 | Ghatai |
| 4. | Chairman, Dalkhola Municipality | 355000.00 | Dalkhola |
| 5. | Chairman, Diamond Harbour Municipality | 281000.00 | Diamond Harbour |
| 6. | Chairman, Gushkara Municipality | 291000.00 | ADB, Itachanda |
| 7. | Chairman, Haldibari Municipality | 415000.00 | Jalpaiguri |
| 8. | Chairman, Katwa Municipality | 398000.00 | Katwa |
| 9. | Chairman, Mathabhanga Municipality | 459000.00 | Cooch Behar |
| 10. | Chairman, Ramjibanpur Municipality | 119000.00 | Ghatal |
| 11. | Chairman, Ranaghat Municipality | 695000.00 | Ranaghat |
| 12. | Chairman, Taki Municipality | 547000.00 | Basirhat |
| 13. | Chairman, Birnagar Municipality | 415000.00 | Birnagar |
| 14. | Chairman, Gobardanga Municipality | 184000.00 | Gobardanga |
| 15. | Chairman, Joynagar-Mazilpur Municipality | 306000.00 | Baruipur |
| | Total | 5358000.00 | |
| | (Rupees Fifty-three Lakh Fifty-e | ight Thousand only) | 1 |

(Debasis Mitra) Joint Secretary

DELIVERED M.A.Department, GOWB

(C.Sircar) Director, SUDA

দরভাষ ঃ ২৩৫৮ ৬৪০৩ / ৫৭৬৭, ফ্যাক্স ঃ ২৩৫৮ ৫৮০০

Tel: 2358 6403/5767, Fax: 2358 5800, E-mail: dirsudawb@yahoo.com



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SUDA

রাজ্য নগর উন্নয়ন সংস্থা

STATE URBAN DEVELOPMENT AGENCY

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

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

SUDA-67/2006/ 151

05.11.2008

তারিখ.....

ক্রমিক নং.....

From : Director, SUDA

To

: The Manager,

State Bank of India.

Salt Lake City. Kolkata - 700 091.

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

Community Based Primary Health Care Services

Sir.

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

| | Sl. No. | Name of Payee | Amount (in Rs.) | SBI Branch |
|--------|---------|---|--------------------|-------------|
| 369 | 1. | Chairman, Beldanga Municipality | 2,75,000.00 | Berhampore |
| 70 | 2. | Chairman, Dainhat Municipality | 1,85,000.00 | Dainhat |
| 71 | 3. | Chairman, Haldia Municipality | 6,20,000.00 | Haldia Port |
| 74 | 4. | Chairman, Jiagunj-Azimgunj Municipality | 4,42,000.00 | Jiagunj |
| 73 | 5. | Chairman, Nalhati Municipality | 2,22,000.00 | Nalhati |
| 74 | 6. | Chairman, Santipur Municipality | 5,69,000.00 | Santipur |
| 75 | 7. | Chairman, Tamluk Municipality | 2,91,000.00 | Tamluk |
| 17 1/8 | 1 ' | Total | 26,04,000.00 | |
| 7- | | (Rupees Twenty Six L | akhs Four Thousand | only) |

(Debasis Mitra)

Joint Secretary

M.A.Department, GOWB

A2 & 25 A A

(C.Sircar) Director SUDA

দূরভাষ ঃ ২৩৫৮ ৬৪০৩ / ৫৭৬৭, ফ্যাক্সঃ ২৩৫৮ ৫৮০০

Tel: 2358 6403/5767, Fax: 2358 5800, E-mail: dirsudawb@yahoo.com





রাজ্য নগর উন্নয়ন সংস্থা STATE URBAN DEVELOPMENT AGENCY

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

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

SUDA-67/2006/ 1151

ক্রমিক নং.....

05.11.2008 তারিখ

From : Director, SUDA

To

: The Manager,

State Bank of India.

Salt Lake City, Kolkata - 700 091.

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

Community Based Primary Health Care Services

Sir.

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

| Sl. No. | Name of Payee | Amount (in Rs.) | SBI Branch | |
|---------|--|-----------------|-------------|--|
| 1. | Chairman, Beldanga Municipality | 2,75,000.00 | Berhampore | |
| 2. | Chairman, Dainhat Municipality | 1,85,000.00 | Dainhat | |
| 3. | Chairman, Haldia Municipality | 6,20,000.00 | Haldia Port | |
| 4. | Chairman, Jiagunj-Azimgunj Municipality | 4,42,000.00 | Jiagunj | |
| 5. | Chairman, Nalhati Municipality | 2,22,000.00 | Nalhati | |
| 6. | Chairman, Santipur Municipality | 5,69,000.00 | Santipur | |
| 7. | Chairman, Tamluk Municipality | 2,91,000.00 | Tamluk | |
| | Total | 26,04,000.00 | | |

(Debasis Mitra) Joint Secretary

M.A.Department, GOWB

(C.Sircar) Director

SUDA

দুরভাষ ঃ ২৩৫৮ ৬৪০৩ / ৫৭৬৭, ফ্যাক্স ঃ ২৩৫৮ ৫৮০০

Tel: 2358 6403/5767, Fax: 2358 5800, E-mail: dirsudawb@yahoo.com

Maro. M. Has [15-9(5) 188 | Em 87. 11-10.08

| SI. No. | Item of Expenditure | Expenditure (Amount in Rs./-) | SI. No. | Item of Expenditure | Expenditure (Amount in Rs./-) |
|------------|--|-------------------------------------|------------|--|-------------------------------------|
| | Non Recurring | -3/6 | | Recurring | |
| 1 | Equipment | | 9 | Honararium | 1,40,259.00 |
| 2 | Furniture | | 10 | Salaries | 1,25,100.00 |
| | Construction (Not Applicable for the Present) | | 11 | Rent | |
| 3 | a) Sub-Centre b) OPD cum maternity home | | 12 | Training | |
| | C) OPD | | | DE: | |
| 4 | I.E.C and materials | | 13 | Drug | |
| | | | 14 | I.E.C | |
| 5 | Renovation on works | | 15 | Operating Cost(Sundries, Printing,Postage & Telephone,T.A./D.A.etc.) | 5000.00 |
| 6 | Base Line Survey. | | | | |
| 7 | Family schedule,Training manual,HMS format and H.H.W kit | | | | |
| 8 | Strengthening of existing Maternity Home & Dispensaries(Not applicable for present) | | | | |
| | | | TOT | AL Rs./-(1 to 15) = | 2,70,359.00 |

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frigue;

Chairman
Beldanga Municipality
Chairman
Beldanga Municipality

BELDANGA MUNICIPALITY MURSHIDABAD

Dated.

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



Sub- Request for allotment of fund

Respected Madam,

In Reference to the office Memo No.1198/III-9(s)/En dated 12.08.08. We submitted the utilisation certificates and request for farther allotment of fund. But we have not received the said fund up till now. On the other hand there is a balance of Rs.20,329/- (Twenty thousand three hundred twenty nine) only after preparation of salary and honorarium bills of September, 2008.

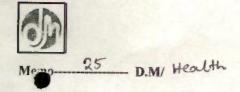
For this we will have to face great problems to prepare the next salary and honorarium bills of October, 2008.

arrange to provide fund of Therefore, kindly Rs.3,78,664(Three lacks seventy eight thousand six hundred and sixty four) only as per our requirement. at an early date,

Thanking you.

Beldanga Municipality

Reidanga Municipality



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

Office of the Councillors of Dainhat Municipality

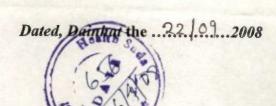
P.O. - Dainhat • Dist. - Burdwan

From:-

Bidyut Baran Bhakta

Chairman **Dainhat Municipality**

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



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

Sir,

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

Therefore, you are requested to release Rs.2,04,000.00 (Rupees two lakes four Thousand only) as early as possible.

Thanking you,

Yours Faithfully,

Chairman 22'09-

Dainhat Municipality

Dainhat Municipality

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

Requisition of Fund for the Period July-2008 to September -2008

| | | Requisitioned | |
|-----|--|-------------------|-------|
| SI. | | Amount in Rs. | |
| No. | Items | RS. | |
| | Non-Recurring | - | |
| 1 | Equipment | - 12//2/2 | |
| 2 | Furniture | - | |
| 3 | Construction : (Not applicable for the present) | - | |
| | a) sub-center | - | |
| | b)OPD cum Maternity Home | - | |
| | c)OPD | | |
| 4 | I.E.C. & Materials :Signboard 1090 x3 | 3270.00 7 | |
| 5 | Renovation works | - | |
| 6 | Base Line sarvey | - 10 | |
| 7 | Family Schedule, Training manual, HMIS format & H H W Kit bag. | - | |
| 8 | Strengthening of existing Maternity Homes & Dispensaries | | |
| | (Not applicable for the present) | - | |
| | Recurring | | |
| 9 | Honorarium :(HHW &FTS) (1000x14x3)+(1170X3X3) | 52530.00 | |
| 10 | Salaries :(25,500X3) | 76500.00 | 11 70 |
| 11 | Rent: (1000x3x3) | 9000.00 | |
| 12 | Training: | - | |
| 13 | Drug: | | |
| 14 | I.E.C. :(2,000X3) | 6000.00 | |
| 15 | Operating Cost (sundries, printing, postage &telephone, T.A./D.A etc ,Honorarium of M.O : (15000X3)+(3900X3) | 30000 58700.00 | |
| | Total | 204000.00 | |
| | (Rupees Two lakes four thousand only) | 185730 | |

Ar. 1.85 Edels mm 25 Lolling

Chairman 22/09/08
Dainhat Municipality



Office of the

Haldia Municipality

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

: 03224-252996 / 252997 252644 / 253410 / 252718

Fax: 252154

Memo No.: 2194

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



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

Madam,

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

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

Thanking you,

Form avent 893954 80 B. 414531 81205

Yours faithfully,

Chairperson,

Haldia Municipality.

Release fund-1

MIT

Requisition of fund for the period upto oct'08

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

on se dens



Baldia Municipality

OILIC.

Office of theCouncillor Jiaganj-Azimganj Municipality Community Based Primary health Care Services Azimganj Murshidabad Phone No. (03483) 253222

Memo no.81/EN/XXI/ CBPHCS

Dated 21.10.08

To
The Director,
State Urban Development Agency,
Health Wing Ilgus Bhawan,
HC Block, Sector III Bidhannagar,
Kolkata - 700091

Sub:-Requisition of Fund for implemention of CBPHCS under Jiaganj-Azimganj Municipality for the period of 1st Oct '08 to 31st Dec'08.

Respected Madam,

I am to forward herewith the Requisition of fund in the prescribed proforma for the period from 1st Oct'08 to 31st Dec'08 in favour of Jiaganj-Azimganj Municipality for implemention of CBPHCS with the request to make allotment of fund available urgently. With regards.

Enclo:-As Stated

Memo No.

Copy forwarded to :-

1. AFC Jiaganj-Azimganj Municipality

2. Accounts Assistants, CBPHCS

3. G/F BPHCS

Chairman,

Jiaganj-Azimganj Municipality.

Chairman Jiaganj-Azimganj Municipality

Dated.

Chairman, Jiaganj-Azimganj Municipality.

Requisition of fund for the Period 1st Oct. 2008 to 31st Dec. 2008 of Jiaganj-Azimganj Municipality

| Sl No. | Item of Expenditure | Expenditure (Amount in Rs) |
|---------------|---|-------------------------------|
| | Non Recurring | |
| 1 | Equipment | |
| 2 | Furniture | |
| 3 | Construction :- (Not applicable for the present) | |
| | a) Sub-Centre | |
| | b) OPD cum Maternity Home c) OPD | |
| 4 | IEC & Matrials | |
| 7 | Renovation Works | |
| 6 | Base line Survey | |
| P. | Family schedule, Training Manual , HMIS format & HHWs kit Bag | |
| 8 | Strengthening of existing Maternity Homs & Dispensaries (Not applicable for the present) | |
| | Recurring | |
| 9 | Honorarium | 2,46,373=00 |
| \$ () | Salaries | 1,66,238=00 |
| 11 | Rent | 5500-00 213 |
| 12 | Training | |
| 13 | Drug | |
| 14 | IEC | 30,000=00 |
| 15 | Operating Cost (Sundries, Printing, Postage & Telephone, TA/DA etc.) * | 30,000=00 |
| | TOTAL | -4 ,78111-0 0 |

This is to certify that the amount as shown in the statement has not been preferred earlier.

The amount is inescapably necessary to meet the outstanding amount of the statement for the coming three month.

A'WAR TRIF

Signature of Chairman/Vice-Chairman
Chairman
Contd I

Jiaganj-Azimganj Municipality

Contd. P/3

OFFICE OF THE COUNCILLOR

COMMUNITY BASED PRIMARY HEALTH CARE SERVICES

Under

Jiaganj-Azimganj Municipality

P.O. Jiaganj • Dist. Murshidabad Phone No. 03483-253222

Consolidated Pay Sheet for the month of 1st Oct'08 to 31st Dec'08 of CBPHCS under Jiaganj-Azimganj Municipality

| SL Vo. | Name of the employee | Designation | Consolidated pay | Net Amount | Total |
|-----------|---------------------------|---------------------------------------|------------------|------------|-----------|
| 1 | Dr. J.N. Pal | Medical Officer | Rs. 6000/- | 18000-00 | 18000-00 |
| 2 | Pradip Kum ar Bose | Sanitary Inspecter | Rs. 5500/- | 16500=00 | 16500=00 |
| 3 | Biswajit Shee | Accounts Asstt. | Rs. 5000/- | 15000=00 | 15000=00 |
| 4 | Sanjib Kum ar Nandi | Computer Asstt. | Rs. 5000/- | 15000-00 | 15000=00 |
| 5 | Partha Kumar Das | Health Asstt. | Rs. 5000/- | 15000=00 | 15000=00 |
| 6 | Jayanta Chakroborty | Mult. Purpose Helper cum Store keeper | Rs. 5000/- | 15000=00 | 15000=00 |
| | | | | Total | 94,500=00 |

Rupees Ninety four thousand five hundred only

Signature of Chairman Vice-Chairman Jiaganj-Azimganj Municipality

Chairman

Jiaganj Azimganj Municipality

OFFICE OF THE COUNCILLOR COMMUNITY BASED PRIMARY HEALTH CARE SERVICES

Jiaganj-Azimganj Municipality P.O. Jiaganj Dist. Murshidabad

Phone No. 03483-253222

Pay sheet for the month of 1st Sept'08 to 31st Dec'08

of CBPHCS under Jiagang - Azimganj Municipality

Govt. Notification no. 451/MA/C-10/3S-55/2005 pt Dated 22nd April '08

| SI. No | Name of the Employee | Designation | Basic Pay | D.P. 50% | DA 35% D.A. 41% | Gross Amount | Net Amount | Total |
|--|-----------------------|-------------------|--------------------|----------|---------------------------|-----------------|------------|----------------------------|
| The state of the s | Dr. Biplat Ranjan Pal | Health Officer | 8000=00 8000=00 | 1 | 4200=00 4920=00 | | | Rs.32400=00 Rs.33840=00 |

Rupees Sixty Six thousand Two Hundred Fourty Only

Chairman Jiaganj-Azimganj Municipality

page no- 4

Contd.-P/5

OFFICE OF THE COUNCILLOR

COMMUNITY BASED PRIMARY HEALTH CARE SERVICES

Under

Jiaganj-Azimganj Municipality

P.O. Jiaganj • Dist. Murshidabad Phone No. 03483-253222

AD-HOCBONUS FOR THE YEAR - 2007-2008 of CBPHCS under Jiaganj-Azimganj Municipality
Govt.NOTIFICATION NO - HF/SPSRC/HSDI/2/2008/383, DATED - 10TH SEP. '08
Read with Memorandum no 6060- F Dtd. 29th Aug '08 of Finance Deptt. Govt. Rules

| SI. No. | Name of the employee | Designation | Consoli- dated Pay | Maximum amount of Bonus. | Length of Service Qualified for Bonus | Ad-hoc bonus admissible onPro-rata basis |
|---|--------------------------|--|-----------------------|--------------------------|---|---|
| 1 | Dr. J.N. Pal | Medical Officer | Rs. 6000/- | Rs. 1000/- | April'07 - March'08 1 year | Rs. 1000/- |
| 2 | Pradip Kum ar Bose | Sanitary Inspecter | Rs. 5500/- | Rs. 1000/- | Aug'07-March'08 8 m onth | Rs. 666/- |
| 3 | Biswajit Shee | Accounts Asstt. | Rs. 5000/- | Rs. 1000/- | June'07- March'08 10 month | Rs. 833/- |
| | Sanjib Kumar Nandi | Computer Asstt. | Rs. 5000/- | Rs. 1000/- | June'07- March'08 10 month | Rs. 833/- |
| 5 | Partha Kumar Das | Health Asstt. | Rs. 5000/- | Rs. 1000/- | June'07- March'08 | Rs. 833/- |
| 6 | Jayanta Chakroborty | Mult. Purpose Helper cum Store keeper | Rs. 5000/- | Rs. 1000/- | June'07- March'08 | Rs. 833/- |
| Diddent expense say to solubly standards as the | | | | | Total | Rs.4998/- |

Rupees four thousand nine hundred ninety eight only.

page-5

Signal Vice-Chairm an

Chairman
Jiaganj-Azimganj Municipality

Contd. P/6

 Total Salary Requirment for M& S Cell =
 Rs. 94,500=00

 Add: - a) Health Officer Salary
 Rs. 66,240=00

 b) Outstanding Bonus for the year 2007-08
 Rs. 4998 = 00

 Rs 165738=00
 Rs. 500=00

 Balance Salaries required upto Dec'08
 Rs1,66,238=00

Signature of Chairman Add Chairman

Chairman Jiaganj-Azimganj Municipality

Page no. -6

Contd -P/7

Honorarium for grass root lavel functionaries HHW's Requirment for the period of 1st Oct'08 to 31st Dec'08.

- 1. Shibani Das
- 2. Archana Dhar
- 3. Reba Ghosh
- 4. Aparna Biswas
- 5. Archana Sarkar
- 6. Sonali Halder
- 7. Rina Roy
- 8. Rakhi Manai
- 9. Sabita Das
- 10. Sarathi Mandal
- 11 Mina Chanda (Mandal)
- 12. Anita Majumder
- 13. Chandana Das
- 14. Snehalata Ambuli
- 15. Sathi Das
- 16. Anima Ghosh
- 17. Pampa Palit (Dey)

Total HHW 17X 1750/-X 3= Rs. Rs. 89,250/-

Signature of Charman Ace Chairm

Chairman
Jiaganj-Azimganj Municipality

Honorarium for grass root lavel functionaries FTS Requirment for the period of 1st Oct'08 to 31st Dec'08.

