OFFICE OF THE MUNICIPAL COUNCILLORS, KONNAGAR

73, G. T. ROAD (W), KONNAGAR (PIN : 712235), HOOGHLY, WEST BENGAL

Sri Samir Banerjee
Chairman

Office : 2674-0210/2123
Residence : 2674-5300
Ambulance : 2674-7545
Hospital : 2674-7740
Fax : 2674-0210 (Office)

Ref. No. : KMD/14/CUDP-III/43 Dated : 8/4/2010

Achintya to mention in a separate file

1467
8.4.10

To

The Project Officer Health Wing (SUDA)

Ilgus Bhavan, H. C. Block.

Bidhannagar,Sector- III,Salt lake City.

Kol.....700116

Sub-:-Your Notification No-:1193/MA/P/C-10/1G-5/2007Dt-24.12.08.

Sir,

Enclosed find herewith the requisition for payment of honorarium, contingency & Medicine of C.U.D.P.-III,under Konnagar Municipality for the month from April- 10 to June-10. In this connection our good self it requested to release the fund of A/C of honorarium, Contingency,& Medicine of Rs. 3,78,735/- at earliest convenience.

Thanking You.

Yours Faithfully

Chairman

Konnagar Municipality

KONNAGAR MUNICIPALITY

CUDP- III

REQUISITION OF FUND FOR THE PERIOD - April- 10 to June- 10

S.L No	Category of Health Facilities & man power	Approved No.	Actual No. in Position	Unit Hon./Sal per month	Requirement for 3 months
1	**Block**				
a)	HHWs	30	29	2000/-	1,74,000/-
2	**Sub Centre**				
a)	FTSs	6	6	2170/-	39060/-
3	**HAU**				
a)	PTMOs	2	1	2850/-	8550/-
b)	STS				
c)	S.I.	1	1	300/-	900/-
d)	Clerk cum Storekeeper	1	1	1700/-	5100/-
e)	Attendants	2	2	1900/-	11400/-
f)	Sweeper				
4)	**E.S.O.P.D.**				
a)	Spl. Doctor	7	7	2600X4 925X3	39525/-
b)	Attendant	1	1	1900/-	5700/-

Requisition of fund for Medicine & Contingency

SL.No	Medicine @ approved rate of KMDA	Required for 3 months
1	For HAU	30,000/-
2	For E.S.O. P. D.	60,000/-
	Contingency @ approved rate of KMDA	
3	For HAU	4500/-

Chairman

Konnagar Municipality

IPP
1st & 9 FY 2009-10

OFFICE OF THE MUNICIPAL COUNCILLORS, KONNAGAR

73, G. T. ROAD (W), KONNAGAR, (Pin - 712235), HOOGHLY, West Bengal

Sri Samir Banerjee
Chairman

Office : 2674-0210/2123
Residence : 2674-5300
Ambulence : 2674-7545
Hospital 2674-7740
Fax : 2674-0210 (Office)

Ref. No. PWD/14/IPP-VIII/1068 Dated 28/11/2009

Acknowledged
01.12.09.

To

The Director, SUDA
ILGUS BHAVAN, H.C. Block.
Sec tor...III, Bidhannagar.
Kolkata...700091

Sub : Submission of statement of expenditure Utilisation Certificate (UC) 1st quarter 2009---2010 & requisition of fund (2nd t quarter. 2009—2010).

Office of Health Sec 733 DATE 1.12.09

Ref No :

Sir,

In inviting your above reference, I am submitting the necessary informations i.e. statement of expenditure (SOE), Utilisation Certificate & Requisition of fund in connection with IPP-VIII scheme.

This may kindly be acknowledged.

Yours Faithfully

Chairman

Konnagar Municipality.

Chairman
Konnagar Municipality

Annexure - I

CUDP III / CSIP / IPP-VIII

Status on Fund received & SOE submitted :

(Amount in Rs.)