- 1. Sonali Bhattacharyee
- 2. Lipika Ghosh
- 3. Mita Saha(Das)
- 4. Tulsi Saha

Total FTS 4XRs. 1920/- X 3 = Rs. 23,040/-

Signature of Chairman / Vice Chairman

Jiaganj-Azimganj Municipality

| Sl. No. | Name of the HHW | Hono- | Maxi- mum amount of Bonus | Length of Service Qualified for bonus | Ad-hoc Bonus admissible on pro-rata basis | Net Amount |
|------------|----------------------|--------|------------------------------------|---------------------------------------|---|---------------|
| 1 | Shibani Das | 1000/- | 1000/- | July '07 to March '08 (9 Month) | 750/- | 750/- |
| 2 | Rakhi Mani | 1000/- | 1000/- | July '07 to March '08 (9 Month) | 750/- | 750/- |
| 3 | Archana Dhar | 1000/- | 1000/- | July '07 to March '08 (9 Month) | 750/- | 750/- |
| 4 | Reba Ghosh | 1000/- | 1000/- | July '07 to March '08 (9 Month) | 750/- | 750/- |
| 5 | Sabita Das | 1000/- | 1000/- | Sep '07to March '08 (7 Month) | 583/- | 583/- |
| 6 | Archana Sarkar | 1000/- | 1000/- | July '07 to March '08 (9 Month) | 750/- | 750/- |
| 7 | Sonali Halder | 1000/- | 1000/- | July '07 to March '08 (9 Month) | 750/- | 750/- |
| 8 | RinaRoy | 1000/- | 1000/- | July '07 to March '08 (9 Month) | 750/- | 750/- |
| 9 | Chandana Das | 1000/- | 1000/- | July '07 to March '08 (9 Month) | 750/- | 750/- |
| 10 | Muna Chanda (Mandal) | 1000/- | 1000/- | July '07 to March '08 (9 Month) | 750/- | 750/- |
| 11 | Sarathi Mandal | 1000/- | 1000/- | July '07 to March '08 (9 Month) | 750/- | 750/- |
| 12 | Anita Rani Majumder | 1000/- | 1000/- | July '07 to March '08 (9 Month) | 750/- | 750/- |
| 13 | Sonali Bhattacharjee | 1000/- | 1000/- | July '07 to March '08 (9 Month) | 750/- | 750/- |
| 14 | Lipika Ghosh | 1000/- | 1000/- | July '07 to March '08 (9 Month) | 750/- | 750/- |
| 15 | Mita Saha (Das) | 1000/- | 1000/- | July '07 to March '08 (9 Month) | 750/- | 750/- |
| 16 | Tulsi Saha | 1000/- | 1000/- | July '07 to March '08 (9 Month) | 750/- | 750/- |

Total Amount -- 11,833/-

Signature of Challenian
Jaiganj-Azimganj Municipality
Chairman

Chairman
Jiaganj Azimganj Municipality

Outstanding Honorarium under HHW's and FTS of CBPHCS under Jiaganj-Azimganj Municipality.

| Outstanding Honorium of 15th HHW's @ Rs. 250/- per head from 1st July'07 to March'08 (15x250 x9) | Rs. 33750=00 |
|--|-----------------|
| 1 (one) HHW @ Rs. 250/-from Sept'07 to March'08 (1x250x7) | Rs. 1750=00 |
| 1 (one) HHW @ Rs. 250/-from Nov'07 to March'08 (1x250x5) | Rs. 1250=00 |
| 13 (thirteen) HHW @ Rs. 750/-from April'08 to Sept'08 (13x750x6) | Rs. 58,500=00 |
| 04 (four) HHW @Rs. 750/-from April'08 to June'08 (04x750x3) | Rs. 9,000=00 |
| 04 (four) HHW @ Rs. 750/-from 1st July'08 to Sept'08 (04x750x3) | Rs. 9,000=00 |
| | Rs. 1,13,250=00 |
| 04 (four) FTS @ Rs. 750/-from 1st July '08 to Sept' 08 (04x750x3) | Rs. 9,000=00 |
| Total outstanding Honorium required | Rs. 1,22,250=00 |

Signature of Wainfalt Vice-Chairman

Chairman Jiaganj-Azimganj Municipality Honorarium for grass root lavel functionaries HHW's Requirment for the period of 1st Oct. 08 to 31st. Dec. 2008 Rs. 89250=00

Honorarium for grass root lavel functionaries FTS Requirment for the period of 1st Oct. 08 to 31st. Dec. 2008

Rs. 23040=00 Rs. 1,12,290=00

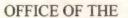
Add: Outstanding Honorarium of HHW's Add: Outstanding Honorarium of FTS Add: Outstanding Ad-hoc Bonus

Rs. 1,13,250=00 Rs. 9,000=00 Rs. 11,833=00 Rs. 2,46,373=00

Total honorarium required up to December 2008

Signature Walford Vice-Chairman

Chairman Jiaganj-Azimganj Municipality



NALHATI MUNICIPALITY

NALHATI * BIRBHUM

Memo No:-725/Nal/Muni

Dated:-1/11/08

The Director of SUDA

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

Sub: Further requisition of Fund against Community Based Primary Health Care Service

Ref: Your Memo No-SUDA-Health/63 ULBs/Accts/08/242 dt.29/09/08

sır,

With due respect I beg to draw your kind attention that an amounting to Rs.1.05 lakhs has been received by his end vide DD.No.-759712 dt.26/09/08. Accordingly balance as on 01/10/08, Rs.1,20,653.08. It is stated that he present bank balance is appeared as Rs.1,166.08 against the said fund.

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

Your faithfully

Chairman Nalhati Municipality

COMMUNITY BASED PRIMARY HEALTH CARE SERVICES

Requisition of fund for the period from Nov. 2008 to Jan. 2009

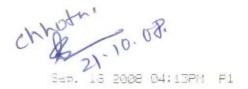
| Sl. No. | Item of Expenditure | Expenditure (Amount in Rs.) |
|---------|--|------------------------------|
| | Non-Recurring | |
| 1. | Equipment (Computer) 2 Nos. | 120000=00 |
| 2. | Furniture | |
| 3. | Construction: (Not applicable for the present) | |
| | a) Sub-Centre | |
| | b) OPD cum Maternity Home | |
| | c) OPD | |
| 4. | I.E.C & Materials | |
| 5. | Renovation Works | |
| 6. | Base Line Survey | |
| 7. | Family Schedule, Training manual, HMAS format & HHW Kit bag. | |
| | Recurring | |
| 9. | Honorarium | 84000=00 |
| 10. | Salaries | 76500=00 |
| 11. | Rent (From June'2008 to Jan'2009) | 32000=00 |
| 12. | Training | |
| 13. | Drug | 192000=00 |
| 14. | I.E.C. | 8000=00 |
| 7 11 | Operating Cost (Sundries, Printing, Postage & | 45000=00 |
| | Telephone, and TA/DA etc.) | 36000= |
| | | 657500 00 |
| | TOTAL | -557500=00 |

Po. 2:22 de de l'insi

Signature of Chairman/ Vice- Chairman



F4 NO. :03465255300

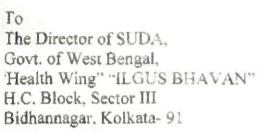


OFFICE OF THE

NALHATI MUNICIPALITY

Nalhati O Birbhum

Memo No. - 645/Nal/Muni





Date, 18/9/2008



Sub: - Submission of Report against expenditure and U.C. is including 'Requisition of Fund' for Nalhati Municipality.

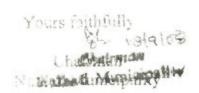
teference: - This office memo no- 517/Nat/Muni dated 28 7/03.

sir.

With reference to the above this is to bring to your kind notice that the "Requisition of Fund" for Valhati Municipality, Birbhum, against Community Based Primary Health Care Services, for the period from July 2008 to September, 2008, is being re-submitted herewith for favour of your kind consideration.

Further, to state that the present Bank Balance is appeared as Rs 7913.00 against the said Fund. This is for favour of your kind information and taking necessary action.

Encl: 1 Sheet Only



Requisition of fund for the period from July 2008 to Sept. 2008

| Sl. No. | Item of Expenditure | Expenditure (Amount in Rs.) |
|---------|---|-----------------------------|
| | Non-Recurring | * |
| | Equipment (Computer-2 Nos. & Fax) | 120000=00 |
| 1. | Furniture | |
| 2. | Purmute (21 Heable for the present) | |
| 3. | Construction: (Not applicable for the present) | |
| | a) Sub-Centre b) OPD cum Maternity Home | |
| | | |
| | c) OPD | |
| 4. | I.E.C & Materials | |
| 5. | Renovation Works | |
| 6. | Base Line Survey | |
| 7. | Family Schedule, Training manual, HMAS format & HHW Kit bag. | |
| | Recurring | 107040-0 |
| 9. | Honorarium | 107040=0 |
| | 'Salaries | 76500=0 |
| 10. | Rent | 12000=0 |
| 11. | Training | |
| 12. | Drug | 192000=0 |
| 13. | T.E.C. | 12000=0 |
| 14 | Operating Cost (Health Officer Honorarium, Sundries, Printing, Postage & Telephone, TA/DA etc.) | 45000=0 |
| | TOTAL | 564540=0 |

Signature of Chairman/Vice-Chairman





Code: 953472 Phone: Office - 278029

> Fax: 277170 Resi. 278262

Chamber - 278111

Ref. No. 2999/4/24

Date: 04.09.08

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



Dear Sir.

Sub: Submission of Requisition of fund asper prescribed format for the period from 01.07.2008 to 30.09.2008 Community Based Primary Health Care Service in Santipur Municipality.

With reference to above, please find enclosed herewith Requisition of fund as per prescribed format for the period from 01.07.2008 to 30.09.2008 Community Based Primary Health Care Service in Santipur Municipality.

Hope You will find the same in order.

Thanking you.

Yours faithfully

Chairman

Santipur Municipality.

Encl: As Stated.

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

Name of the Municipality: SANTIPUR

Requisition of fund for the period from 01.07.2008 to 30.09.2008

| Sl. No. | Item of Expenditure | Expenditure (Amount in Rs.) | Sl. No. | Item of Expenditure | Expenditure (Amount in Rs.) |
|------------|--|-----------------------------|------------|--|-----------------------------|
| | Non-Recurring | | | Recurring | |
| 1. | Equipment | | 9. | Honorarium Arrear {250 X 5(From Nov 07 to Mar 08) X 46}+(750 X 3 (From Apr 08 to Jun 08)X 46}+ Rs. {1750 X 46 X 3(From Jul 08 to Sep 08)}(46HHW) Rs.{60 X 9(from 21 st July to 31 st July)}+{1920 X 2(Aug 08 to Sep 08) X 9} (9 FTS) | 4,37,600 |
| 2. | Furniture | | 10. | Salaries Rs. 20000 X 3 | 60,000 |
| 3. | Construction: (Not applicable for present) | | 11. | Rent Rs.1000 X 9 X 3 | 27,000 |
| | a) Sub-Centre | | 12. | Training | |
| | b) OPD cum Maternity Home | | 13. | Drug | 30,000 |
| | c) OPD | | 14. | I.E.C | |
| 4. | I.E.C. & Materials | | 15. | Operating Cost | 15,000 |
| 5. | Renovation Works | | | (Sundries, printing, | |
| 6. | Base Line Survey | | | postage & telephone, | |
| 7. | Family Schedule, Training manual, HMS format & HHW kit. | | | TA/DA etc) Rs.5000 X 3 | |
| 8. | Strengthening of existing Maternity Home & Dispensaries (Not applicable for the present) | | | | |
| | | | | TOTAL | 5,69,600 |

Signature of Chairman Santipur Municipality

তমলুক পৌরসভা

OFFICE OF THE COUNCILLORS OF TAMLUK MUNICIPALITY

স্থাপিত - ১৮৬৪ ★ Estd.- 1864

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

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

প্রেরক From: পৌরপ্রধান Chairman তমলক পৌরসভা Tamluk Municipality



यातक / भवाक नः Memo No. 27/Hes/th/T.M তারিখ, তমলক, Dated, Tamluk, The 09.14 Sept, 2008.

প্রতি To :

The Director. State Urban Development Agency, Health Wings Ilgus Bhavan H-C Block, Sector- III, Bidhannagar, Kolkata - 700 091.



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

Madam.

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

(56.27.1.)

Enclosure: - As stated above

Four.

341972 687000 1028972 C79047. - 634548 (B16)- Yours faithfully, been sion

(P. NANDY)

Chairman

Tamluk Municipality.

TAMLUK MUNICIPALITY

Requisition of fund for the period of JULY'08 TO SEPTEMBER -2008

| SL | ITEM OF | REQUISITION |
|------------|---|-----------------|
| NO | EXPENDITURE | (AMOUNT IN RS) |
| ION-F | ECURRING | |
| | Ecuipment(COMPUTER / FAX) | |
| 2 | Furniture | |
| | Construction :- | |
| 3 | (Not applicable for the present) | |
| | a) Sub- Centre | |
| | b) OPD cum Maternity Home | |
| | c) OPD/ | |
| 4 | I.E.C & Materials | J |
| 5 | Renovation Work / INPLEMATION | |
| 6 | Base Line Servey | |
| 50-3100150 | Famaily Schedule, Traning | |
| 7 | manual, HMIS format & HHW Kit | |
| | Strengtheming of exisiting | |
| | maternity Homes & Dispensaries | |
| 8 | (Not applicable for the present) | |
| RECU | RRING | |
| 9 | Honorarium | 134661.00 |
| 10 | Honorarium (FTS) | 17001.00 |
| 11 | Salaries | 94500.00 |
| 12 | Rent | 15000.00 |
| 13 | Training | |
| 14 | | 240000.00 🔀 |
| 15 | | / |
| | Operating Cost | 30006 |
| | (printing, postage & Telephone bill, T.A / D.A etc.) | • |
| 16 | | 45000.00 |
| | TOTAL:- | 546162.00 |

(RUPEES FIVE LAKH FOURTY SIX THOUSAND ONE HUNDRED SIXTY TWO ONLY) 291162

THE ESTO-1961

THE STO-1961

T

CHAIRMAN 69/5/



SUDA

রাজ্য নগর উন্নয়ন সংস্থা

STATE URBAN DEVELOPMENT AGENCY

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

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

ক্রমিক নং.....

SUDA-67/2006 1130

তারিখ..... 29.10.2008

From: Di

: Director, SUDA

To

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

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

Community Based Primary Health Care Services

Sir,

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

| Chairman, Arambagh Municipality | | |
|--|--|--|
| Chamman, Andirough Monte panty | 244000.00 | Arambagh |
| Chairman, Chakdah Municipality | 330000.00 | Chakdah |
| Chairman, Chandrakona Municipality | 319000.00 | Ghatal |
| Chairman, Dalkhola Municipality | 355000.00 | Dalkhola |
| Chairman, Diamond Harbour Municipality | 281000.00 | Diamond Harbour |
| Chairman, Gushkara Municipality | 291000.00 | ADB, Itachanda |
| Chairman, Haldibari Municipality | 415000.00 | Jalpaiguri |
| Chairman, Katwa Municipality | 398000.00 | Katwa |
| Chairman, Mathabhanga Municipality | 459000.00 | Cooch Behar |
| Chairman, Ramjibanpur Municipality | 119000.00 | Ghatal |
| | 695000.00 | Ranaghat |
| Chairman, Taki Municipality | 547000.00 | Basirhat |
| Chairman, Birnagar Municipality | 415000.00 | Birnagar |
| | 184000.00 | Gobardanga |
| | 306000.00 | Baruipur |
| Total | 5358000.00 | |
| | Chairman, Chandrakona Municipality Chairman, Dalkhola Municipality Chairman, Diamond Harbour Municipality Chairman, Gushkara Municipality Chairman, Haldibari Municipality Chairman, Katwa Municipality Chairman, Mathabhanga Municipality Chairman, Ramjibanpur Municipality Chairman, Ranaghat Municipality Chairman, Taki Municipality Chairman, Birnagar Municipality Chairman, Gobardanga Municipality Chairman, Joynagar-Mazilpur Municipality Total | Chairman, Chandrakona Municipality 319000.00 Chairman, Dalkhola Municipality 355000.00 Chairman, Diamond Harbour Municipality 281000.00 Chairman, Gushkara Municipality 291000.00 Chairman, Haldibari Municipality 415000.00 Chairman, Katwa Municipality 398000.00 Chairman, Mathabhanga Municipality 459000.00 Chairman, Ramjibanpur Municipality 119000.00 Chairman, Ranaghat Municipality 695000.00 Chairman, Taki Municipality 547000.00 Chairman, Birnagar Municipality 415000.00 Chairman, Gobardanga Municipality 184000.00 Chairman, Joynagar-Mazilpur Municipality 306000.00 |

(Debasis Mitra) Joint Secretary M.A.Department, GOWB (C.Sircar) Director, SUDA

দরভাষ ঃ ২৩৫৮ ৬৪০৩ / ৫৭৬৭, ফ্যাক্স ঃ ২৩৫৮ ৫৮০০

Tel: 2358 6403/5767, Fax: 2358 5800, E-mail: dirsudawb@yahoo.com

Chro 12.10.08

Ph. No.: — (03473) 260227, Fax: — (03473) 260227 Email: birnagarmunipalitysmailbox@rediffmail.com

Office of the Councillors of Birnagar Municipality

P.O.: BIRNAGAR, DIST: NADIA, WEST BENGAL.

From:

Sri Manda Dulal Roy.
Chairman.

Chairman,

Received Bated

Sri Partha Kumar Chatterjee Vice-Chairman

Dated Birnagar the 200

60(H)

To, The Director, State Urban Development Agency, Health Wing, ILGUS Bhavan, Salt Lake, Kolkata: 106

Sub: Requirement of fund for the period Oct'08 to Dec'08 with arrears.

Sir.

In cancellation of our memo No. 872 dt. 03.09.08 in connection with the subject matter, we would request you kindly to arrange to allot the required fund as fur statement enclose for the Qr. ending Dec'08 at an early date.

The additional amount required for the payment of arrear honorarium, Ad-hoc Bonus and also for joining of Health Officer Promotion of 3 Nos F.T.S. and 3 Nos HHW join in their places.

We would also like to add for your information that 99.74% of the total fund allotted has already been spent.

Thanking you,

Encl: As stated above.

Diracolar Eme 7.34 lab

Soc submitted 7.31

Balance = 0.03 Jakes

Yours faithfully,

Chairman Birnagar Municipality

hiero es

BIRNAGAR MUNICIPALITY BIRNAGAR, NADIA.

Brief description for requirement of fund for 3rd Qr. (Oct'08 - Dec'08) with Arrears.

1. Honorarium

| Rs. | 209,485.00 | |
|-----|--------------------------|---|
| Rs. | 73,500.00 | |
| Rs. | 17,280.00 | |
| Rs. | 13,118.00 | 1 |
| Rs. | 9,483.00 | |
| Rs. | 921.00 | |
| Rs. | 63,000.00 | |
| Rs. | 32,183.00 | |
| | Rs. Rs. Rs. Rs. | Rs. 63,000.00 Rs. 921.00 Rs. 9,483.00 Rs. 13,118.00 Rs. 17,280.00 Rs. 73,500.00 |

2. Salary

| Total | Rs. | 193,360.00 |
|---|-----|------------|
| d) Ad. Hoc Bonus for M & S. Cell - 4 Nos. | Rs. | 4,000.00 |
| c) Staff for M & S. Cell 5 Nos. for Oct. " 08 to Dec. ' 08. | Rs. | 76,500.00 |
| b) Health Officer 1 No. Oct ' 08 to Dec. ' 08 | Rs. | 48,600.00 |
| a) Health Officer - 1 No. 02.06.2008 to 30.09.2008 | Rs. | 64,260.00 |

3. Drag

| For 2nd & 3rd Qr. (July '08 to Dec. ' 08. | Rs. | 144,000.00 | |
|---|-----|------------|--|
| 4. Opperating Cost. | | | |
| Opperating Cost | Rs. | 15,000,00 | |

Grand Total (1+2+3+4) 561,845.00 Rs.