1st ..... **Quarter FY 2009-10**

	A/C Head				
	Hon. / Salary	**Drug**	**Rent**	**Contingency**	**Total**
B/F Balance	88,790	1,94,298	0	2617	2,85,705
Fund Received	0	0	0	0	0
Total Available Fund	88,790	1,94,298	0	2617	2,85,705
SOE Submitted	2,86,370	28,322	0	8539	323,231
Balance in hand	-1,97,580	1,65,976	0	-5,922	-37,526

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

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Annexure-II

CUDP III/CSIP/IPP-VIII

Voucher Details Statement for the ....1st.....Quarter of FY 2009-10

Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs.)
Vr. No. 33,157,297 ..... Date 02.4.09, 08.5.09, 04.6.09.	Hon./Salary	Hon. to HHWs Hon. to FTSs A.H.O, P.T.M.O, S.T.S. clerk, Attendence sweeper, ...	87,790 = 00 99,290 = 00 99,290 = 00
VR.No. - 324 ..... Date:- 09/6/09	Drug	For HAU For ESOPD For MH	28,322 = 00 ....
.....	Rent	For SC	.....
VR.No. 88,234,407 ..... Date:- 22.4.09 25.5.09 22.6.09	Contingency	For HAU For ESOPD For MH For SC	8,539 = 00 ....
		Total	3,23,231 = 00

N.B. Not to enclose any copies of bills & vouchers.

Signature of Chairperson/Vice-Chairman

Chairman
Konnagar Municipality

Annexure - III

CUDP III / CSIP / IPP-VIII

Requisition of Fund for the 1st **Quarter of FY** ~~2008-09~~ 2009-10

Facilities	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
Block (HHW)					
Sub-Centre (FTS)					
HAU		10,500			10,500
ESOPD					
MH					
DC					
ULB (AHO & UHIO)					10,500

* **Space marked with** ■ **is not to be filled in.**

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

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Annexure - III

CUDP III / CSIP / IPP-VIII

Requisition of Fund for the ~~1st~~ 2nd **Quarter of FY** ~~2008-09~~ 2009-10

Facilities	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
Block (HHW)					
Sub-Centre (FTS)					
HAU		30,000		10,500	94,000
ESOPD					
MH					
DC					
ULB (AHO & UHIO)					10,500

* **Space marked with** ■ **is not to be filled in.**

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

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Annexure - IV

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

Sl. No.	Letter No. & Date	Amount (in Rs.)
		NIL
	Total	NIL

Certified that out of Rs. ..NIL... of Grants-in-aid sanctioned during the year 2009-10 in favour of .....Konnagar. Municipality under this Ministry / Department letter no. given in the margin and Rs. 285,705/- on account of unspent balance of the previous year, a sum of Rs. 323,231/- has been utilized for the purpose it was sanctioned and the balance of Rs. -37,526/- remaining unutilized at the end of the 1st quarter has been carried forward to the A/C of next quarter of FY 2009-2010.

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 sanctioned.

KINDS OF CHECK EXERCISED

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

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

IPP
2nd Q FY 2009-10

OFFICE OF THE MUNICIPAL COUNCILLORS, KONNAGAR

73, G. T. ROAD (W), KONNAGAR (PIN : 712235), HOOGHLY, WEST BENGAL

Sri Samir Banerjee
Chairman

Office : 2674-0210/2123
Residence : 2674-5300
Ambulance : 2674-7545
Hospital : 2674-7740
Fax : 2674-0210 (Office)

Ref. No. : PWD/14/I.P.P-VIII/1069

04-12-09
Acknowledged
01.12.09

Dated 28/11/2009

To

The Director, SUDA

ILGUS BHAVAN, H.C. Block.

Sec tor...III, Bidhannagar.

Kolkata...700091

Sub : Submission of statement of expenditure Utilisation Certificate (UC) 2nd quarter 2009---2010 & requisition of fund (3rd quarter. 2009—2010).

Konnagar Municipality
732
DATE
1.12.09

Ref No :

Sir,

In inviting your above reference, I am submitting the necessary informations i.e. statement of expenditure (SOE), Utilisation Certificate & Requisition of fund in connection with IPP-VIII scheme.

This may kindly be acknowledged.

Yours Faithfully

Chairman

Konnagar Municipality.

Chairman
Konnagar Municipality

Annexure - I

CUDP III / CSIP / IPP-VIII

Status on Fund received & SOE submitted :

(Amount in Rs.)