Rs.

Ro. 4.15 colons de de la colons de la colons

Birnagar Municipality

15,000.00

Chrotha, 10.08

GOBARDANGA MUNICIPALITY

OFFICE OF THE BOARD OF COUNCILORS OF GOBARDANGA

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

Tel: (03216) - 249436 / 248273

Fax: 03216-249436

Merero 20- 411/GM/HHW/08

df - 20.10.08

From: Bapi Bhattacharya

Chairman

Gobardanga Municipality

To : The Director, SUDA

Health wing Ilgus Bhabon Bidhan Nagar

Kolkata - 91



...

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

Madam,

I am enclosing here with Requisition of Fund which will be urgent required for payment of honorarium and salary of the H.H.W and necessary expenditure to purchase of furniture and others equipments.

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

frelo: as stated.

Yours faithfully

Chairman Gobardanga Municipality

MUNICIPAL OFFICE AND A PARGANIA STATE OF THE PARGANIA STATE OF THE

Bourdeshy

Fy=200f-07
Available Find = 545 laken
SOF Submitted = 4.67 0
Balance = 0.78 laken

Requisition of fund 2008 -09

| Salaries for 3 month | 31,500 X 3 | 94,500 |
|------------------------|------------|----------|
| Honorarium for 3 month | 29750 X 3 | 89,250 |
| Drug | | |
| Furniture | | 2,00,000 |
| Operating cost | | |
| Equipment | | 50,000 |
| Total | | 4,33,750 |

SEA MUNICIPAL OFFICE AND STATE OF TO-18 TO THE PROPERTY OF THE

Chairman
Gobardanga Municipilaty

Housedoch

BO (X)

chloh.

Fax No. 953218-221044

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

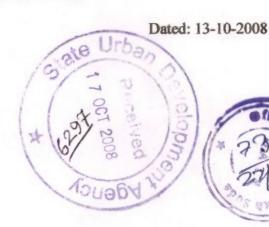
JOYNAGAR MOZILPUR MUNICIPAL OFFICE

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

Memo No. - J.M.M. / H.H.W/303.

From Vice-Chairman, Joynagar Mozilpur Municipality.

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



Sub: Submission of Requisition of Fund for the Period from 1st October 2008 to 31st December 2008.

Sir,

This is to inform you that few amounts have been paid in last six months where the amount either not allotted or less amount allotted (the details **Sheet "A"** is annexed herewith) against your memo no.-SUDA – Health/63 ULBs/Accts./08/29 dated 03.05.2008 of Rs. 5,00,000/-. Here we are submitting the Revised Budget of said amount for your kind sanction.

More over we would like to state that our fund balance is now Rs. 1,35,727/-, which is below the 30% level. You are requested to allot the fund as per **Requisition Sheet "B"** (annexed herewith) for smooth running of the Health Programme.

Thanking you.

Yours faithfully,

VICE-CHARMAN

Joynagar Mozilpur Municipality

Fy: 2008-09

Available fund: 563 lake
SOB Dubabbel: 4.47 "

Balance: 1.36 lake

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

Statement of Fund Released and Expenditure For the Period of April'08 to September'08

Name of the Municipality - Joynagar Mozilpur Municipality

Comparison of Fund For the period from April'2008 to September'2008

Sheet "A"

| SI. No. | Item of Expenditure | Fund Released Amount (in Rs.) | Expenditure for the Period Amount (in Rs.) | Deviation from allotted Amount (in Rs.) | Revised Budget Amount (in Rs.) |
|------------|---|--|---|--|---|
| | Non - Recurring | | | | |
| 1 | Equipment | | 16400.00 | -16400.00 | 16400.00 |
| 2 | Furniture | 30000.00 | | 30000.00 | 13600.00 |
| 3 | Construction : (Not applicable for the present) | | | | |
| | a) Sub- Centre | | | | |
| | b) OPD cum Maternity Home | | | | |
| | c) OPD | | | | |
| 4 | I.E.C & Materials | | | | |
| 5 | Renovation Work | | | | |
| 6 | Base Line Survey | | | | |
| 7 | Family Schedule, Training manual, HMIS format & HHW Kit bag | | | | |
| 8 | Strengthening of Existing Maternity Homes & Dispensaries (Not applicable for the present) | | | | |
| | Recurring | | | | |
| 9 | Honorarium | 70000.00 | 143525.00 | -73525.00 | 143525.00 |
| 10 | Salaries | 76000.00 | 166685.00 | -90685.00 | 166685.00 |
| 11 | Rent | 6000.00 | 1000.00 | 5000.00 | 6000.00 |
| 12 | Training | | | | |
| 13 | Drug | 288000.00 | 95900.00 | 192100.00 | 123790.00 |
| 14 | I.E.C. | | | | |
| 15 | Operating Cost (Sundries, Printing, Postage & Telephone, | 30000.00 | 23493.00 | 6507.00 | 30000.00 |
| | TA/DA etc.) | | | | |
| | TOTAL | 500000.00 | 447003.00 | 52997.00 | 500000.00 |

Opening Balance as on 01.04.08 82730.00
Received During the period 500000.00
Total Expenditure during the period 447003.00
Balance as on 30.09.08 135727.00

Signature of Vice-Chairman
J.M.Municipality

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

Statement of Requisition

Name of the Municipality - Joynagar Mozilpur Municipality

Requisition of Fund For the period from October'2008 to December'2008

Sheet "B"

| SI. No. | Item of Expenditure | Expenditure (Amount in Rs. |
|--------------|---|----------------------------|
| | Non - Recurring | |
| 1 | Equipment | |
| 2 | Furniture | 30000.00 |
| 3 | Construction : (Not applicable for the present) | |
| | a) Sub- Centre | |
| | b) OPD cum Maternity Home | |
| The state of | c) OPD | |
| 4 | I.E.C & Materials | |
| 5 | Renovation Work | |
| 6 | Base Line Survey | |
| 7 | Family Schedule, Training manual, HMIS format & HHW Kit | |
| | bag | |
| 8 | Strengthening of Existing Maternity Homes & Dispensaries | |
| | (Not applicable for the present) | |
| | Recurring | |
| 9 | Honorarium (Including Arrear) | 142005.0 |
| 10 | Salaries | 125100.0 |
| 11 | Rent | 9000.0 |
| 12 | Training | |
| 13 | Drug | 192000.0 |
| 14 | I.E.C. | |
| 15 | Operating Cost (Sundries, Printing, Postage & Telephone, | |
| | TA/DA etc.) | 30000.0 |
| | TOTAL | 528105.0 |

(Rupees five lakhs twenty eight thousand one hundred and five only)

Signature of Vice-Chairman

J.M.Municipality

OFFICE OF THE COUNCILORS OF ARAMBAGH MUNICIPALITY ARAMBAGH:: HOOGHLY

Phone-(03211) 255-030/257-467. Fax-255-030

Ref. No. 14/e. B. P. H. C. S/A.M

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



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

Dear Sir,

This is to inform you that the balance of HHW fund for Arambagh Municipality is Rs. 63912/-(Rupees Sixty-three thousand nine hundred twelve only) as on 24/09/2008. So further fund is required immediately for payment of salary, bonus etc relating to Community Based Primary Health Care Service Programme.

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

Thanking you.

Yours faithfully

Chairman Arambagh Municipality

OFFICE OF THE COUNCILORS OF ARAMBAGH MUNICIPALITY ARAMBAGH :: HOOGHLY

Phone-(03211) 255-030/257-467. Fax-255-030

Ref. No. 14/C. B.P. H. C. S/A.M

Date 24.09.08

To
The Project Director
SUDA
Health Wing
SUDA Bhavan,
H.C.Block,Sector-111,
Bidhannagore,Kolkata-91.



SUB: Requisition of fund for Community Based Primary
Health Care Service of Arambagh Municipality.

Dear Madam,

I am enclosing herewith Requisition of fund in the prescribed Proforma for the months of JULY'08 to SEPT'08 in respect of Community Based Primary Health Care Service of Arambagh Municipality.

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

Thanking You

Yours faithfully

Chairman Brambagh Municipality

Requisition of fund

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

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

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

Chairman

Real Marie Mar

OFFICE OF THE COUNCILLORS

Chakdaha Municipality

P.O- CHAKDAHA, NADIA

MEMO NO: 1041/CM

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

6 SEP 2008 4741



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

Estd-1886

Sir.

Our H.H.W Fund position stands an amount of Rs. 1, 48,572/-(One lack forty eight thousand & five hundred seventy two only), which is less than Rs.4, 05,600/-(30% of fund received). For smooth running of our Community Based Primary Health Care Services Programme, please send our next allotment of Rs. 3, 33,540.00/-(Three lack Thirty three thousand five hundred Forty only) for coming three month i.e. September to November 2008 as per enclosed sheet.

Thanking You.

Ard find 5,37,941

Enclosed: Requisition sheet as per your format.

Yours Truly.

Chairman 12

Chakdaha Municipality

Chairman, Chakdaha Municipality Chakdaha, Nadia

Requisition of Fund for the Period September to November 2008

| SI No. | item of Expenditure | Expenditure (Amount in Rs.) | SI.No. | Item of Expenditure | Expenditure (Amount in Rs.) |
|--------|-----------------------------------|-----------------------------|--|--|-----------------------------|
| | Non-Recurring | | TO THE OWNER OF THE OWNER OWNER OF THE OWNER O | Recurring | A CONTRACTOR OF STREET |
| 1 | Equipment | NIL | 9 | Honorarium | 74040.00 |
| 2 | Furniture | NIL | 10 | Salaries | 94500.00 |
| 3 | Construction : | 12 | 11 | Rent | 12000.00 |
| | (Not applicable for the present) | | 12 | Training | Nil |
| | a) Sub-Centre | | 13 | Drug | 96000.00 |
| | b) OPD cum Maternity Home | | 14 | I.E.C. | 12000.00 |
| | c) OPD | | 15 | Operating Cost (Sundries, | 45000.00 |
| 4 | I.E.C. & Materials | NIL | 1 | printing,postage& tele | 41460.00 |
| 5 | Renovation Works | Nil | 1 | phone,TA/DA etc.) | |
| 6 | Base Line Survey | Nil | 1 | | |
| 7 | Family Schedule, Training | Nil | | | |
| | manual,HMS format & HHW Kit | | | | |
| 8 | Strengthening of existing | |] | | 1 |
| | Maternity Homes & Dispensaries | | | | |
| | (Not applicable for the present) | licable for the present) | | | |
| | | | | TOTAL | _333540.00 |
| | | | | And the second s | 33600 |

Medical Officer C.B.P.H.C.S. Chakdaha Municipality Estd-1886 Chakdaha Nadia.

Signature of Chairman

Chairman, Chakdaha Municipality Chakdaha, Nadia

and Munic Makdaha, Na

OFFICE OF THE BOARD OF COUNCILORS, CHANDRAKONA MUNICIPALITY

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

Ref. No. 376/CH-M/H-W/08

Date: 24,9.08

To

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



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

Sir,

This is for your information that the C.B.P.H.C.S Fund of our Municipality has come down below 30% and presently balance in such Fund is amounted to Rs.70,410/- as per Bank Statement.

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

Enclo.

1) Fund requisition List of Items and Amount.

Yours faithfully,

Chairman Cha

Chandral chandelinia ipaticipality

Requisition of Fund

(For the period from October 2008 to December 2008 for Recurring Expenses)

| Sl. No. | Item of Expenditure | Expenditure (Amount in Rs.) |
|------------|---|-----------------------------|
| | Non-Recurring | Nil |
| 1 | Equipment | Nil |
| 2 | Furniture | Nil |
| 3 | Construction | Nil |
| | (Not applicable for the present) | |
| | a) Sub-Center | Nil |
| | b) OPD cum Maternity Home | Nil |
| | c) OPD | Nil |
| 4 | IEC & Material | Nil |
| 5 | Renovation works | Nil |
| 6 | Base Line Survey | Nil |
| 7 | Family Schedule, Training Manual, HMIS format & HHW Kit | Nil |
| 8 | Strengthening of existing Maternity Homes & Dispensaries (Not applicable for the present) | Nil |
| | Recurring | |
| 9 | Honorarium (Arrear, Bonus & 3 rd Quarter) (Ref. note 1) | 182280.00 |
| 10 | Salaries (For 6 staffs of M&S Cell for October, November & December) Rs. 31500 X 3 Months | 94500.00 |
| 11 | Rent (For 2 Sub-centers @Rs. 1000/- each for 3 Months) | 6000.00 |
| 12 | Training | Nil |
| 13 | Drug | Nil |
| 14 | IEC (Rs. 2000/-X 3 Months) | 6000.00 |
| 15 | Operating Cost (Sundries, Printing, postage & telephone, TA / DA etc.) (Rs.15000/-X 3 Months) | 45000.00 30 228 1 h |
| Total | | 333780.00 |

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

Chandrakona Municipality

Ref. note 1

REQUIRED HONORARIUM: - ARREAR, BONUS & 3RD QUARTER

| Particulars | From 01/10/08 to 31/12/08 | Arrear from July'2007 to March'2008 | Arrear from 01/04/08 to 30/09/08 | Bonus | Total |
|---|---------------------------|--|---|-----------|------------|
| 12 Nos. HHWs @ Rs. 250/- p.m from July'2007 to Mar'2008 i.e.for 9 months.(250*12*9) | | 27,000.00 | | | 27,000.00 |
| 13 Nos. HHWs @ Rs. 750/- p.m from 01/04/2008 to 30/09/2008 i.e.for 6 months.(750*12*6) | ***** | | 54,000.00 | | 54,000.00 |
| 3 Nos. New HHWs @ Rs. 750/-p.m from June' 2008 to Sept' 2008 i.e.for 4 months.(750*4*3) | | ***** | 9,000.00 | | 9,000.00 |
| Bonus for 12 Nos. HHWs @ Rs. 1,000/- each. | | | | 12,000.00 | 12,000.00 |
| 3 Nos. FTS @ Rs. 1920/- each for 3 months | 17,280.00 | | **** | | 17,280.00 |
| 12 Nos. HHWs @ Rs. 1750/- each for 3 months | 63,000.00 | | | | 63,000.00 |
| | TO | TAL | • | | 182,280.00 |

Chairman Chandrakona Municipality

DALKHOLA MUNICIPALITY

P.O. - DALKHOLA, DIST. - UTTAR DINAJPUR Ph. - (03525) 256259,257650



Memo No.-741

Date- 2019108

From: The Chairman.

Dalkhola Municipality.

To : The Director.

SUDA.

Health Wing.

"Ilgus Bhavan"

H.C. Block, Sector - III.

Bidhan Nagar,

Kolkata - 700091.

West Bengal.



Sub: - Requisition of fund for Community Based Primary Health Care Services, Dalkhola Municipality.

Ref: - This office Memo No. 692, dated - 04.09.2008.

Madam.

I would request you kindly to allot further fund of Rs. 4,50,000.00 (Rupees Four Lakhs and Fifty thousand) only for above scheme at an early date.

The fund will be utilized for the following puspose.

Salary of the Staff

Rs. 3,39,500.00

,300000

House Rent for Sub - Centres

Rs. 25,000.00

Purchase of Stationary articles

Rs. 30,500.00 - 02m . 30,000

Purchase of Office Furniture

Rs. 55,000.00 X

Total

Rs. 4,50,000.00

(Rupees Four Lakhs and Fifty Thousand) only.

Yours sincerely,

Dalkhola Municipality

Rs. 3.55 Lakely Rs. 3.55 Lawn was rem or for yo For for to

Phone: D. H. 255346

Office of the

JIAMOND HARBOUR MUNICIPALITY

Diamond Harbour, South 24 Parganas

Estd-1982

Rel. No. Health care A. 875

Date 05.09.08

To The Director SUDA. (Health wing) Saltlake Kolkata - 700116.

Sub: Reacquisition for H.H.W.S.(Fund)

Madam.

I beg to inform you that Diamond Harbour Municipality has already submitted U.C. of the fund allotted on account of H.H.W.S. As per G.O. Health workers and others post have already been filled up by the Municipality, but no fund is there remaining in hand of the Municipality to pay their honorarium, salary and medicine, medical instruments, two set of computers, one Fax machine(1).

1. Medicine (Three subcentre) Rs. 99,000/- X 3 = Rs. 2,97,000/-2. Salaries purpose per month @ Rs. 31,500/- X 6 = Rs. 1,89,000/-(Period from June' 08 to Nov'08) 3. Honorarium (No of 16 field health workers) Rs.1,000/- per head PM $1,000 \times 16 = Rs. 16,000/-$ 48,000/-(Period from Aug' 08 to Oct'08) 16,000 X 3 = Rs. 4. Honorarium (No of four FTSS) Rs.1,170/- per head PM

Rs. 1,170/- X 4 = Rs.4,680/-

Rs. 14,040/-(Period from Aug' 08 to Oct'08) Rs.4,680/- X 3 = Rs. 1,20,000/-.

5. Two Computers & One Fax Machine 6. Contingency

(Period from Sept' 08 to Nov'08) Rs. 10,000 X 3 =

Rs. 30,000/-

Rs. 6,98,040/- only Total-

Hence you are requested to allot fund at least Rs. 6,98,040/- for the afore said purpose and the U.C. will Proper time.

Your faithfully,

Ro. 2-81

Proper time

Pr be submitted in proper time.

Tanking you,

chemio. TV

©: (03452) 255164/255767

FAX: (03452) 256600

OFFICE OF THE

E-mail: guskaramunicipal@yahoo.com guskara.municipality@yahoo.com

GUSKARA MUNICIPALITY

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

ESTD: 1988

Memo No. : 997 6M.

Dated, Guskara, the 10. 2008.

To
The Director,
State Urban Development Agency (SUDA)
Health Wings,
ILGUS Bhavan, HC Block, Sector – III,
Bidhannagar, Kolkata – 700106

60(H) 18/10

Sub: Requirement for sanction of Rs. 7,15,600.00 for furniture for M & S Cell and Sub-Centre, H,H.W FTS Arrear, HHW, FTS, M.O, Bonus, Honorarium, Salary etc. under Community Based Primary Health Care Service of Guskara Municipality.

Madam,

As per directive conveyed by the SUDA the newly recruited HHW are engaged and completed the Family Schedule Book of the BPL Families and constructed of M & S Cell by this Municipality.

So, You are hereby requested to sanction of an amount for Rs. 7,15,600.00 (Rupees Seven lakh fifteen thousand six hundred only) from our requisition slip are enclose herewith.

In this connection this is to inform you that out of Rs. 3,30,000.00/- released by you vide no. SUDA/Health/63-ULBs/Accts./07/483 dt. 27/9/2007 a sum of Rs. 3,30,000.00 upto 31/08/2008 have already been spent i.e. 100%.

Thanking You,

Enclo:- SOE Annexure-1



Yours faithfully,

Gazar 03.10.08

Chairman

Guskara Municipality

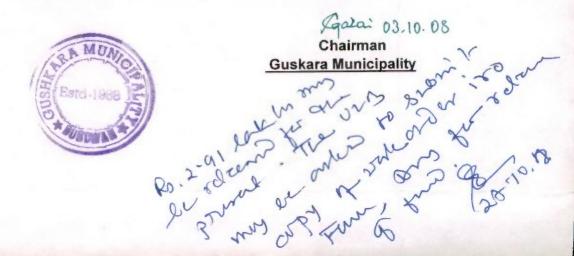
Office of the Guskara Municipality P.O.: Guskara, Dist.: Burdwan

Submission of Requisition of Fund

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

Requisition of fund for the period from (01.07.2008 to 30.09.2008)

| SI. No. | Items | Requisitioned Amount in Rs. |
|------------|--|-----------------------------|
| | NON-RECURRING | |
| 1 | Furniture for Sub-Centre | 80000.00 |
| 2 | Furniture for M & S Cell | 80000.00 🗡 |
| 3 | Construction equipment) | 100000.00 🗶 |
| | a) Sub- Centre | NIL |
| | B) OPD Cum Maternity Home | NIL |
| | c) OPD | NIL |
| 4 | I.E.C. & Materials | NIL |
| 5 | Renovation Works | NIL |
| 6 | Base line Survey | NIL |
| 7 | & HHW Kit Bag Strengthening of existing Maternity Homes & Dispensaries (Not applicable for the present) | NIL NIL |
| 9 | RECURRING | |
| 10 | Arear + Bonus (H.H.W + F.T.S) | 123560.00 |
| | Honourium (H.H.W) | 84000.00 |
| 12 | Honourium F.T.S | 23040.00 |
| 13 | Salaries (M.O) | 18000.00 |
| 14 | Rent | 12000.00 |
| | Training | NIL |
| 16 | Drug (96,000 X 4) | 150000.00 🔀 |
| | I.E.C. | NIL |
| 18 | Operating Cost (Sundries, Printing, Postage & Telephone, T.A/D.A etc. (15,000 X 3) | 45000.00 30 |
| | Total = | 715600.00 29 📭 |



Ch'all Fax. - 263 312

OFFICE OF THE COUNCILLORS

HALDIBARI MUNICIPALITY

P.O. - Haldibari • Dist. - Coochbehar

5.60

Ref. No. 1105/com. Health

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

Pin 735122

Oate 130 s 1



Sub. - Submission of SOE and UC & Requirment in respect fund of

Community

Based Pry. Health Care Services.

Madam,

In connection with the subject mentioned above I am submitting herewith the SOE and Uc in the prescribed proforma along with vouchers for the month of September .08 for favour of your kind information and taking necessary action please.

Enclosed: As stated.

Yours Faithfully,

Chairman 0.08
Haldibari Muncipality

Chairman Haldibari Municipality

COMMUNITY BASED PRIMARY HEALTH CARE SERVICES

Haldibari Municipality, Dist. - Coochbehar

Requisition of fund for the period Jul to November - 2008

| SI. No. | Item of Expenditure | Expenditure (Amount in Rs.) |
|---------|---|--------------------------------|
| | NON-RECURRING | |
| 1) | Equipment (2 Computers & 1 Fax) | Nil |
| 2) | Furniture (For 3 no. of Sub-Centres) | 15,000/- > |
| 3) | Construction (Not applicable for the present) | Nil |
| 4) | I.E.C. & Materials | Nil |
| 5) | Renovation Works | 45,000/- > |
| 6) | Base Line Survey | Nil |
| 7) | Family Schedule, Training Mannual, HMIS format & HHW kit bag | Name |
| 8) | Strengthening of existing Maternity Homes & Dispensaries (Not applicable for the present) | Nil |
| | RECURING | |
| 9) | Honararium | 2,13,369/- |
| 10) | Salaries | 1,72,500/- |
| 11) | Rent (For 3no. of Sub-Centres) | Nil |
| 12) | Training | Nil |
| 13) | Drug (For 3 no. of Sub-Centres) | 96,000/- 🗴 |
| 14) | I.E.C. | Nil |
| 15) | Operating Cost (Sundries, printing, postage & telephone, TA/DA, advertisement etc) | 60 000/- 30 000 |
| | TOTAL - | 6,01,869/- |

Raju C. B K 8-

ACCOUNTS & FIGURE CO-ORDINATOR
HALDIBARI MUNICIPALITY
COOCH BEHAR

ms of 24.10.00

Charman Haldibari Municipality

Chairman Haldibari Municipality

DP.O: KATWA DIST: BURDWAN

From:

SRI RABINDRANATH CHATTERJEE CHAIRMAN, KATWA MUNICIPALITY □ Pin 713130 □ Pin 713130 □ Pin 713130

Received - 3 00T 2008 Phone's: STD No. - 03453

Chairman's Chamber Kat - 255160

(Resi.) - 255178

(Offi.) - 255005 Fax No. : 03453 - 258160

katwa.municipality @ gmail.com

Memo No: 495/A.F & C/ Acct.

TO
THE DIRECTOR,
SUDA-HEALTH WING
ILGUS BHAVAN,
HC BLOCK,SECTOR-III
KOLKATA-700 091.

PO(H) 109



SUB:- Requisition of fund as advance under HHW Scheme for Salary A/c

Honorarium A/c and Drug A/c.

Sir,

I would like to inform your honour that the last phase of allotment Rs.5,37000/- vide No:-SUDA-Health/63ULBS /Accts/08/61 dated 22.05.08 has been received by this Municipality. In which you have specifically mentioned the expenditure head. The said advance of HHW Scheme under the head of account of Salary; Honorarium; Drug and Operating Cost has come down at Rs.17074/-;Rs. Nil; Rs.33693/-and Rs.1649 respectively after payment of monthly expenditure for the month of September '08.So,advance fund is utmost required for payment of next month Salary and Honorarium etc. The requisition of Fund is being enclosed herewith as ready reference.

Please arrange to place the fund as per norms at the disposal of this Municipality at the earliest convenience.

Enclose: As stated.

Yours truly,

Chairman

Katwa Minicipality

REQUISION OF FUND FOR THE PERIOD OF APRIL'08 TO SEPTEMBER'08

| EXPENDITURE | (AMOUNT Rs.) | SL.NO | ITEM OF EXPENDITURE | (AMOUNT Rs.) |
|---|---|---|--|------------------------|
| NON RECURRING | | | RECURRING | |
| Equipment | _ | 9 | Honorarium | 179,100.00 |
| Furniture | | 10 | Salaries | 189,000.00 |
| Construction (Not applicable for the present) | | 11 | Rent | - |
| a) Sub-Centre | | 12 | Training | - 100 |
| b) OPD cum Maternity | | 13 | Drug | 192,000.00% |
| c) OPD | | 14 | LEC | La lie de la company |
| LEC & Materials | | 15 | Operating Cost (Sundries, printing, postage & Telephone, TA/DA etc.) | 50,000.00 29 900.00 |
| Renovatiion Works | | | | |
| Base Line Survay | | | | |
| Family Schedule Training manual, HMS format & HHW Kit | | | | |
| Strengthing of existing Moternity Homes & Dispensaries (Not applicable for the present) | | | | |
| | Equipment Furniture Construction (Not applicable for the present) a) Sub-Centre b) OPD cum Maternity c) OPD LEC & Materials Renovatiion Works Base Line Survay Family Schedule Training manual, HMS format & HHW Kit Strengthing of existing Moternity Homes & Dispensaries (Not applicable for the | Equipment Furniture Construction (Not applicable for the present) a) Sub-Centre b) OPD cum Maternity c) OPD LEC & Materials Renovatiion Works Base Line Survay Family Schedule Training manual, HMS format & HHW Kit Strengthing of existing Maternity Homes & Dispensaries (Not applicable for the | NON RECURRING Equipment - 9 Furniture - 10 Construction (Not applicable for the present) a) Sub-Centre 12 b) OPD cum Maternity 13 c) OPD 14 LEC & Materials Renovatiion Works Base Line Survay Family Schedule Training manual, HMS format & HHW Kit Strengthing of existing Moternity Homes & Dispensaries (Not applicable for the | RECURRING RECURRING |

. 98 - Joins,

Chairman Katwa Municipality

398 0001

UTILISATION CERTIFICATE

(Form No. S.R. 330 A)

For the quarter ended September'2008.

| Sl. No. | Letter No. & Date | | Amount (in Rs.) |
|---------|-----------------------------------|-------------------|-----------------|
| 1) | SUDA-Health / 63 ULBs / 06 / 68, | dated- 19.09.2006 | 2,56,000/- |
| 2) | SUDA-Health / 63 ULBs / 07/ 321, | dated- 13.08.2007 | 5,83,000/- |
| 3) | SUDA-Health /63 ULBs/Accts/07/707 | dated-10.03.2008 | 2,68,000/- |
| 4) | SUDA-Health/63 ULBs/Accts/08/61 | dated-22.05.2008 | 5,37,000/- |

Certified that out of Rs.16,44,000/- of Grants-in-aid sanctioned during the year 2006-07 and the year 2007-08 and the year 2008-09 in favour of Katwa Municipality under this Ministry / Department letter no. given in the margin and Rs.75,698/- on account of unspent balance previous year and a sum of Rs.15,92,584/- has been utilized for the purpose it was sanctioned and the balance of Rs.51,416/- remaining unutilized at the end of the September'2008 quarter has been carried forward to the A/C of next quarter of F.Y. 2008-2009.

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

KINDS OF CHECK EXERCISED

- 1. Books of Accounts.
- 2. Original Bill, Receipts & Vouchers.
- 3.Bank Statement
- 4. Physical Progress

Chairman

Chairman

Katwa Municipality

| | | AMOUNT IN | Rs. |
|-----------|--|-----------|-----------|
| | BALANCE AS PER CASH BOOK (MUNICIPALITY) | | 60,505.58 |
| ADD: | BANK CHARGES | - | |
| | CHEQUE ISSUED BUT NOT PRESENTED TO THE BANK TILL THE DATE | | |
| - I lin n | DISALLOWED PAYMENTS | - | |
| | | | 60,505.58 |
| LESS: | BANK INTEREST CREDITED : | | |
| | Previous balance upto 30.06.2007 | 0.58 | |
| | 31.12.2007 | 5,064.00 | |
| | 30.06.2008 | 3,025.00 | |
| | TDS (IF ANY) | 0.00 | |
| | FROM MUNICIPAL FUND TO OPEN BANK A/C OF HHW | 1000.00 | 9,089.58 |
| | ACTUAL BALANCE AS PER HHW SCHEME | | 51,416.00 |



FROM : SAHA INTERNATIONAL, MATHABHANGA FAX NO. : 91 3583 55925 Memo ho. mm/ Mathabhanga Municipality

Community Based Primary Health Care Services Submission of Requisition of Fund

Requisition of fund for 3 months & Arrear is to be submitted by the Chairperson/vice Chairperson to Director SUDA as per format along with a forwarding letter. Requisition of fund for the period of 1.09,2008 to 04.10.2008

| SI. No. | Item of Expenditure | Expenditure (Amount in Rs.) |
|------------|---|--------------------------------|
| | Recurring | |
| 1 | Equipment(Sub-Centre) & Computer for C.B.P.H.C.S. | |
| 2 | Furniture(Sub-Centre) | |
| 3 | Construction:(Piot applicable for the present) | |
| 4 | a)Sub-Centre | |
| 5 | b)OPD cum Maternity Home | |
| 6 | C)OPD | |
| 7 | I.E.C & Maiertale | |
| 8 | Renovation Works | |
| 9 | Base Line Survey | |
| 10 | Family Schedule, Training manual, HMIS format & HHW kit bas; | |
| 11 | Strengthening of existing Maternity Homes & Dispensaries (Not applicable for the present) | |
| 12 | Recurring | |
| 13 | Honorarium(Rs.1,750.00 x 12 x 3month) | 63,000=00 |
| 14 | Arrear Honorarium | 71,250=00 |
| 15 | Arrear Honorarium (Rs.500.00 X 12 X 7 months) | 42,000=00 |
| 16 | Arrear Honora rium (Rs.250 X12X 15 months) | 45,000-00 |
| 17 | Salaries | 60,000=00 |
| 18 | Arrear Salaries | 1,24,000=00 |
| 19 | Rent | 9,000=00 |
| 20 | Rent Arrear (May'08 to Oct'08) | 18,000-00 |
| 21 | Training | |
| 22 | Drug Rs.96,000 : 3 Sub. Center = Rs.2,88,000 -Rs.1,00,000 (Receipt) = Rs.1,98,040 (Balance) | 1,88,000=00 |
| 23 | I.E.C. | 6,000=00 |
| 24 | Arrear I.E.C. | -950-00 |
| 25 | Operating Cost (Sandries, printing, postings & telephone, TA/DA ett.) | 75,000=00 |
| 26 | Arrear Operating Cost (Sundries, printing, postage & telephone, TAVDA etc. | 23,495=00 20750= |
| - | TOTAL | 7,23,695=00 |

Ro. 4. 50 and ear. ancore Chairman 12 Mathahhanas Musici

Fax No. 03225-279523 Phone No. (03228) 279.52 P O -RAMJIBONPORE :: DIST -PASCHIM MEDIN PORE The Chairman / Vice-Chairman, Ramjibonpore Municipality

No...... 526 R/M

From,

To

The Director, SVDA,

(Health Wing), ILGUS BHABAN, Salt Lake city, Kolkata.

Dated Ramjibonpore, the...... 11. 09. 200.8

Sir.

I beg to state that the Community Based Primary Health Care Services have been running. Three nos. Sub-centre have been opened for the above scheme and 3 Nos. F.T.S. have been engaged on and from-1,8.08.

DESCRIPTION OF SUB CENTRE :

- (1) Sub-Centre No. 1 at ward No. 2 For ward no. 1,2 & 3 opened on 1.11.07.
- (2) -do- No. 2 at ward No. 6 - For ward no. 4,5,6,7 & 10 opened on 1.11.07
- -do- No. 3 at ward No. 8 For ward no. 8,9 & 11 (3) opened on 1.12.07.

FUND REQUIRE

- (1) Monararium of H.H.W.s @ No. 1750x11 nos.x 3 months = 57,750.00
- (2) Homararium of FTS @ R. 1920x3 nos.x 2 months 11,520,00
- (3) Operating cost.
- 9,000.00 (4) House rent of sub-centre @ . 1000x 3nos.x 3months
- (5) Drug for sub-centre @ B. 96,000 x 2 Nos.
- 1,92,000.00 X

45,000,00 24130

(6) I.F.C.

10,000.00

Total: B. 3,25,270.00

You are therefore request to sanctioned above fund at an early date.

ps.1.19 letens,

Yours faithfully,

11.04.68 Chairman, Ramjibonpur Municipality

Partha Sarathi Chatterjee

B. COM. LLB, ADVOCATE CHAIRMAN, RANAGHAT MUNICIPALITY



Office of the Councillors of Ranaghat

Municipality (Estd. - 1864)

P.O.: Ranaghat, Dist: Nadia,

Pin-741201 (WB)

2 (03473) 210030 (Off), 210-047 / 221 (Resi)

Ref 516/ +101

Date 29 6 08

To The Medisphere Biotech India Pvt. Ltd. 85 E. Raja Dinendra Street Kolkata - 6

Sub: Supply of Furniture and Equipments for Ranaghat Municipality for CBPHCS as per SUDA G.O no.SUDA/ Health/63 ULB's/07/177 dt. 25.06.07

Dear Sir,

In reference to the subject quoted above, you are being found the lowest quotationer, and requested to supply furniture and equipments as per specification to this office as an early date.

Enclo: Specification of

Furniture & Equipments

foregoing to epos

Yours faithfully

101

Chairman Ranaghat Municipality

Partha Sarathi Chatterjee

B. COM. LLB, ADVOCATE
CHAIRMAN, RANAGHAT MUNICIPALITY



Office of the Councillors of Ranaghat
Municipality (Estd. - 1864)
P.O.: Ranaghat, Dist: Nadia,
Pin-741201 (WB)
C: (03473) 210030 (Off), 210-047 / 221 (Resi)

Ref. 515/11/11

Date 23.6.68

To
The Eastern Enterprise
2/1,Block - A,
Bangur Avenue.
Kol-55

Sub: Supply of Medicine for Ranaghat Municipality for CBPHCS as per SUDA G.O no.SUDA/ Health/63 ULB's/07/177 dt. 25.06.07

Dear Sir,

In reference to the subject quoted above, you are being found the lowest quotationer, and requested to supply medicine as per approved list to this office as na early date.

Enclo: Approved list of medicines

or your courses

Yours faithfully

Chairman Ranaghat Municipality

Office: (953217) 234 481 / 233 324

Resi.: (953217) 233 285

Guest House: (9532:7) 233 328 Night Shelter: (953217) 234 007

OFFICE OF THE MUNICIPAL COL P.O.: TAKI * DIST.: NORTH 24 PARGANAS

Dated, Taki 30-9-

From: Wilip Xr. Banerjee

Chairman Taki Municipality

To: The Director, SUDA H.C. BLOCK, SECTOR-III ILGUS BHAVAN. Bidhannagar, Kolkata- 700091

6065

Sub: - Requisition of Fund

Sir.

As per your guidelines we have already expended more than 70% of your allotted fund for the period May-08 to July-08. details of which necessary SOE and related papers have been submitted. Hence I do hereby submitted necessary requisition for the period August-08 to October-08 for your ready reference.

The existing balance of fund is almost nil, which you could find from the last submitted SOE. So you are requested to do needful as early as possible.

Thanking you,

(D.K. Banerjee

Chairman

TAKI MUNICIPALITY

REQUISITION OF FUND FOR THE PERIOD OF August-'08 TO October-'08 [For four (4) Sub-Centres] TAKI MUNICIPALITY

| SI. No. | Item of Expenditure | Expenditure (Amount in Rs.) | SI. No. | Item of Expenditure | Expenditure (Amount in Rs.) |
|------------|--|-----------------------------------|------------|---|-----------------------------------|
| | NON-RECURRING | | | RECURRING | |
| | | | | B/F= | 21223.00 |
| 1 | Equipment (for M&S Cell- Computer) | | 9* | Honorarium | 248512.00 |
| 2 | Furniture | | 10** | Salaries | 157200.00 |
| 3 | Construction Not applicable for the present | | 11 | Rent | |
| | a) Sub-Centre | | 12 | Training | |
| | b) OPD cum Maternity Home | | 13 | Drug | 96000.00 |
| | c) OPD | | 14 | I.E.C. | 15000.00 |
| 4 | I.E.C. & materials | | 15 | Operating Cost (Sundries, printing, postage & telephone TA/DA etc.) | 45000.00 |
| 5 | ***Renovation Works (Sub-Center) | 21223.00 | A | | |
| 6 | Base Line Survey | | 1 | | |
| 7 | Family Schedule, Training Mannual HMIS format & HHW kit. | | | | |
| 8 | Strengthing of existing Maternity Home & Dispensaries. (Not applicablefor the present) | | | | |
| | TOTAL= | 21223.00 | | TOTAL= | 582935.00 |

Rupes Mire lakes Eighty Two thousand Nine hundred Thirty Five Only.