..... 2nd ..... **Quarter FY 2009-10**

	A/C Head				
	Hon. / Salary	**Drug**	**Rent**	**Contingency**	**Total**
B/F Balance	-1,97,580	1,65,976	0	-5922	-37,526
Fund Received	3,95,200	30,000	0	0	4,25,200
Total Available Fund	1,97,620	1,95,976	0	-5,922	3,87,674
SOE Submitted	3,65,870	0	0	9217	3,75,087
Balance in hand	-1,68,250	1,95,976	0	-15,139	12,587

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

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Annexure-II

CUDP III/CSIP/IPP-VIII

Voucher Details Statement for the ....2nd.....Quarter of FY 2009-10

Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs.)
Vr. No. 470, 642, 643, 953. Date. 7.7.09, 4.8.09, 4.8.09, 2.9.09, 22.9.09.	Hon./Salary Arrear, Ex gratia	Hon. to HHWs Hon. to FTSs	99,290 =00 23,000 =00 99,290 =00 99,290 =00 45,000 =00
.....	Drug	For HAU For ESOPD For MH	....
.....	Rent	For SC	.....
VR. No. 578, 757, 913. Date :- 23.7.09, 25.8.09, 19.9.09.	Contingency	For HAU For ESOPD For MH For SC	9,217 =00 ....
		Total	3,75,087 =00

N.B. Not to enclose any copies of bills & vouchers.

Signature of Chairperson/Vice-Chairman

Chairman
Konnagar Municipality

Annexure - III

CUDP III / CSIP / IPP-VIII

Requisition of Fund for the ~~1st~~ 3rd Quarter of FY ~~2008-09~~ 2009-10

Facilities	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
Block (HHW)	1,80,000				1,80,000
Sub-Centre (FTS)	45,570				45,570
HAU	54,300	10,500			64,800
ESOPD					
MH					
DC					
ULB (AHO & UHIO)	18,000				18,000

* **Space marked with** ▓ **is not to be filled in.**

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

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Annexure - IV

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

Sl. No.	Letter No. & Date	Amount (in Rs.)
	SUDA-Health/145/08/211(40) SUDA-Health/145/08/301(39)	395,200 30,000
	Total	4,25,200

Certified that out of Rs. 4,25,200/- of Grants-in-aid sanctioned during the year 2009-10 in favour of ..Konnagar..... Municipality under this Ministry / Department letter no. given in the margin and Rs. 2,85,705/- on account of unspent balance of the previous year, a sum of Rs. 6,98,318/- has been utilized for the purpose it was sanctioned and the balance of Rs. ...12,587/-.... remaining unutilized at the end of the 2nd.... quarter has been carried forward to the A/C of next quarter of FY 2009-2010.

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 sanctioned.

KINDS OF CHECK EXERCISED

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

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

IPP
1st of FY 2009-10

OFFICE OF THE MUNICIPAL COUNCILLORS, KONNAGAR

73, G. T. ROAD (W), KONNAGAR, (Pin - 712235), HOOGHLY, West Bengal

Office : 2674-0210/2123
Residence : 2674-5300
Ambulence : 2674-7545
Hospital : 2674-7740
Fax : 2674-0210 (Office)

Sri Samir Banerjee
Chairman

Ref. No. PMD/14/IPP-VIII/756 Dated 22/9/08

To

The Director,
SUDA(Health Wing)
ILGUS BHAVAN,H.C. BLOCK.
Sector-III,Bidhannagar,
Kolkata-700106.

Ashim F.O. 23.9.08

Office of Health Section 536 DATE 23.9.08

Sub-: **Submission of statement of Expenditure(SOE), Utilisation Certificate(UC) & requisition of fund .**

Ref-: Your No. SUDA-Health/KMA ULBs/10/15(41)/2008 Dt.1.8.2008

Sir,

In Inviting your above reference, I am Submitting the necessary informations i.e. statement of expenditure (SOE), Utilisation certificate & requisition of fund in connection with IPP-VIII scheme.

This may Kindly be acknowledge.

Yours faithfully

Chairma

Konnagar M

Annexure-II

CUDP III/CSIP/IPP-VIII

Voucher Details Statement for the ....1st.....Quarter of FY 2009-10

Voucher No. & Date	Item of Expend iture	Nature of Expenditure	Amount (Rs.)
Vr. No. 33, 157, 297 ..... Date 02.04.09, 08.05.09, & 04.06.09.	Hon./Salary	Hon. to HHWs Hon. to FTSs A.H.O, P.T.M.Os, S.T.Ss, Clerks, H.H.Ws, Attends, Sweeper	87,790=00 99,290=00 99,290=00
VR.No.- 324 ..... dt.- 09/06/09	Drug	For HAU For ESOPD For MH	28,322=00
.....	Rent	For SC	.....
VR.No.- 88, 234, 407. Date:- 22.04.09, 25.05.09, 22.06.09.	Contingency	✓For HAU For ESOPD For MH For SC	8,539=00
		Total	3,23,231=00

N.B. Not to enclose any copies of bills & vouchers.

Signature of Chairperson/Vice-Chairman

Annexure - I

CUDP III / CSIP / IPP-VIII

Status on Fund received & SOE submitted :

1st ..... **Quarter FY 2009-10**

(Amount in Rs.)

	A/C Head				
	Hon. / Salary	**Drug**	**Rent**	**Contingency**	**Total**
B/F Balance	88,790	1,64,298	NIL	2,617	2,55,705
Fund Received	NIL	NIL	NIL	NIL	NIL
Total Available Fund	88,790	1,64,298	NIL	2,617	2,55,705
SOE Submitted	286,370	28,322	NIL	8,539	3,23,231
Balance in hand	-1,97,580	1,35,976	NIL	-5,922	-67,526

Chairman

Signature of Chairperson / Vice-Chairperson

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Annexure - III

CUDP III / CSIP / IPP-VIII

Requisition of Fund for the 1st **Quarter of FY** ~~2008-09~~ 2009-10

Facilities	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
Block (HHW)					
Sub-Centre (FTS)					
HAU		10,500			10,500
ESOPD					
MH					
DC					
ULB (AHO & UHIO)					10,500

* **Space marked with** ■ **is not to be filled in.**

Signature of Chairperson / Vice-Chairperson

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Annexure - III

CUDP III / CSIP / IPP-VIII

Requisition of Fund for the 2nd ..... Quarter of FY 2009-10

Facilities	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
Block (HHW)	1,80,000				1,80,000
Sub-Centre (FTS)	45,570				45,570
HAU	54,300	30,000		10,500	94,800
ESOPD					
MH					
DC					
ULB (AHO & UHIO)	18,000				18,000

* Space marked with ■ is not to be filled in.

Chairman
Jamnagar Municipal...

Signature of Chairperson / Vice-Chairperson

Annexure - IV

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

Sl. No.	Letter No. & Date	Amount (in Rs.)
	Total	

Certified that out of Rs. ...NIL... of Grants-in-aid sanctioned during the year 2009-10 in favour of ...Kannagam... Municipality under this Ministry / Department letter no. given in the margin and Rs. 2,55,705=00 on account of unspent balance of the previous year, a sum of Rs. 3,23,231=00 has been utilized for the purpose it was sanctioned and the balance of Rs. 67,526=00 remaining unutilized at the end of the ...1st... quarter has been carried forward to the A/C of next quarter of FY 2009-2010.

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 sanctioned.

KINDS OF CHECK EXERCISED

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

Chairman
Executive Officer

Signature of Chairperson / Vice-Chairperson

OFFICE OF THE MUNICIPAL COUNCILLORS, KONNAGAR

73, G. T. ROAD (W), KONNAGAR, (Pin - 712235), HOOGHLY, West Bengal

Sri Samir Banerjee
Chairman

Office : 2674-0210/2123
Residence : 2674-5300
Ambulence : 2674-7545
Hospital : 2674-7740
Fax : 2674-0210 (Office)

Ref. No. PWD/14/IPP-VIII/258 Dated 24/6/2010

To

The Project Officer Health Wing (SUDA)

Ilgus Bhavan, H. C. Block.

Bidhannagar,Sector- III,Salt lake City.