*After the selection of FTS, 4nos. Supervisor joined on 19th May-08 consequently 4nos.HHWs have joined regularly on the same day. Arear of the HHWs calculated for the last 6 months @750.00 per month for 16 nos. HHW and 4 nos. Supervisor for 4 months 12 days in which they joined and it has been also calculated @750.00 per month.

As the HHWs have joined on 28.06.2007 so, arear @Rs.250.00/per month for 16 nos. HHW for the last 9 months

Rs.1750.00 for HHW & Rs. 1920.00 for Supervisor Vide G.O. No.-395/MA/P/C-10/1G-5/2007 Pt. Dated :- 8-th April,2008

**As Health Officer joined on 1st July,2008, Salary has been disbursed from our existing fund where there were no allotment of fund on that specific head (Salary). So, Salary has been calculated for the next 3 months for 4 nos. Health Staffs and for Health Officer it has been calculated for 6 (3 months+ next 3months) months.

Rs.16200.00 per month

Vide G.O. No.- 45/MA/C-10/3S-55/2005 Pt. Dated :- 22-nd April,2008

*** We have submitted ref. letter No.453/T.M. dt.-24.07.2008 which was received by your office dated:-25-07-08 for the immediate sanctioning of grant for the smooth progress of Health functioning of this ULB. Signature of Chairman Taki Municipality



রাজ্য নগর উন্নয়ন সংস্থা



STATE URBAN DEVELOPMENT AGENCY

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

SUDA-67/2006/929

22.09.2008

ক্রমিক নং

From : Director, SUDA

To

: The Manager,

State Bank of India.

Salt Lake City, Kolkata - 700 091.

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

Community Based Primary Health Care Services

Sir.

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

Based Primary Health Care Services.

| SI. No. | Name of Payee | Amount (in Rs.) | SBI Branch |
|------------|-----------------------------------|--------------------|---------------|
| 1. | Chairman, Baduria Municipality | 2,43,000.00 | Baduria |
| 2. | Chairman, Contai Municipality | 4,49,000.00 | Contai |
| 3. | Chairman, Dubrajpur Municipality | 1,06,000.00 | Dubrajpur |
| 4. | Chairman, Mamari Municipality | 2,04,000.00 | Memari |
| 5. | Chairman, Kurscong Municipality | 1,96,000.00 | Kurscong |
| 6. | Chairman, Nabadwip Municipality | 3,09,000.00 | Nabadwip |
| 7. | Chairman, Sonamukhi Municipality | 2,52,000.00 | Sonamukhi |
| 8. | Chairman, Tarakeswar Municipality | 1,33,000.00 | Tarakeswar |
| 9. | Chairman, Tufangunj Municipality | 1,50,000.00 | Cooch Behar |
| 10. | Chairman, Ranaghat Municipality | 1,00,000.00 | Ranaghat |
| 11. | Chairman, Nalhati Municipality | 1,05,000.00 | Nalhati |
| 12. | Chairman, Dalkhola Municipality | 1,00,000.00 | Dalkhola |
| | Total | 23,47,000.00 | |

(Rupees Twenty Three Lakh Forty Seven Thousand only)

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

(C.Sircar) Director SUDA

দূরভাষ ঃ ২৩৫৮ ৬৪০৩/৫৭৬৭, ফ্যাক্স ঃ ২৩৫৮ ৫৮০০

Tel: 2358 6403/5767, Fax: 2358 5800, E-mail: dirsudawb@yahoo.com

23.26,9.08

15970

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10

DALKHOLA MUNICIPALITY

P.O. - DALKHOLA, DIST. - UTTAR DINAJPUR Ph. - (03525) 256259,257650



Memo No. 741

Date- 20/9/08

From: The Chairman,

Dalkhola Municipality.

To: The Director,

SUDA.

Health Wing,

"Ilgus Bhavan"

H.C. Block, Sector - III,

Bidhan Nagar,

Kolkata - 700091.

West Bengal.

Sub: - Requisition of fund for Community Based Primary Health Care Services, Dalkhola Municipality.

Ref: - This office Memo No. 692, dated - 04.09.2008.

Madam,

I would request you kindly to allot further fund of Rs. 4,50,000.00 (Rupees Four Lakhs and Fifty thousand) only for above scheme at an early date.

The fund will be utilized for the following puspose.

| Salary of the Staff | Rs. 3,39,500.00 |
|---------------------------------|-----------------|
| House Rent for Sub - Centres | Rs. 25,000.00 |
| Purchase of Stationary articles | Rs. 30,500.00 |
| Purchase of Office Furniture | Rs. 55,000.00 |

Total Rs. 4,50,000.00

(Rupees Four Lakhs and Fifty Thousand) only.

Rs. 1-00 lakelis.

my le relund.

Hero L solaris

21-9-08

Yours sincerely,

Dalkhola Municipatinacipality

Chartery

OFFICE OF THE

© 66 45 203465/255-300/268 Fax:-03465/255-300

NALHATI MUNICIPALITY

NALHATI # BIRBHUM

Memo No:-978/Nal/Muni

Dated:-04/12/2007

To

The Director of 'SUDA'
Govt. of West Bengal,
"Health Wing" "ILGUS BHAVAN"
H.C. Block, Sector-III,
Bidhannagar; Kolkata-91



Sub:- Requisition of fund amounting to Rs.3,05,000.00 for the period from Oct.2007 to March,2008 for

Nalhati Municipality.

Sir,

With due respect I beg to draw your kind attention that Rs. 3,05,000.00 is Urgently required towards the item of different expenditure as noted in separate sheet and enclosed against the implementation of Community Based Primary Health Care Services within Nalhati Municipality.

In view of the above you are requested to sanction the required fund at your earliest convenience.

Enclosed: one sheet only.

Find and Aller of Sold of S

图03465-255268/255300 Fax:-03465-255300

Office of the

Nalhati Municipality

P.O:- Nalhati(TS) Dist. - Birbhum

COMMUNITY BASED PRIMARY HEALTH CARE SERVICES

| Sl. No. | Item of Expenditure | Expenditure (Amount in Rs.) | Expenditure (Amount in Rs.) |
|------------|---|--|-----------------------------|
| | Non-Recurring | | |
| 1. | Equipment 4 Sub-centre @ Rs. 25000/- each | | 0=00 |
| 2. | Furniture 4 Sub - centre @ Rs. 20000/- each | | 0=00 |
| 3. | Construction: (Not applicable for the present) | | 0=00 |
| | a) Sub-Centre | | |
| | b) OPD cum Maternity Home | | |
| 11/2 | c) OPD | | |
| 4. | I.E.C & Materials | | |
| 5. | Renovation Works | | |
| 6. | Base Line Survey | | |
| 7. | Family Schedule, Training manual, HMAS format & HHW Kit bag. | | 0=00 |
| | Recurring | | |
| 9. | @ Rs. 1000/- P.M each for 16 Health worker for half year | 96000=00 | 96000=00 |
| 10. | Salaries @ Rs. 6000/- P.M for One Medical Officer for half year @ Rs. 5500/- P.M for One Sanitary Inspector for half year @ Rs. 5000/- P.M for One Computer Assistant for half year @ Rs. 5000/- P.M for One Account Assistant for half year @ Rs. 5000/- P.M for One Multipurpose Helper cum Store Keeper- Clerk for half Year | 36000=00 33000=00 30000=00 30000=00 30000=00 | |
| | @ Rs. 5000/- P.M for One Health Assistant for half year | 30000=00 | |
| | | 189000=00 | 189000=00 |
| 11. | Rent 4 Sub-centre @ Rs.1000/- P.M. each for one year | | 0=00 |
| 12. | Training | | 0=00 |
| 13. | Drugs 4 Sub-centre @ Rs. 96000/- each | | 0=00 |
| 14. | I.E.C. | | |
| | Operating Cost (Sundries, Printing, Postage & Telephone, TA/DA etc.) | | 20000=00 |
| | Total (Rupees Three Lacs Five Thousand Only) | | 305000=00 |

Ro. Solow Signature of Chairman Vice-Chairman

₹03465-255268/255300 Fax:-03465-255300

Office of the

Nalhati Municipality

P.O:- Nalhati(TS) Dist. - Birbhum

COMMUNITY BASED PRIMARY HEALTH CARE SERVICES

Requisition of fund for the period from Oct. 2007 to Mar. 2008

| SI. | Requisition of fund for the period from Oct. 20 Item of Expenditure | Expenditure (Amount in Rs.) | Expenditure (Amount in Rs.) |
|-----|---|------------------------------|-----------------------------|
| No. | | (Amount in Rs.) | (Amount in Rs.) |
| | Non-Recurring | | |
| 1. | Equipment | | 0.00 |
| 2 | 4 Sub-centre @ Rs. 25000/- each Furniture | | 0=00 |
| 2. | 4 Sub - centre @ Rs. 20000/- each | | 0=00 |
| 3. | Construction: (Not applicable for the present) | | 0=00 |
| ٥. | a) Sub-Centre | | |
| | b) OPD cum Maternity Home | | |
| | c) OPD | | |
| 4. | I.E.C & Materials | | |
| 5. | Renovation Works | | - 4514 |
| 6. | Base Line Survey | | |
| 7. | Family Schedule, Training manual, HMAS format & HHW Kit bag. | | 0=00 |
| | Recurring | | |
| 9. | @ Rs. 1000/- P.M each for 16 Health worker for half year | 96000=00 | 96000=00 |
| 10. | Salaries @ Rs. 6000/- P.M for One Medical Officer for half year @ Rs. 5500/- P.M for One Sanitary Inspector for half year | 36000=00 33000=00 | |
| | @ Rs. 5000/- P.M for One Computer Assistant for half year | 30000=00 | |
| | @ Rs. 5000/- P.M for One Account Assistant for half year | 30000=00 | |
| | @ Rs. 5000/- P.M for One Multipurpose Helper cum Store Keeper- Clerk for half Year | 30000=00 | |
| | @ Rs. 5000/- P.M for One Health Assistant for half year | 30000=00 | |
| | | 189000=00 | 189000=00 |
| 11. | Rent 4 Sub-centre @ Rs.1000/- P.M. each for one year | | 0=00 |
| 12. | Training | | 0=00 |
| 13. | Drugs 4 Sub-centre @ Rs. 96000/- each | | 0=00 |
| 14. | I.E.C. | | |
| | Operating Cost (Sundries, Printing, Postage & Telephone, TA/DA etc.) | | 20000=00 |
| | Total (Rupees Three Lacs Five Thousand Only) | | 305000=00 |

Signature of Chairman/Vice-Chairman
4.12.07

Newson 959 72m 24 21.08.08

Seguistion of Jamo

Ranaghat Municipality

| | | Natiagriat Multiplanty | all copanity | 000 | |
|------|--|------------------------|---|----------------|-------------------|
| | Requisition of Fund | for the Period | Requisition of Fund for the Period of Aug 68 To 11 May 69 (08:04) | 101 | |
| | 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | Expanditure S No. | No litem of Expenditure E | je | * CTC- 1130×4×8 |
| o N. | liem of Experience | Amount in Rs.) | | Amount in Rs.) | 15-111-41 P |
| | Non-Recurring | | Recurring | - FM | HHW Jesox19x8 |
| - | Equipment | 000561 | W 9 Honorarium | न | 1800 |
| 1 | 2 Furniture | 000 501 | M.0.457, 11,500 A8 | 7000 7 | 27.5 |
| (,) | 3 Construction: | | ing | 000,00 | 1.89 440 |
| | (Not applicable for the present) | | | 1000 | |
| | a) Sub-Centre | | 90000 X 4. | 200,000 | |
| | b) OPD cum Maternity Home | | 14 I.E.C | | . 0 |
| | c) OPD | | 15 Operating Cost(sundries, printing, 57 500 | 21 500 | 500 |
| 4 | 4 I.E.C & Materials | | postage & telephone, IAUA etc.) | 1 | 5 |
| 4) | 5 Renovation Works | | | | 0159 |
| | 6 Base Line Survey | | | | 1/80% |
| - | 7 Family Schedule, Training | | | | |
| | manual, HMS format & HHW kit | | | | Colonia |
| | 8 Strengthening of existing | | | | 300 |
| | Maternity Homes & Dispensaries | | | | BO |
| | (Not applicable for the present) | | | | Many Care |
| | | | 1444 | 11001.0 | |
| | TOTAL | 3 00 000 | Gross Total | 014 940 | |
| | 80/8/2/WAR | 1 | entaling of | Florid Ares | Avoilable 531,644 |
| | (Accountant) Ranaghat Municipality | | (Charman) (Charman) Ranaghat Municipality | SOR subust | 4 209.124 |
| | | 1 | | | |

309,724

494587

(93.1.)

TUFANGANJ MUNICIPALITY P.O: TUFANGANJ :: DT- COOCHBEHAR

TIO: TOT ANGARY :: DI= CO

Memo. No: TM/HW/003/16/1038/2008-09

From- Chairman

Tufanganj Municipality

Tufanganj Coochbehar

To: The Director

State Urban Development Agency [SUDA]

[HEALTH WING], ILLGUS BHAVAN

H-C BLOCK, SECTOR-III,

BIDHANNAGAR, KOLKATA-700106, WEST BENGAL

SUBJECT: Requisition of Fund for July to Sept 2008 and

Reimbursement for earlier period up to June '08

Date: 12 9

Develop

Received

1 6 SEP 2008

4744

Sir,

This is to inform to your kind notice that we have sent our UC up to date till August 2008 along with necessary documents. The requisition of fund for the above stated period is being enclosed for your kind reference as per prescribed format and our monthly demand statement. The staff of M & S Cell and HHWs under the project were engaged as per the below stated table for which partly reimbursement is outstanding as per our record and the same was paid out of ULB's Own Fund.

| Designated Staff under CBPHCS | Date of Engagement | Memo Reference & Date |
|-------------------------------|-----------------------|---|
| Staff of M & S Cell | 17.3.2008 | Report of Joining informed vide our Memo No- 487 dt- 17.4,2008 |
| Health Officer | 12.8.2008 | Report of Joining informed vide our Memo No-902 dt- 13.8.2008 |
| HHWs | 17.9.2008 | Report of Joining informed vide our Memo No- 866/A dt-17.9.2007 |

Your are, therefore, cordially requested to do the needful in this connection and kindly release of fund as per requirement.

This is for favour your kind information and doing the needful.

Thanking You.

Chairman Tufangani Municipal

Yours Faithfully

Tufanganj Municipality

Municipality

Encld:

 Requisition of Fund as per format for the Quarter July to Sept '08 & earlier reimbursement

Statement of Demand Abstract (2 months separately)

Contact: Ph - (03582)- 244256 Fax- (03582)- 244659 Email- <u>municipality tufanganj@yahoo.co.in</u>

TUFANGANJ MUNICIPALITY

Requisition of Fund for the Period April to June, 2008

| | Including March 2008 (Break period) | |
|----|---|----------------------------|
| SL | ITEM OF EXPENDITUE | Requisitioned Amount in Rs |
| | Non- Recurring | |
| 1 | Equipment | 30,000 |
| 2 | Furniture | |
| | | |
| 3 | Construction : (Not Applicable for Present) a) Sub-Centre | |
| | b) OPD cum Maternity Home c) OPD | |
| 4 | IEC & Materials | |
| 5 | Renovation Works | |
| 6 | Base Line Survey | |
| 7 | Family Schedule, Training Mannual, HMIS & Dispensaries (Not Applicable for the present) TOTAL | 30,000 |
| | Recurring | 30,000 |
| 9 | Honorarium | 77,604 |
| 10 | Salaries | 8,837 |
| 11 | Rent | |
| 12 | Training | |
| 13 | Drug | |
| 14 | IEC | |
| | Operating Cost (Sundries, Printing, Postage & Telephone, TA/DA etc.) | 20,000 |
| | TOTAL | 106,441 136,441 |

808-98 Rs. 150 lacks

Signatue of Chairman / Vice-Chairman Tufanganj Municipality

TUFANGANJ MUNICIPALITY

Requisition of Fund for the Period July to September 2008

| SL | ITEM OF EXPENDITUE | Requisitioned |
|----|---|---------------|
| No | Non- Recurring | Amouont in Rs |
| | | |
| 1 | Equipment | |
| 2 | Furniture | |
| | | |
| | | |
| 3 | Construction : (Not Applicable for Present) | |
| | a) Sub-Centre | |
| | b) OPD cum Maternity Home | |
| | c) OPD | |
| 4 | IEC & Materials | |
| | | |
| 5 | Renovation Works | |
| 6 | Base Line Survey | |
| | | |
| 7 | Family Schedule, Training Mannual, HMIS & Dispensaries (Not Applicable for the present) | |
| | TOTAL | |
| | Recurring | |
| 9 | Honorarium | 36,000 |
| 10 | Salaries | 103,152 |
| | | 100,102 |
| 11 | Rent | |
| 12 | Training | |
| | | |
| 13 | Drug | |
| 14 | IEC . | |
| | | |
| | Operating Cost (Sundries, Printing, Postage | 45,000 |
| | & Telephone, TA/DA etc.) | |
| 1 | | 184,152 |
| | TOTAL | 184,152 |

Signatue of Chairman / Vice Chairman Tufanganj Municipality

Chairman, Tufanganj Municipality

TUFANGANJ MUNICIPALITY

STATEMENT OF DEMAND FROM SUDA FOR CBPHCS

Period of Demand: April to June 2008 (Including Break period upto March'07)

| | The second secon | | | | |
|---|--|------------|------------|------------|---------|
| Details of Demand | Per month | Demand | Received | Net Demand | Remarks |
| RECURRING HEAD | | | | | |
| Honorarium | | | | | |
| Break period Sept '07 and Oct'07 | 17 604 | | | | |
| Nov to Dec'07 | 24 000 | | | | |
| Jan to Mar 2008 | 36,000 | | | | |
| April to June 2008 | 36,000 | 113 604 00 | 36000 | 27 00 00 | |
| July to Sept 2008 | 36,000 | 1.0,007.00 | 20000 | 11,604.00 | |
| Oct to Dec 2008 | 36,000 | | | | |
| Jan to Mar 2009 | 36,000 | | | | |
| Salary for M S Cell | 9 | | | | |
| Break Period of Mar 2008 (17th Mar'08 Joining | 12,337 | | | | |
| April to June | 76,500 | 88.837.00 | 80000 | 8 837 00 | |
| July to Sept | 76,500 | | | 0,001.00 | |
| Oct to Dec | 76.500 | | | | |
| Jan to Mar '09 | 76,500 | | | | |
| Health Officer | | | | | |
| | | | | | |
| | | | | 1 | |
| | | | | | |
| Operating Cost | | | | | |
| April to June'08 | 45.000 | 45 000 | 25000 | 20 000 00 | |
| (3x Rs. 15000) | | 10,000 | 20000 | 20,000.00 | |
| Sub-Total NON-RECURRING HEAD | | 247,441.00 | 141,000.00 | 106,441.00 | |
| Equipment for M & S Cell (Computer) | | 120,000.00 | 90,000.00 | 30.000.00 | |
| Grand Total Balance of Demand | | | | | |
| 000 | | | | 136.441.00 | |