Kol.....700116

Office of Health Wing 1206 DATE 25.6.10

Sub-: Requisition of fund for payment of honorarium contingency and Medicine of IPP VIII under Konnagar Municipality for the month from ------April------2010 to ----June-----2010

Sir/Madam,

Enclosed find herewith the requisition for payment of Honorarium, Contingency & Medicine of I.P.P --VIII under Konnagar Municipality. For the month--April---10 to ---June------ 10.

In this connection our good self it requested to release the fund of A/C of Honorarium, Contingency, & Medicine of Rs. 3,38,370/- at earliest convenience.

Thanking You.

Yours Faithfully

chairman

Chairman
Konnagar Municipality

KONNAGAR MUNICIPALITY

IPP - VIII

Requisition of fund for the period April-2010 to June-2010

S.L. No	Category of Health Facilities & man power	Approved No.	Actual No. in Position	Unit Hon./Sal per month	Requirement for 3 months
1	**Block**				
a)	HHWs	35	30	2000·00	1,80,000·00
2	**Sub Centre**				
a)	FTSs	7	7	2170·00	45,570·00
3	**HAU**				
a)	PTMOs	2	2	2850·00	17,100·00
b)	STS	1	1	2300·00	6,900·00
c)	STS(ANM)	1	1	2500·00	7,500·00
d)	Clerk cum Storekeeper	1	1	2100·00	6,300·00
e)	Attendants	2	2	1900·00	11,400·00
f)	Sweeper	1	1	1700·00	5,100·00
4)	**ULB**				
a)	AHO	1	1	6,000·00	18,000·00

Requisition of fund for Medicine & Contingency

SL.No	Medicine @ approved rate of KMDA	Required for 3 months
1	For HAU	30,000·00
	Contingency @ approved rate of KMDA	
2	For HAU	10,500·00

Chairman

Konnagar Municipality

Chairman
Konnagar Municipality

1st to 4th Q FY 2008-09

OFFICE OF THE MUNICIPAL COUNCILLORS, KONNAGAR

73, G. T. ROAD (W), KONNAGAR (PIN : 712235), HOOGHLY, WEST BENGAL

Office : 2674-0210/2123
Residence : 2674-5300
Ambulance : 2674-7545
Hospital : 2674-7740
Fax : 2674-0210 (Office)

Sri Samir Banerjee
Chairman

Ref. No. : PWD/14/I.P.P.-VIII/1067 Dated : 25/11/2009

04-12-09
Acharya/T.O.
01.12.09.

To

The Director, SUDA

ILGUS BHAVAN, H.C. Block.

Sec tor...III, Bidhannagar.

Kolkata...700091

Sub : Submission of statement of expenditure Utilisation Certificate (UC) 2008--2009 & requisition of fund (1st quarter. 2009—2010).

Office of the Health Body 734 DATE 1.12.09

Ref No : Your No SUDA-Health/KMA/ULBs/10/15(41)/2008,dt..1.08.08

Sir,

In inviting your above reference, I am submitting the necessary informations i.e. statement of expenditure (SOE), Utilisation Certificate & Requisition of fund in connection with IPP-VIII scheme.

This may kindly be acknowledged.

Yours Faithfully

Chairman

Konnagar Municipality.

Chairman
Konnagar Municipality

Annexure - I

CUDP III / CSIP / IPP-VIII

Status on Fund received & SOE submitted :

(Amount in Rs.)

1st .... **Quarter FY 2008-09**

	A/C Head				
	Hon. / Salary	**Drug**	**Rent**	**Contingency**	**Total**
B/F Balance	NIL	30,000	0	51,193	81,193
Fund Received	1,94,370	60,000	0	0	2,54,370
Total Available Fund	1,94,370	90,000	0	51,193	3,35,563
SOE Submitted	3,23,950	0	0	10,042	3,33,992
Balance in hand	-1,29,580	90,000	0	41,151	1,571

[illegible]

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

Annexure - I

CUDP III / CSIP / IPP-VIII

Status on Fund received & SOE submitted :

(Amount in Rs.)