Tufanganj Municipality A.EC. Signature of AFC

Tufangany Municipality

Chairman, Chairman, Municipality Signatue of Chairman / Vice-Chairman
Tufanganj Municipality

TUFANGANJ MUNICIPALITY

STATEMENT OF DEMAND FROM SUDA FOR CBPHCS

Period of Demand: July to September 2008

| Period of Demand: | | July to | July to September 200 | 800 | | |
|---|-------------------|------------|-----------------------|------------|---------|--|
| Details of Demand | Per month | Demand | Received | Net Demand | Remarks | |
| RECURRING HEAD | | | | | | |
| Honorarium | | | | | | |
| Break period Sept '07 and Oct'07 | 17,604 | | | | | |
| Nov to Dec'07 | 24,000 | | | | | |
| Jan to Mar 2008 | 36,000 | | | | | |
| April to June 2008 | 36,000 | | | | | |
| July to Sept 2008 | 36,000 | 36,000.00 | | 36,000.00 | 3000 | |
| Oct to Dec 2008 | 36,000 | | | | | |
| Jan to Mar 2009 | 36,000 | | | | | |
| Salary for M S Cell | | | | | | |
| Break Period of Mar 2008 (17th Mar'08 Joining | 12,337 | | | | | |
| April to June | 76,500 | | | | | |
| July to Sept | 76,500 | 76,500.00 | | 76,500.00 | | |
| Oct to Dec | 76,500 | | | | | |
| Jan to Mar '09 | 76,500 | | | | | |
| Health Officer | | | | | | |
| Aug Break period 2008 (12th Aug'08 Joining) | 10,452 | | | | | |
| Sept | 16,200 | 26,652.00 | | 26,652.00 | | |
| Oct to Dec | 48,600 | | | | | |
| Jan to Mar 2009 | 48,600 | | | | | |
| Operating Cost | | | | | | |
| July to Sept'08 | 45,000 | 45,000 | | 45,000.00 | | |
| (3 x Rs. 15000) | | | | | | |
| Sub-Total | | 184,152.00 | | 184,152.00 | | |
| NON-RECURRING HEAD | | | | | | |
| Equipment for M & S Cell (Computer) | | | | | | |
| Balance of Demand | | | | | | |
| Grand Total | The second second | | The second second | 184 152 00 |) | |

Tufanganj Municipality Tufanganj Municipality Signature of AFC

Signatue of Chairman / Vice-Chairman
Tufanganj Municipality
Chairman,
Rufanganj Municipality

STD 03217: 238-460/237-636(O)

243-086(R)

Office of the Municipal Councillors of Baduria

NORTH 24 PARGANAS.

Shri Kashinath Chakraborty

CHAIRMAN BADURIA MUNICIPALITY 24 PARGANAS (N) Residence:

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

PIN: - 743401

Ref No. 265

Dated, Baduria the ... 25 7 2 .. 200 8

To,
The Director,
SUDA,
Ilgus Bhavan,
HC-Block, Sector-III, Bidhannagar,
Kolkata – 700106

Sub :- Requisition of Fund .

Madam,

With due respect it is to inform you that as per UC of the quarter ended June,08 closing balance of fund for HHW Scheme is Rs. 329,603.00. In the month of July we have already paid vouchers amounting Rs. 2,09,087.00 (vide cheque no. 992139 dt. 01/07/08 amounting Rs. 49,900.00, cheque no. 992140 dt. 11/07/08 amounting Rs. 83,764.00, cheque no. 621776 dt. 17/07/08 amounting Rs. 75,423.00). Present closing balance of the fund is 120,516.00 (i.e. 12.85 % of the given amount Rs. 938,000/-). I do hereby submit the requisition of fund for the month August,08 to October,08 in the prescribed format. I would therefore request you to release necessary fund to meet up the programme smoothly in due course.

This is for your information and necessary action.

50E 10447P SOE 10447P 209087 Yours faithfully,

Rasu nau-Claurelos-

Morth 24 Parganes.

Requisition of fund for the period August 08 to 04'08

| SI no. | Item of Expenditure | Expenditure (Amt. in Rs.) | Expenditure (Amt. in Rs.) |
|-----------|--|---------------------------|----------------------------|
| | Non-Recurring | | 20,000.00 |
| 1 | Equipment | | 80,000.00 |
| 2 | Furniture | | |
| 3 | Construction | | |
| | a) Sub-Centre | - 3- 3 | |
| | b) OPD cum Maternity Home | | |
| | c) OPD | | |
| 4 | I.E.C. & Materials | | |
| 5 | Renovation Works | | |
| 6 | Base Line Survey | | |
| 7 | Family Schedule, Training manual, HMIS format & HHW kit | | |
| 8 | Strengthening of existing Maternity Homes & Dispensaries | | |
| | Recurring | | |
| 9 | Honorarium: a) 17 no of HHW @ Rs 1750/- for 3 months | 89,250.00 | |
| | b) 4 no of supervisor @ 1920/- 3 months | 23,040.00 | 112,290.00 |
| 10 | Salaries: (Rs. 31,500/- for 3 months) | P. Carlotte | 94,500.00 |
| 11 | Rent: (2 no of sub centers @ Rs. 1000/- for 3 months) | | 6,000.00 |
| 12 | Training | | , |
| 13 | Drug | | 209,000.00 |
| 14 | I.E.C. (4 no of sub centers @ Rs. 3000/-) | | 6,000.00 |
| 15 | Operating Cost (sundries, Printing, Postage & telephone, TA/DA etc.) | | 60,000.00 |
| | Total | | 587,790.00 |

Ro. 2.43 follows.

Ro. 2.43 follows.

released.

16.9.08.

242790 Rash nall - Cheur not -

Chairman Jaduria Municipality

North 24 Pergense

Fund for Obry Holl be endered on Rubmissia of make order by UUS to SUDA.

Office of the Councillors ON \$60,25 Contai Municipality

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

No. CM 519/gen 252

Date. 05.09. 08

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

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



Sub: - Submission the Requisition of Fund for the period October '08 to December '08.

Madam,

I am submitting herewith the Requisition of Fund under CBPHCS for the period October'08 to December'08 amount of Rs 6,23,800.00 (Rupees Six lakh twenty-three thousand eight hundred) only.

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

Thanking you.



(55.18.1.)

Yours faithfully,

Contai Municipality, 5

Enclo: - As Stated.

Fum avoidable.

679702 (BF) 345702-For 8 cm 3,34 000)-

129308 304349 (74%)

OFFICE OF THE COUNCILLORS', CONTAI MUNICIPALITY,

Contai :: Purba Medinipur.

| SI.No | Item of expenditure | | xpenditure nount in Rs.) |
|------------------------------------|--|-----|--------------------------|
| 1 Equipment: | | | |
| a) for Training | | | |
| b) Managemer | nt & Superv-ision Cell (Sub-Centre) 5 Nos. | | |
| 2 Furniture: (St | | | |
| a) for Training | | | |
| | ment & Supervision Cell (due) | | |
| | (Not applicable for the present) | | |
| a)Sub-Centre | | | |
| b)OPD cum Ma | aternity Home | | |
| c)OPD | • | | |
| 4 LEC & Materia | | | 1111 |
| 5 Renovation W | | Rs. | 30,000.00 |
| 6 Base Line Sur 7 Family Schedu | | | |
| | ule, Training Manual,HMS format& HHW Kit. | | |
| | of existing Maternity Homes & Dispensaries e for the present. | | |
| 9 Honorarium: | | | |
| a) Rs. 250/-X6 | 6 m(Oct.07-Mar.08)X25 HHWs (Arrear) | Rs. | 37,500.00 |
| b)Rs. 750/-X4 r | m(April, '08 -July, '08)X 25 HHWs(Arrear) | Rs. | 75,000.00 |
| c) Rs. 750/-X 2 | m (Aug,08- Sep,'08) X26HHWs(Arrear) | Rs. | 39,000.00 |
| d)Rs.750/- X 2 | m (Aug, '08-Sep, '08) X5 FTS(Arrear) | Rs. | 7,500.00 |
| e) Rs. 1750/- X | 3m (Oct, '08 -Dec, '08) X26 HHWs | Rs. | 1,36,500.00 |
| | 3m (Oct, '08 - Dec, '08) X 5 FTS | Rs. | 28,800.00 |
| 10 Salaries | | Rs. | 79,500.00 |
| | re): Rs.1000/-X5 SC X3m | Rs. | 15,000.00 |
| 12 Training | | | |
| 13 Drug: Rs. 8,00 | | Rs. | 1,20,000.00 |
| 14 LEC: Rs.2000/- | | Rs. | 10,000.00 |
| Operating cost etc.): Rs. 3000 | t(Sundries,printing,postage&Tele Phone,T.A/D.A /- X 5 SC X 3m | Rs. | 45,000.00 |
| | Total Rs | Rs. | 6,23,800.00 |

Ro. A. 49 calchs.

Contai Municipality

Chairman, Contai Municipality.

Office of the Councillors

hone: Duprajpur 244362 Say Fax No: 244362 DUBRAJPUR MUNICIPA

P.O.- DUBRAJPUR • Dist.- BIRBHUM

Date 29 9 7 ... 200 &

S.T.D. Code: 03462

The Director, SUDA Health Wing ILGUS BHAVAN. H.C.Block, Sector -III Kolkata-700091.



Sub :- Further requisition of Fund in respect of Community Based Primary Health Care Services for the period Jan'08 to June 08.

Sir.

We had received a Fund of R. 2 3,72,000/- from his end vide his Memo No.SUDA- Health/63 ULB/Accts/07/642 dt.22.01.08 Out of which above 70% has been expended.

Therefore you are requested to place further appropriate fund at the disposal of the undersigned in respect of implementation of the ongoing schemes under the Community Based Primary Health Care Services for the period from January 2008 to June 2008.

Details of requirement in the format is also enclosed herewith.

Enclo :- As stated

(27.67.1.)

Yours faithfully,

Dubrajpur Municipality Dubraj Birbhum edity Dubrajpur, Birbhum

For available 08-09.

393768

SOE -> 108964 204852

313816 (79.71)

Po-1.06. lovering. for John Cold

Requisition of Fund for the Period January to June 2008.

| SLNo | Items | Requisitioned Amount in Rs |
|------|---|-------------------------------|
| | Non-Recurring | |
| 1 | Equipment | |
| 2 | Furniture | |
| 3 | Construction (not applicable for the present) | |
| | a) sub- center | |
| | b) OPD cum Maternity Home | |
| | c) OPD | |
| 4 | I.E.C. & Material | |
| 5 | Renovation Works | |
| 6 | Base Line Survey | |
| 7 | Family Schedule, Training manual, HMIS format & HHW kit bag | |
| 8 | Strengthening of existing Maternity Homes & Dispensaries (not applicable for the present) | |
| | Recurring | |
| 9 | Honorarium | 105360.00 |
| 10 | Salaries | |
| 11 | Rent | |
| 12 | Training | |
| 13 | Drug | 384000.00 |
| 14 | I.E.C. | |
| 15 | Operating cost (sundries, printing, postage, & telephone, TA/DA etc. | |
| | TOTAL | Rs-489360.00 |

Chairman

Dubrajpur Municipality

Dubrajpur, Birbhum

| दिनाक DATE | विवरण PARTICULARS | चेक क०. CHEQUE NO. | आहरित राशि AMOUNT WITHDRAWN | जमा की गई राशि AMOUNT DEPOSITED | खाता शेष BALANCE | संक्षिप्त हरताक्षर INITIALS |
|--|--|------------------------------------|-----------------------------------|---|---------------------|---|
| Uncl Ba | Paid to P.BANER | : 351889.0 | Cr; +MOD BA | Brought Forw 000.00 : 351889.00Cr | ard | 367889.00Cr 35)889.00Cr |
| 5/04/0 | TANTO 2052 Demaid to Tando P Paid to T.PAL L. 0.00 Clr Ba | L. 22717 22718 | 16 | 000.00 500.00 L: 330389.00Cr | | 339889,00Cr↓ 33(389,00Cr |
| 07/05/08 02/06/08 | l: 1279823 2052 3 Paid to L.C.GARA Paid to T.PAL : 0.00 Clr Bal | 0148454283 227181 227182 | 03/06/08) | 000.00 V 500.00 V : 308889.00Cr | | 314389.00Cr 308889.00Cr |
| 10/06/0 | nl: 3469506 2052 R Paid to T.PAL R Paid to T.PA: | | 04/07/08) | 1960.00 🗸 | | 306929.00Cr 290929.00Cr |
| 30/06/0 01/07/0 Uncl B (Contr 07/07/0 | 08 INTEREST CREDIT 08 Paid to T.PAL al: 0.00 Clr Ba ol: 3469506 2052 B Paid to TARUN P B CH DEPOSIT | 22711 1: 290308. 30148454283 | 00 Cr:+MOD B 23/07/08) | 5500.00 | 79.00 - | 295808.00Cr 290308.00Cr 269628.00Cr 94529.00Cr |
| | l: 0.00 Clr Ba | 1: 94529.00 | Cr;+MOD BAL | : 94529.00Cr | | |

भारतीय स्टेट बैंक

State Bank of India

22/03/2007 969397

शाखा,

DURRAJPUR (2052)

Mode of Operation: ALL A/C HOLDER With WITH gas

Nom.Reg No :

SAVINGS BANK PASS BOOK

नाम Date of: Issue: 22/03/2007 Name (s)

पता

Address

DUBRAJPUR

व्यवसाय

Occupation: DURRAJPUF MUNICIPALIT

पास बुक क्र ०

WEALTH CARASSEPPOK(NEW) 350

खाता-वही व मांक Ledger No.

खाता व मांक 3014845428-3

Account

MANAGER

KURSEONG MUNICIPALITY

Requisition of fund for the period from 01.04.2003 to 31.06.2008:

| SI No. | Item of Expenditure | Expenditure (Amount in Rs.) | Sl. No. | Items of Expenditure | Expenditure (Amount in Rs.) |
|-----------|--|-----------------------------|------------|---|-------------------------------------|
| | Non-Recurring | | | Recurring | |
| 1. | Equipment | 60,000.00 | 9. | Honorarium (24680x(24) x3)= | 74,040.00 |
| 2. | Furniture | - | 10 | Salaries $(5,000x(4) x3) =$ Salary $(6,000x(1)x3) =$ Salary $(5,500x(1)x3) =$ | 60,000.00 18,000.00 16,500.00 |
| 3. | Construction (not applicable for the present | - | 11 | Rent of Center (1,000x (4) x3)= | 12,000.00 |
| | a) Sub-Center | | 12 | Training/Tiffin Allowance | |
| | b) OPD cum Maternity Home | | 13 | Drug (10000x3)= | 30,000.00 |
| | c) OPD | | 14 | LEC | 50,000.00 |
| 4. | I.E.C & Materials | - | 15 | Operating Cost(Sundries, Printing Postage & telephone, TA/DA etc) | 10,000.00 |
| 5. | Renovation Works | | 16. | Trainees' | |
| 6. | Base Line Survey | - | 17 | Contingency | 6,000,00 |
| 7. | Family Schedule, Training manual, HMS format & HHW kit | NP | | | 5,000.00 |
| 8. | Strengthening of existing Maternity Homes & Dispensaries (Not applicable for the present) | • | - | - | |
| | Total: | 60,000.00 | | Total: | 2.25540.00 |

[77.38 1.)

Kurseong Municipality

Fund ocleaned = 2.39+1.56+1.74+1.96+1.95 = 9.60 lakes SOE submitted = 6,28,247/- (WALO April, 08)

FULLD. 195050 409988 SOB. 317247 (7771.)

As 1-96 lateles Fund for one of some o

Submission of Requisition of Fund

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

Requirition of fund for the periodAugust 08.....to...Oct 08

| SI. No. | Items | Requisitioned Amount in Rs. | |
|------------|---|--------------------------------|----|
| | Non-Recurring | | |
| 1. | Equipment (for sub centre) | 100000.00 | V |
| 2. | Furniture (for Sub centre) | 80000.00 | 7 |
| 3. | Construction: (Not applicable for the present) | Nil | _/ |
| | a) Sub-Centre | Nil | - |
| | b) OPD cum Maternity Home | Nil | |
| | c) OPD | Nil | |
| 4. | I.E.C & Materials | Nil | |
| 5. | Renovation Works | Nil | |
| 6. | Base Line Survey | Nil | - |
| 7. | Family Schedule, Training manual, HMIS format & HHW kit bag | Nil | |
| 8. | Strengthening of existing Maternity Homes & Dispensaries (Not applicable for the present) | Nil | |
| | Recurring | | |
| 9. | Honorarium (16 H.H.W @ Rs. 1000.00 for 3 months) + (4 F.T.S @ Rs.1170.00 for 3 months) | 62040.00 | |
| 10. | Salaries (S.I-5500.00 + H.A-5000.00 + Acc5000.00 + Store - 5000.00 for 3 moths) + (H.O - 16200.00 for 3 months) | 110100.00 | • |
| 11. | Rent | 12000.00 | |
| 12. | Training | Nil | |
| 13. | Drug | 96000.00 | |
| 14. | I.E.C | 36000.00 | |
| 15. | Operating Cost (Sundries, Printing, Postage, & Telephone, TA/DA etc.) | 100000.00 | |
| | TOTAL | 596140.00 | _ |

Signature of Chairman/Vice-Chairman

Fum available 524837 SOE 314512 82220 396732 (758)

A.F.C. Memari Municipality

So. 2.04 ledels my and the order of conduction of conducti

PHONE - 240008 241279 STD - (03472)

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

Memo No 485 F-33 / M & S Cell / NM / 07-08

Date: 05.08.08

From - Sri pundarikakshya Saha, Chairman, Nabadwip Municipality P.O Nabadwip, Dist. - Nadiia.

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

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

Sir/Madam,

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

Please do the needful at your earliest. With thanks,

Fund available. 08.09. GF 3. 864264.

Yours faithfully

Chairman, Nabadwip Municipality

- Chairman -Nabadwip Municipality



| Sl. No. | Items of Expenditure | Expenditure |
|---------|---|-------------|
| | Non - Recurring | |
| 1. | Equipment | |
| 2. | Furniture | |
| 3. | Construction | |
| | a) Sub - Centre | |
| | b) OPD cum Maternity Home | |
| | c) OPD | |
| 4. | I.E.C. & materials | |
| 5. | Renovation works | |
| 6. | Base line Survey | |
| 7. | Family schedule, Training materials, HMIS FORMAT & HHWkit | |
| 8. | Strengthing of existing Maternity Homes & Dispensaries | |
| | (Not applicable for the present) | |
| | Recurring | |
| 9. | Honorarium | 1,42,080.00 |
| 10. | Salaries (Contractual Staff) | 1,12,500.00 |
| 11. | Rent | 24,000.00 |
| 12. | Training | 25,000.00 |
| 13. | Drug | 1,92,000.00 |
| 14. | I.E.C | 12,000.00 |
| 15. | Operating Cost Sundries, Printing Postage & Teliphone, Stationary, Couriers Service | 30,000.00 |
| | Total | 5,37,580.00 |

Signature of,

Chairman, Nabadwip Municipality

Chairman Nabadwip Municipality

ROM:

OFFICE OF THE

Councillors of Sonamukhi Municipality

P.O.- Sonamukhi * Dist.- Bankura

From:

Kushal Bandyopadhyay

Chairman

Sonamukhi Municipality

(3) (03244) 275-238

E-mail:- sonamukhimunicipality@yahoo.com

Memo No. 65/HHW/SM

Dated 13/9/08

To
The Project Officer,
SUDA Health Wings,
ILGUS BHAWAN, HC-Block, Sector – III,
Bidhannagar,
Kolkata – 700 106, (W.B.)



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

Sir,

This is to inform you that the Utilization Certificate up to September 2008 has already been submitted under Memo No. 641 HHWISM dated BIRION. In this regard you are requested to release the next installment of Funds to run the said programme smoothly.

Thanking you,

FURNOW 415050 | -ED available 1040537 | -SOE 728373 (70%)

Enclo.: (i)Requisition &

Budget Statement

Yours faithfully,

Chairman/Vice-Chairman, Sonamukhi Municipality.

> Chairman Sanamakhi Municipalia

Ro. 2052 leleho more or dem Fund for gray I fum. 2011 le retrum on neis for of copy of



Sonamukhi Municipality

P.O. Sonamukhi , Dist. Bankura

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

| SI. No | Name of Hoad | Budget Estimate per month | Budget Estimate fo 3 months (Sept '08 to Nov '08) |
|-----------|--|--|---|
| | Recurring Salary: | | (01101 00) |
| 1, | a) Medical Officer - 1 b) Sanitary Inspector - 1 c) Computer Assistant - 1 d) Accounts Assistant - 1 e) Multi purpose Helper- cum-Store keeper Clerk - 1 | Rs. 6,000/- per month x 3 months Contractual Pay Rs.5,500/- x 3 months Contractual Pay Rs.5,000/- x 3 months Contractual Pay Rs.5,000/- x 3 months Contractual Pay Rs.5,000/- x 3 months | Rs. 18,000/ Rs. 16,500/ Rs. 15,000/ Rs. 15,000/ Rs. 15,000/ |
| | f) Health Assistant - 1 | Contractual Pay Rs.5,000/- x 3 months | Rs. 15,000/- |
| | Honorarium : | | Rs. 94,500/- |
| | (a) F.T.S. – 2 Nos. Arrear (@Rs.500/- enhance per month per head from May '08 – Aug | @ Rs.1,670/- = Rs.3,340/- x 3 months | Rs. 10,020/- |
| 2. | '08 (b) H.H.W. – 15 Nos. Arrear (@Rs.500/- enhance per month per head from Apr '08 – Aug '08 | @ Rs.500/- X 2 x 4 months @ Rs.1,500/- = Rs.22,500/- x 3 months | Rs. 4,000/- Rs. 67,500/- |
| | 00 | @ Rs.500/- X 15 x 5 months | Rs. 37,500/- |
| - | Rent: | | Rs. 1,19,020/- |
| 3. | a) SC at Chelmore b) SC at Yuger Yatri Club c) SC at Sonamukhi Municipality | Rs. 1,000/- per months x 3 months Rs. 1,000/- per months x 3 months Rs. 1,000/- per months x 3 months | Rs. 3,000/- Rs. 3,000/- Rs. 3,000/- |
| | | | Rs. 9,000/- |
| 4. | Drugs | 3 Nos. SCs @ Rs. 25,000/- | Rs. 75,000/- |
| 5. | I.E.C. | Rs. 2,000/- per month x 3 months | Rs. 6,000/- |
| 6. | Operating Costs | Rs. 15,000/- per month x 3 months | Rs. 45,000/- |
| 7. | Non-Recurring Furniture | 3 Nos. SCs | Rs. 20,000/- |
| | | Grand Total (1+2+3+4+5+6+7) | Rs. 3,68,520/- |

Chairman, Sonamukhi Municipality.



OFFICE OF THE COUNCILLORS OF TARAKESWAR MUNICIPALITY

9 S. T. D - 03212 276105

PHONE: TKR 276408

278888 278889

P.O. TARAKESWAR O DIST-HOOGHLY

Ref. No. TM/HHW/2008/20

Dated 06 - 9 - 2008

From : The Chairman,

Tarakeswar Municipality.

To : The Director,

State Urban Development Agency,

Health Wing, ILLGUS BHAVAN, H-C-Block, Sector-III,

Bidhannagar, Kolkata - 700 091.

Sub: - Requisition of fund for Community Based Primary Health Care Service for April, 2008 to June, 2008.

Ref: - No. TM/HHW/2008/18 dated 13-08-08.

Madam,

With reference to the above I am to furnish herewith the requisition of fund for the period April, 2008 to June, 2008 for your kind information and necessary sanction the fund as sanctioned in the requisition statement.

Thanking you,

Enclo: - As stated above.

(49.04.1.)

Yours faithfully,

Chairman, l Tarakeswar Municipality

Algra0 8

Tarakeswar Municipality

Tarakeswar ** Hooghly Community Based Primary Health Care Service

Requisition of fund for the period April-2008 to June-2008

| Sl. | Item of Expenditure | Expenditure | Sl. | Item of | Expenditure |
|-----|---|-----------------|-----|---|-----------------|
| No. | | (Amount in Rs.) | No. | Expenditure | (Amount in Rs.) |
| | Non-Recurring | | | Recurring | |
| 1 | Equipment | Nil | 09 | Honorarium | Rs.55,530/- |
| 2 | Furniture | NIL | 10 | Salaries | Rs.38500/- |
| 3 | Construction :- (Not applicable for the present) | Nil | 11 | Rent | Rs. 9,000/- |
| | a) Sub-Center | | 12 | Training | Nil |
| | b) OPD cum maternity home | | 13 | Drug | 72,000/- |
| | c) OPD | | 14 | I.E.C. | 9000/- |
| 4 | I.E.C. & Materials | Nil | 15 | Operating Cost (Sundries, Printing, Postage & Telephone, TA/DA etc. | Rs 45,000/- |
| 5 | Renovation Work | Nil | | | |
| 6 | Baseline Survey | Nil | | | |
| 7 | Family Schedule, Training Manual, HMIS format & HHW Kit Bag | Nil | | | |
| 8 | Strengthening of existing Maternity Homes & Dispensaries (Not applicable for the present) | Nil | | Total Rs. | Rs 2,29,030/- |

(Total Rupees tow lacks twenty nine thousand thirty only)

FOR 002590

SOR . 344528

166785

511313 (72.8%).)

Ro. 1.33 Calculation.



SUDA

রাজ্য নগর উন্নয়ন সংস্থা

STATE URBAN DEVELOPMENT AGENCY

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

ক্রমিক নংSLIDA-67/2006/. 7-3 /

তারিখ18.08.2008

From : Director, SUDA

To: The Manager.

State Bank of India.

Salt Lake City, Kolkata - 700 091.

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

Community Based Primary Health Care Services

Sir.

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

22.080°

| No. Name of Payee Amount (in Rs.) | | SBI Branch | |
|--|--|---|--|
| Chairman, Birnagar Municipality | 1,51,000.0 | Birnagar | |
| Chairman, Coopers' Camp N.A.A. | 2,47,000.00 | Ranaghat | |
| Chairman, Gobardanga Municipality | 3,15,000.00 | Gobardanga | |
| Chairman, Jhalda Municipality | 1,60,000.00 | Jhalda | |
| Chairman, Gangarampore Municipality | 6,77,000.00 | Rajibpur | |
| Total | 15,50,000.00 | | |
| | Chairman, Birnagar Municipality Chairman, Coopers' Camp N.A.A. Chairman, Gobardanga Municipality Chairman, Jhalda Municipality Chairman, Gangarampore Municipality | Chairman, Birnagar Municipality Chairman, Coopers' Camp N.A.A. Chairman, Gobardanga Municipality Chairman, Jhalda Municipality Chairman, Gangarampore Municipality Chairman, Gangarampore Municipality Chairman, Gangarampore Municipality Chairman, Gangarampore Municipality Chairman, Gangarampore Municipality | |

(Debasis Mitra) Joint Secretary

M.A.Department, GOWB

/a/dos

(C.Sircar) Director SUDA

দূরভাষ ঃ ২৩৫৮-৬৪০৩/৫৭৬৭, ২৩৩৪-১০০৬, ফ্যাক্স ঃ ২৩৫৮-৫৮০০ Tel : 2358-6403/5767, 2334-1006, Fax : 2358-5800, E-mail : dirsudawb@yahoo.com

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

| Sl.No | Item of expenditure | Expenditure (Amount in Rs.) |
|-------|---|-----------------------------|
| | Non Recurring | nil |
| 1 | Equipment (For 4 Nos Sub Centre) | nil |
| 2 | Furniture (For 4 Nos Sub Centre) | nil |
| 3 | Construction (Not applicable for the present) | nil |
| | a) Sub-Centre | nil |
| | b)OPD cum maternity Home | nil |
| | c)OPD | nil |
| 4 | IEC & Materials | nil |
| 5 | Renovation works | nil |
| 6 | Base line survey | nil |
| 7 | Family Schedule, Training manual, HMIS format & HHW Kitbag | nil |
| 8 | Strengthening of existing Maternity Homes & Dispensaries (Not applicable for the present) | nil |
| A | Recurring | nil |
| 9 | Honorarium (HHW/FTS) For arrear honorarium = Rs. 95860.00 For July to Sept'08 [@ Rs. 1750/ X 18 for HHW @ Rs. 1920/ X 4 for FTS]= Rs. 1,17,540.00 Total Rs. 2,13,400.00 | 2,13,400=00 |
| 10 | Salaries = Rs. 1,39,000.00 For (July to Sept'08) @ 31,500 X3 = Rs. 94,500.00 Rs. 2,33,500.00 | 2,33,500=00 |
| 11 | Rent | 12,000=00 |
| 12 | Training (For 4 Nos FTS) | -20,000-00- 2 |
| 13 | Drug | 2,00,000=00 |
| 14 | I.E.C | 16,000=00 |
| 15 | Operating cost (Sundries, Printing, postage & Telephone, TA/DA etc) | 15,000=00 |
| | PRUDERS Siro Latch Eighly Nine thousen Nine hundly | 6,89,900=00 |

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

Ro. 6.77 lakers mmy le siclem? 14.8.08

Chairman

Gangarampur Municipality Gangarampur, D/Dinajpur

Chairman -

Gangarampur Municipality
Dakshin Dinajpur

Ful released = 2.33 + 2.60 + 5.36 = 10.29 likes Soc sulmitted. 100%. Twisto suly, of Ph. No.: - (03473) 260227, Fax: - (03473) 260227 Email: birnagarmunipalitysmailbox@rediffmail.com

Office of the Councillors of Birnagar Municipality

P.O.: BIRNAGAR, DIST: NADIA, WEST BENGAL.

From:

Sei Manda Dulal Roy.
Chairman.

Memo No. 654

To,
The Director,
State Urban Development Agency,
Health Wing, ILGUS Bhavan,
Salt Lake, Kolkata: 106

Sri Partha Kumar Chatterjee Vice-Chairman



Sub: Requisition of fund for the period July'08 to Sept'08.

Sir.

Enclosed herewith please find the statement of Expenditure upto June'08. It may be seen that 86.01% of total fund allotted has been spent for the subject purpose.

We are enclosing herewith requisition of fund for the period July'08 to Sept '08 with the request you kindly to arrange to allot further fund at an early date.

Thanking you,

Encl: As stated above.

Yours faithfully,

Chairman Birnagar Municipality

Fue released: 13,63,000/- [2.19+5.13+2.04+2.05+22]
508 summited: 11,72326/ (who sume 08)
(86.01.1.)

BIRNAGAR MUNICIPALITY

Requisition of fund for the period July'08 to Sept '08

| Sl. No. | Item of Expenditure | Expenditure (Amount in Rs.) |
|------------|--|-----------------------------|
| | Non Recurring | |
| 1 | Equipment | |
| 2 | Furniture | |
| 3 | Construction | |
| | (Not application for present) | |
| | a) Sub-Centre | |
| | b) OPD cum Maternity Home | |
| | c) OPD | |
| 4 | I.E.C. & Materials | |
| 5 | Renovation works | |
| 6 | Base Line survey | |
| 7 | Family Schedule, Training | |
| m.= | Manual, HMIS format & HHW Kit | |
| 8 | Strengthening of existing | |
| | Maternity Home & Dispensaries | |
| | (Not applicable for present) | |
| | Recurring | |
| 9 | Honorarium | 42,000/- |
| 10 | Salaries | 94,500/- |
| 11 | Rent | |
| 12 | Training | |
| 13 | Drug | 72,000/- |
| 14 | I.E.C. | |
| 15 | Operating cost (sundries, printing Postage & telephone, TA/DA etc. | 15,000/- |
| | Total Rs. | 2,23,500/- |

Explain forders my cro.

Chairman Birnagar Municipality Chairman

Birnagar Municipality

84. 12.4.08

Memo No. 1924 CCN AA

Submission of Requisition of Fund Cooper's Camp Notified Area Authority

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

Requisition of fund for the period 01-04-2008 to 30-06-2008

| Sl. No | Item of Expenditure | Expenditure (Amount in Rs.) |
|-----------|---|-----------------------------------|
| | Non-Recurring | |
| 1. | Equipment | |
| 2. | Furniture | |
| 3. | Construction: Not applicable for the present) | |
| | a) Sub-Centre | |
| | b) OPD cum Maternity Home | |
| | c) OPD | |
| 4. | LEC & Materials | |
| 5. | Renovation Works | |
| 6. | Base Line Salary | |
| 7. | Family Schedule, training, manual, HMIS format & HHW kit Bag. | |
| 8 | Strengthening of existing Maternity Homes & Dispensaries (Not applicable for the present) | |
| | Recurring | |
| 9. | Honorarium (HHW) | 36,000.00 |
| 10. | Salaries to MS Cell | 76,500.00 |
| 11 | Salary to M.O. | 18,000.00 |
| 12. | Rent | 9,000.00 |
| 13. | Training | |
| 14. | Drug | 72,000.00 |
| 15. | I.E.C | 6,000.00 |
| 16. | Opening cost (Sundries, Printing, Postage & Telephone, T.A. / D.A.) | 45,000.00 |
| | TOTAL | 2,62,500.00 |

30000

Ro. 2'47 laters.

Chairman Cooper's Camp Notified Area Authority

Signature of Chairman / Vice-Chairman Cooper's Camp Notified Area Authority

Find ocleaned = 2.13 + 3.64 = 5.77 lakla.

SOE submitted = 6,56,305/- (Westo June, 08)

(1001)

OFFICE OF THE MUNICIPAL COUNCILLORS OF GOBARDANGA. GOBARDANGA, NORTH 24-PARGANAS.

Memo No.

/GM/ HHW/08 Dated the 7 · 08 - 2008.

From: Bapi Bhattacheriee.

Chairman, Gobardanga Municipality

To : The Director, SUDA

Health wing

ILGUS BHAVAN.

Bidhannagar, Calcutta-91

Sub: Requisition of fund under HHW, Gobardanga Municipality

Sir,

continuation of this office letter No.168/GM/HHW/ dt.7.7.2008 No.235/GM/HHW dt.5.8.2008, I am to state that the statement of expenditure(Copy enclosed) for the period up to June & July,2008 respectively were submitted under the above memos as mentioned above for favour of your kind perusal. In addition that I am enclosing herewith a requisition of fund which will be urgent required for payment of salary and honorarium of the HHW workers this month and to purchase the furniture and other assoceries indeed.

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

Thanking you,

Enclo: an otated



Yours faithfully. Chairman, Gobardanga Municipality

Fund ocleaned: 2:30 laters. SOF substitles: 1,70,064/- (Wato June,01) (73.941)

OFFICE OF THE MUNICIPAL COUNCILLORS OF GOBARDANGA. GOBARDANGA, NORTH 24-PARGANAS.

Memo No. 28 /GM/ HHW/08 Dated the 5

From: Bapi Bhattacherjee,

Chairman, Gobardanga Municipality

To : The Director, SUDA

Health wing

ILGUS BHAVAN,

Bidhannagar, Calcutta-91

Sub: Submission of statement of expenditure(SOE) in connection with Community Based Primary Health Care Service.

Sir/Madam,

I am enclosing herewith the statement of expenditure(SOE) for the July,2008 along with necessary documents for favour of your kind perusal and necessary action.

In this connection, I would request you kindly to make necessary arrangement towards the allotment of fund as per following head for smooth running of the programme.

1. Salary of the HHW Staff for three months

2. Honorarium for HHW for three months

3. Drugs

4. Furniture & Assoceries

5. Operating Cost.

Enclo: Statement of SOE

Xerox copy of vouchers

U/Certificate

Xerox copy of Bank P/B

Rs. 94,500.00

Rs. 51,000.00

Rs. 50,000.00

Rs3,00,000.00 1- 50 like

Rs. 20,000.00

Yours faithfully.

Chairman,

Gobardanga Municipality

Ro. 3.15 loleto mus QL releum QL 8. a Headwise Requirement of fund under HHW, Gobardanga Municipality

| Salary | 94500 | | |
|---------|-----------|-----------------|--------|
| Hono | rarium to | the HHW workers | 51000 |
| Drugs | | | 50000 |
| Furnitu | re & Asso | oceries | 300000 |
| Operati | ng cost | | 20000 |
| | Total | | 515500 |

Rupees five lakh fifteen thousand five hundred only.