..... 2nd ..... **Quarter FY 2008-09**

	A/C Head				
	Hon. / Salary	**Drug**	**Rent**	**Contingency**	**Total**
B/F Balance	-1,29,580	90,000	0	41,151	1,571
Fund Received	3,32,370	60,000	0	10,500	4,02,870
Total Available Fund	2,02,790	1,50,000	0	51,651	4,04,441
SOE Submitted	3,27,160	30,000	0	36,220	3,93,380
Balance in hand	-1,24,370	1,20,000	0	15,431	11,061

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

Annexure - I

CUDP III / CSIP / IPP-VIII

Status on Fund received & SOE submitted :

(Amount in Rs.)

3rd ..... **Quarter FY 2008-09**

	A/C Head				
	Hon. / Salary	**Drug**	**Rent**	**Contingency**	**Total**
B/F Balance	-1,24,370	1,20,000	0	15,431	11,061
Fund Received	5,03,740	60,000	0	21,000	5,84,740
Total Available Fund	3,79,370	1,80,000	0	36,431	595,801
SOE Submitted	2,90,580	0	0	22,577	3,13,157
Balance in hand	88,790	1,80,000	0	13,854	2,82,644

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

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Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

Annexure-II

CUDP III/CSIP/IDP-VIII

Voucher Details Statement for the 2nd Quarter of FY 2008-09

Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs.)
Vr.No 461, 662, 922, 923 Date 10.7.08, 21.8.08, 16.9.08, 30.9.08	Hon./Salary	Hon. to HWs Hon. to FTSs A.H.O., P.T.M.O., S.T.S., Clerk, Attendence sweeper, Hon. + Sagnalia	64,790=00 64,790=00 64,790=00 1,32,790=00
VR.No.- 555 Date:- 29.7.08	Drug	For HAU For ESOPD For MH	30,000=00
	Rent	For SC	
VR.No- 508, 641, 830, 927, 928, 929, 930. Date:- 24.7.08, 16.8.08, 19.9.08, 30.9.08.	Contingency	For HAU For ESOPD For MH For SC	36,220=00
		Total	3,93,380=00

N.B. Not to enclose any copies of bills & vouchers.

Signature of Chairperson/Vice-Chairman

Chairman
Konnagar Municipality

Annexure-II

CUDP III/CSIP/IPP-VIII

Voucher Details Statement for the ...3rd.....Quarter of FY 2008-09

Voucher No. & Date	Item of Expend-iture	Nature of Expenditure	Amount (Rs.)
Vr. No. 1047, 1149, 1264 ... Date. 29.10.08, 14.11.08, 11.12.08	Hon./Salary	Arrear Hon. to HMWs Hon. to FTSs A.H.O, P.T.M.O, S.T.S Clerk, Attendence, Sweeper	1,15,000=00 ... 87,790=00 ... 87,790=00
...	Drug	For HAU	...
		For ESOPD	...
		For MH	...
...	Rent	For SC	...
Vr. No.- 964, 1038, 1177, 1347. ... Date:- 1.10.08, 29.10.08, 21-11.08, 27.12.08	Contingency	For HAU	22,577=00
		For ESOPD	...
		For MH	...
		For SC	...
		Total	3,13,157=00

N.B. Not to enclose any copies of bills & vouchers.

Signature of Chairperson/Vice-Chairman

Chairman
Konnagar Municipality

Annexure-II

CUDP III/CSIP/IPP-VIII

Voucher Details Statement for the ....4th.....Quarter of FY 2008-09

Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs.)
Vr.No. 1389, 1552, 1718.. Date 7.1.09, 9.2.09, 12.3.09	Hon./Salary	Hon. to HNWs	87,790 =00
		Hon. to FTSs A.H.O., P.T.M.O., S.T.S., clerk, Attendence, Sweeper	87,790 =00
			87,790 =00
VR.No. - 1506 Date:- 30.1.09.	Drug	For HAU	15,702 =00
		For ESOPD	
		For MH	
	Rent	For SC	
VR.No. 1464, 1635, 1674, 1673, 1722, Date:- 20.1.09, 21.2.09,	Contingency	For HAU	21,737 =00
		For ESOPD	
		For MH	
		For DC	
		Total	300,809 =00

N.B. Not to enclose any copies of bills & vouchers.