Chairma

Gobardanga Municipality

by

0

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

Statement of Expenditure (SOA)

Name of the Municipality: GOBARDANGA. Month of July,2008.

| SI.No. | Item of expenditure | Expenditure |
|--------|--|-----------------|
| | Non-Recurring | (Amount in Rs.) |
| 1. | Equipment | |
| 2. | Furniture | |
| 3. | Construction(Not applicable for the present) | |
| - | a) sub-centre | |
| | b) OPD cum Maternity Home | |
| | c) OPD | |
| ł. | I.E.C. & Materials | |
| | Renovation Work | |
| | Base Line Survey | |
| | Family schedule, Training manual, HIMS | |
| | format & HHW Kit bag. | |
| | Strengthening of existing Maternity Homes & | |
| | Dispensaries(not applicable for the present) | |
| | Recurring | |
| | Honorarium | |
|). | Salaries | Rs.17,000.00 |
| | Rent | Rs.31,500.00 |
| | Training | |
| | Drug | Rs. 996.00 |
| | I.E.C. | Rs. 2,617.00 |
| | | |
| | Operating cost(Sundries, Printing, Postage & Felephone, T.A./D.A. etc. | Rs. 2,289.00 |
| | etchione, 1.A./D.A. etc. | 7-22.00 |
| | TOTAL | Rs.54,402.00 |

Chairman Geberdenge Municipality

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

Statement of Expenditure (SOA)

Name of the Municipality: GOBARDANGA. Month upto June,2008.

| Sl.No. | Item of expenditure | Expenditure (Amount in Rs.) |
|--------|--|-----------------------------|
| | Non-Recurring | * |
| 1. | Equipment | |
| 2. | Furniture | Rs.7896.00 |
| 3. | Construction(Not applicable for the present) | |
| | a) Sub-Centre | |
| | b) OPD cum Maternity Home | |
| | c) OPD | 1 |
| 4. | I.E.C. & Materials | |
| 5. | Renovation Work | |
| 6. | Base Line Survey | |
| 7. | Family schedule, Training manual, HIMS | |
| | format & HHW Kit bag. | |
| 8. | Strengthening of existing Maternity Homes & | |
| | Dispensaries(not applicable for the present) | |
| - | Recurring | D- 24 000 00 |
| 9. | Honorarium | Rs.34,000.00 |
| 10. | Salaries | Rs.49,349.00 |
| 11. | Rent , | |
| 12. | Training | Rs.77,810.00 |
| 13. | Drug | |
| 14. | I.E.C. | |
| 15. | Operating cost(Sundries, Printing, Postage & Telephone, T.A./D.A. etc. | Rs. 999.00 |
| | TOTAL | Rs.1,70,064.00 |

S

Signature of Chairman Vice-Chairman

Gobardanga Municipality

(Amount in Rs.)

| Fund Received from SUDA | SOE sent upto the month of June.08 | SOE for the month of July 2008 | Total SOE | Balance |
|----------------------------|------------------------------------|--------------------------------------|-----------|----------|
| 230,000.00 | 170064 | 54402 | 224466 | 5,534.00 |

Chairman Sobardanga Municipant,

TAM NA. :03254555215

07 2009 11:05AM P1

OFFICE OF THE CHAIRMAN, JHALL

JHALDA, PURULIA

Memo No 245 /J.M.

Date: 07/08/08

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

Saty - Requisition of Funa.

Sir.

This is to inform you it it 70% of earlier released hands have been incurred by Jhalda Municipality for Community Based Fibrary Health Care Service according to the item-wise requisition. The balance possion of the fund is Rs.45.407.81(On 04/08/2008).

Therefore, it is requested to kindly releas the sest installment as per Requisite format.

Thanking You.

Yours faithfully,

1-1-28ml 108

Janisla Municipality

Jhaida Municipality B. Gubla . Chaeman

1. Requisition Format.

Enclosures:

Find released = 2.13+1.60+2.92:665 laker SOF Sulmitted = 5,38,430]. (wpto June 08) (80.97m)

OFFICE OF THE CHARMAN, JHALDA MUNICIPALITY

JHALDA, PURULIA

Submission of Requisition of Canad

Requisition of food for the period August'08 to Oct 100 Dar three sub centers

| SI. | Rems | Requisitioned Amount in Rs. |
|-----|--|-----------------------------|
| | Non Recurring | |
| 1 | Equipment | 75,000.00 |
| 2. | Furniture | 60,000.00 |
| 3. | Construction: (Not applicable for the present) | |
| | a) Sub-Centre | |
| | b) OPD cum Maternity Home | |
| | c) OPD | |
| 4. | IEC & Materials | |
| 5. | Renovation Works | 1 |
| 6. | Baseline Survey | |
| 7. | Family Schedule, Training Manual, HMIS Former and HHW Kit bag. | |
| 8 | Strengthening of existing Maternity Homes & Propersuries (No applicable for the present) | |
| | Recurring | |
| 9. | Honorarium | 54,000,00 |
| 10. | Salaries | 76,500.00 |
| 11. | Rent | |
| 12. | Training | |
| 13. | Drug(For One Sub-Centre) | 96,000.00 |
| 14. | I.E.C | |
| 15. | Operating Cost (Sandries, Printing, Postage & Telephone). TA/DA etc. | 30,000.00 |
| | Ro. 1.60 later dem | 4,06,500.00 |

Chairman 07 08 Ibalda Municipality

Statement of Expenditure for 1st quarter of FY 2008-09 in respect of HHW Scheme:

| | GRAND TOTAL | 33,43,246.00 |
|-----------------|-------------------------|----------------------------|
| - | TOTAL | 00.057,62,05 |
| .5. | Operating Cost | 2,21,159,00 |
| | TF.C. | 34,378,00 |
| | Drng | 2,87,724,00 |
| 7. | gmnierT | 00'tts |
| 1 | Rent | 20.075.00 |
| .0 | Salaries | 00.014,81.9 |
| .6 | Honorarum | 00.0tt,97,21 |
| | Recuring | |
| | TOTAL | 2,83,516.00 |
| .8 | NGO Involvement | |
| -7 | armol SDAH to gaining | 00'009'0T |
| .9 | Documentation | |
| .2 | Renovation works | 10.283.00 |
| 1 | I.E.C. Aids & Materials | |
| | (d) OPD | |
| | a) Sub-Centre | |
| 3. | Construction | |
| | Furnime | 1,72,352,00 |
| 1 | Equipment | 00.182.09 |
| | Son-Recurring | |
| '0 _N | Item of Expenditure | Expenditure (Amount in Rs. |

B. Statement on receipt of fund from HSDI, DHFW vis-à-vis submission of SOE to DHFW

| Balance | bmitted to DHFW | SOE su | Total | pung | gninsqO | KA |
|---------|-----------------------|--------|-------------------|---------------|---------|---------|
| | To dinom shi oidU | Junomk | bnuì eldafiava | received from | рајансе | |
| 75,021 | January to March, 06 | 26.84 | 67.991 | 67.991 | 00.0 | 90-9007 |
| 28.912 | April, 06 to Mar., 07 | St.09I | 377.27 | 06.962 | 120,37 | 40-9007 |
| †8'05 I | April, 07 to Mar., 08 | 166,27 | 11.715 | 100.29 | 28.812 | 80-4003 |
| 11.711 | April 08 to June, 08 | £1.EE | 18.021 | • | †8.02I | 60-8007 |







রাজ্য নগর উন্নয়ন সংস্থা

STATE URBAN DEVELOPMENT AGENCY

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

ক্রমিক নং

SUDA-67/2006/54/

জাবিখা 7.07.2008

From

: Director, SUDA

To

: The Manager,

State Bank of India.

Salt Lake City, Kolkata - 700 091.

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

Community Based Primary Health Care Services

Sir.

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

4 19.7.18 Services.

| | Sl. No. | Name of Payee | Amount (in Rs.) | SBI Branch |
|-------|---------|---------------------------------------|-------------------------|------------|
| 44395 | 1. | Chairman, Chandrakona Municipality | 2,88,000.00 | Ghatal |
| 96 | 2. | Chairman, Habra Municipality | 6,38,000.00 | Habra |
| 92 | 3. | Chairman, Panskura Municipality | 7,22,000.00 | Mechada |
| 98 | 4. | Chairman, Rampurhat Municipality | 2,85,000.00 | Rampurhat |
| 99 | 5. | Chairman, Sainthia Municipality | 5,71,000.00 | Sainthia |
| 1 221 | 6. | Cheirman, Taherpur N.A.A | 2,26,000.00 | Ranaghat |
| 51 | 7. | Chairman, Jhargram Municipality | 4,05,000.00 | Jhargram |
| 170 | | Total | 31,35,000.00 | |
| | | (Rupees Thirty One L | akh Thirty-five Thousan | nd only) |

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

(C.Sircar) Director SUDA

দূরভাষ ঃ ২৩৫৮-৬৪০৩/৫৭৬৭, ২৩৩৪-১০০৬, ফাক্সি ঃ ২৩৫৮-৫৮০০ Tel: 2358-6403/5767, 2334-1006, Fax: 2358-5800, E-mail: dirsudawb@yahoo.com

OFFICE OF THE

BOARD OF COUNCILORS, CHANDRAKONA MUNICIPALITY

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

Ref. No. 218 CH-H HW 08

To

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



Date: 10.02.08

P. O. (H)

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

Sir,

This is for your information that the C.B.P.H.C.S Fund of our Municipality has come down below 70% and presently balance in such Fund is amounted to Rs. 23,379/- as per Bank Statement

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

Thanking you.

Enclo.

1)Fund Requisition List of Items and Amount.

Yours faithfully,

Panchanan Santeur 10: 7.18

Vice-Chairman, Chandrakona Municipality

Fund released: 2.13+1.56+5.80=9.49 Char 508 submitted: 6,83,736/ (upto June,08)

Requisition of Fund

(For the period from July 2008 to September 2008 for Recurring Expenses)

| Sl. No. | Item of Expenditure | Expenditure (Amount in Rs.) |
|---------|--|-----------------------------------|
| | Non-Recurring | |
| 1 | Equipment (For 3 Sub-Centers) Rs. 25000 X 3 | 75000.00 |
| 2 | Furniture | Nil |
| 3 | Construction (Not applicable for the present) | Nil |
| | a) Sub-Center | Nil |
| | b) OPD cum Maternity Home | Nil |
| | c) OPD | Nil |
| 4 | IEC & Material | Nil |
| 5 | Renovation works | Nil |
| 6 | Base Line Survey | Nil |
| 7 | Family Schedule, Training Manual, HMIS format & HHW Kit | Nil |
| 8 | Strengthening of existing Maternity Homes & Dispensaries (Not applicable for the present) | Nil |
| | Recurring | |
| 9 | Honorarium FTS (For 2 Staffs @ Rs.1170) X 3 months Rs.7020 HHWs(For 13 Staffs @ Rs. 1000) X 3 months Rs.39000 | 46020.00 |
| 10 | Salaries (For 6 staffs of M&S Cell for July, August and September) Rs. 31500 X 3 months | 94500.00 |
| 11 | Rent (For 3 Sub-centers @Rs. 1000/- each for 3 months) | 9000.00 |
| 12 | Training | Nil |
| 13 | Drug | 63857.00 |
| 14 | IEC | Nil |
| 15 | Operating Cost (Sundries, Printing, postage & telephone, TA / DA etc.) | Nil |
| Total | | 288377.00 |

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panchonen Santau

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

Chandrakona Municipality

S.T.D. No. : 953216

HABRA MUNICIPALITY

(ESTD.- 1979)

POURA BHAWAN

PROMODE DASGUPTA SARANI, P. O. HABBA, NORTH 24 PARGANAS, PIN - 743263

Ref. No. HM/722/P.H./08.

End. 1979

End. 1979

End. 1979

AMUNITOR

Date 30 06-08

Development Received

Phone: Office Hab. 270572

To,
The Director,
State Urban Development Agency (SUDA),
Health Wing,
ILGUS BHAVAN, H.C. Block, Sector-III,
Salt Lake, Kolkata-700091.

Sub.:- Requisition of Fund in connection with Community Based Primary Health Care Services(CBPHCS) for the period from July,2008 to September,2008 for conduction of HHWs. Programme.

Sir,

I am to submit herewith the requisition of fund in connection with CBPHCS for the period from July, 2008 to September, 2008, which is required for smooth conduction of HHWs. programme within Habra Municipal area.

The Utilization Certificate (UC) for the 1st quarter and Statement of Expenditure (SOE) up to the month of June, 2008 have already been submitted.

Out of total fund received, more than 70% fund has already been utilised.

Under this circumstance, you are therefore requested to release further fund in favour of Habra Municipality as per attached prescribed proforma to meet the forthcoming expenses.

Thanking you.

Yours faithfully,

Chairman/Vice-Chairman
Habra Municipality

riadra widincipanty

VICE-CHAIRMAN HABRA MUNICIPALITY



Habra Municipality

Requisition of fund for the period from July, 2008 to September, 2008

| Sl. No. | Items | Requisitioned Amount in Rs. |
|------------|---|-----------------------------|
| 700 | Non-Recurring | |
| 1. | Equipment | |
| 2. | Furniture | 1,60,000.00 |
| 3. | Construction: (Not applicable for the present) | |
| | a) Sub-Centre | |
| | b) OPD cum Maternity Home | |
| | c) OPD | |
| 4. | I.E.C & Materials | |
| 5. | Renovation Works | |
| 6. | Base Line Survey | |
| 7. | Family Schedule, Training manual, HMIS format & HHW kit bag | |
| 8. | Strengthening of existing Maternity Homes & Dispensaries (Not applicable for the present) | |
| | Recurring | |
| 9. | Honorarium | 1,20,000.00 |
| 10. | Salaries | 1,12,000.00 |
| 11. | Rent | 24,000.00 |
| 12. | Training | |
| 13. | Drug | 1,92,000.00 |
| 14. | I.E.C. | |
| 15. | Operating Cost (Sundries, printing, postage & telephone, TA/DA etc.) | 30,000.00 |
| | TOTAL | 6,38,000.00 |

(Rupees Six lakh & Thirty eight thousand only)

Mand Mossians.

Signature of Chairman/Vice-Chairman. Habra Municipality.

> Vice-Chairman HABRA MUNICIPALITY

Proposed by, Sourneye Banesje.



Status on Fund received & SOE submitted of Habra Municipality

| Financial Year | Opening Balance as at 01.05.08 | Fund Received from SUDA | Total Fund Available | SOE sent for the month of June, 2008 | Total Fund utilized upto the month of June,2008 | Balance |
|-------------------|--------------------------------------|----------------------------------|-------------------------|---|--|-------------|
| | COL-1 | col-2 | col-3 | COL-4 | Cot-5 | COL-6 |
| 2008- 2009 | 2,16,808.00 | 8,00,000.00 | 10,16,808.00 | 6,07,759.00 | 7,58,427.00 | 2,58,381.00 |

Word My 30 06.08. Vice-Chairman HABRA MUNICIPALITY

Brakared &, Barurjer.

PAISKURA ICIPALITY S.T.D.: 03228 Phone: 252312 Fax: 252005 Dist. - Purba Medinipur ★ Pin - 721139 পোঃ - পাঁশকুডা 🖈 জেলী Memo No.: Date: 2008 Dated: 07/7/08

Memo No. PM/PHC/259 PART-II/2008/1451

To The Director State Urban Development Agency West Bengal. ILGUS Bhawan, Saltlake, Kol-91.

> Sub :: Statement of Expenditure (SOE) / Status Report for quarter ending June'08 and Requisition of Fund for the quarter ending Sep,08 under Panskura Municipality.

Dear sir.

I am to send herewith the monthly Statement of Expenditure (SOE) along with status report for the quarter ending June ,08 in the prescribed format and the statement of required fund allotment for the quarter ending Sep,'08 in the prescribed format in connection with the working of Community Based Primary Health Care Services at this Municipality.

Thanking you.

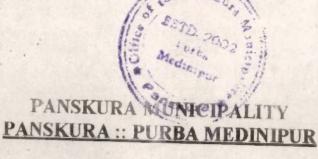
Encl:: As stated. (2)

Yours faithfully,

Memo No. PM/PHC/259 PART-II/2008/1451 (1) Panskura, Municipality Dated: 07/7/08 Copy forwarded to Sri Salil Kr. Lahiri, MIES Officer, Health, State Urban Development Agency, ILGUS Bhawan, HC Block, Sector-III, Kol-91 for kind information and necessary action.

Ful released = 2.30 + 7.07 = 50% such the : 8,78,578 - (upto Jun, 08)

(93761)



Submission of Utilisation Certificate (UC)

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

| SI. No. | Letter No. & Date | Amount (In Rs.) |
|------------|----------------------------------|--------------------|
| 01 | SUDA Health / 63/ULBS/06/56 | 2 30 000 = W |
| 02 | SUDA Health/63 ULBS/Aects/07/554 | 7 07 000 zw |
| | Total | 9 37000 =N |

Certified that out of Rs. 937860 = 100 of Grants-in-aid sanction during the year 2006-07 & 2007-08 in favour of Panakura

Municipality under this Ministry/Department letter no given in the margin and previous year, a sum of Rs. 274328 100 on account of unspent balance of the purpose it was sanctioned and the balance of Rs. 109422 = 100 carried forward to the Ac of next quarter of FY.

Of Grants-in-aid of Grants-in-aid of Grants-in-aid next purpose in the margin and the margin and previous year, a sum of Rs. 274328 100 on account of unspent balance of the purpose it was sanctioned and the balance of Rs. 109422 = 100 of Grants-in-aid next purpose in the margin and previous year, a sum of Rs. 274328 100 on account of unspent balance of the purpose it was sanctioned and the balance of Rs. 109422 = 100 of Grants-in-aid next purpose in the margin and previous year, a sum of Rs. 274328 100 on account of unspent balance of the purpose it was sanctioned and the balance of Rs. 109422 = 100 of Grants-in-aid next purpose in the margin and previous year, a sum of Rs. 274328 100 on account of unspent balance of the purpose it was sanctioned and the balance of Rs. 109422 = 100 of Grants-in-aid next purpose in the margin and previous year, a sum of Rs. 274328 100 on account of unspent balance of the purpose it was sanctioned and the balance of Rs. 109422 = 100 of Grants-in-aid next purpose in the margin and previous year, a sum of Rs. 274328 100 on account of unspent balance of the purpose it was sanctioned and the balance of Rs. 109422 = 100 of Grants-in-aid next purpose in the margin and the purpose it was sanctioned and the balance of Rs. 109422 = 100 of Grants-in-aid next purpose it was sanctioned and the balance of Rs. 109422 = 100 of Grants-in-aid next purpose it was sanctioned and the balance of Rs. 109422 = 100 of Grants-in-aid next purpose it was sanctioned and the balance of Rs. 109422 = 100 of Grants-in-aid next purpose it was sanctioned and the balance of Rs. 109422 = 100 of Grants-in-aid next purpose it was sancti

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

1) Books of Accounts
2) Original Bill, Receipts & vouchers
3) Bank Statement
4) Physical Progress
4

Alban.

Signature of Chairman ce Chairman

PANSKURA MUNICIPALTY PANSKURA:: PURBA MEDINIPUR

Submission of Requisition of Fund

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

Requisition of fund for the period ... Auly . 0.8. ... to . 300%

| Sl. No. | Items | Requisitioned Amount in Rs. |
|---------|---|-----------------------------|
| | Non-Recurring | |
| 1 | Equipment | |
| 2 | Furniture | |
| 3. | Construction: (Not applicable for the present) | |
| | a)Sub-Centre | |
| | b) OPD cum Maternity Home | |
| | c) OPD | |
| 4 | I.E.C & Materials | - |
| 5 | Renovation Works | 289437=4 |
| 6 | Base Line Survey | - 0 1 434-1 |
| 7 | Family Schedule, Training manual, HMIS format & HHW kit bag | |
| 8 | Strengthening of existing Maternity Homes & Dispensaries (Not applicable for the present) | |
| | Recurring | |
| 9 | Honorarium | 65040=n |
| 10 | Salaries | 143100=~ |
| 11 | Rent | 3000 = W |
| 12 | Training | (15000 2 m) |
| 13 | Drug | 384000=1 |
| 14 | I.E.U. | 567000-4 |
| 15 | Operating cost (Sundries, printing, postage & telephone, TA / DA etc) | 600002~ |
| | Total Rs | 959577=W |

Er 22 solonies

Chairman, Chairm