Signature of Chairperson/Vice-Chairman

Chairman
Konnagar Municipality

Annexure - III

CUDP III / CSIP / IPP-VIII

Requisition of Fund for the 1st ..... **Quarter of FY** ~~2008-09~~ 2009-10

Facilities	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
Block (HHW)	1,80,000				1,80,000
Sub-Centre (FTS)	45,570				45,570
HAU	54,300	30,000			94,800
ESOPD					
MH					
DC					
ULB (AHO & UHIO)	18,000				18,000

* **Space marked with** ▮ **is not to be filled in.**

Signature of Chairperson / Vice-Chairperson

Chairman
Kanagar Municipality

Annexure - IV

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

Sl. No.	Letter No. & Date	Amount (in Rs.)
	KMDA - Ch. No. 063572 dt. - 19.3.08	1,94,370 =00
	KMDA - Ch. No. 063555 dt. - 06.3.08	80,000 =00
	KMDA - Ch. No. 63744 dt. - 24.7.08	30,000 =00
	SUDA - 360/2008/1004	234,870 =00
	SUDA - 360/2008/ 933	3,72,870 =00
	SUDA - 360/2008/1448	3,49,870 =00
	SUDA - 360/2008/ 714	2,73,870 =00
	SUDA - 145/08/85	30,000 =00
	Total	15,45,850 =00

Certified that out of Rs. 15,45,850/- of Grants-in-aid sanctioned during the year 2008-09 in favour of ..Konnagar..... Municipality under this Ministry / Department letter no. given in the margin and Rs. 81,193/- on account of unspent balance of the previous year, a sum of Rs. 13,41,338/- has been utilized for the purpose it was sanctioned and the balance of Rs. 2,85,705/- remaining unutilized at the end of the 4th quarter has been carried forward to the A/C of next quarter of FY 2009-2010.

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 sanctioned.

KINDS OF CHECK EXERCISED

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

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

C:\Dr Goswami\SUDA\Letterhead.doc

FY 2008-09

OFFICE OF THE MUNICIPAL COUNCILLORS, KONNAGAR

73, G. T. ROAD (W), KONNAGAR (PIN : 712235), HOOGHLY, WEST BENGAL

Sri Samir Banerjee
Chairman

Office : 2674-0210/2123
Residence : 2674-5300
Ambulance : 2674-7545
Hospital : 2674-7740
Fax : 2674-0210 (Office)

Ref. No. : PMD/14/IPP-VIII/422

Dated : 14.7.2009

Office 260 DATE 14.7.09 Health Suda

To
The Director, SUDA
ILGUS BHABAN, H.C. Block,
Sector-III, Bidhannagar,
Calcutta-700091.

Sub : Submission of Statement of Expenditure(SOE) Utilisation Certificate(UC) & Requisition of fund.

Ref : Your No. SUDA-Health/KMA ULBs/10/15(41)/2008 dt.1.8.2008.

Sir,

In inviting your above reference, I am submitting the necessary informations i.e. statement of expenditure (SOE), Utilisation Certificate & Requisition of fund in connection with IPP-VIII Scheme.

This may kindly be acknowledged.

Yours faithfully,

Chairman
Konnagar Municipality

Annexure-II

CUDP III/CSIP/IPP-VIII

Voucher Details Statement for the ...1st Quarter.....Quarter of FY 2008-09

Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs.)
Vr.No 1425, 1635, 83, 178, 318... Date 07.2.08, 18.3.08, 1.3.4.08, 4.5.08, 10.6.08	Hon./Salary	Hon. to HHWs Hon. to FTSs P.T.M.O, S.T.S, Clerk, Attender Sweeper + A.H.O.	64,790=00 64,790=00 64,790=00 64,790=00 64,790=00
.....	Drug	For HAU For ESOPD For MH	....
.....	Rent	For SC	.....
VR.No.- 105, 225, 382 Dt.- 22.4.08, 20.5.08 & 19.6.08.	Contingency	For HAU For ESOPD For MH For DC	10042=00 ....
		Total	3,33,992=00

N.B. Not to enclose any copies of bills & vouchers.

Note :- Honorarium for the month from Jan 08 to March 08, Rs-64790/- each, i.e, total Rs-194370/- paid from from general fund in respective each month, which has received from KMDA Health IPPVIII dt. 2.4.09 by Konnagar Municipality. This amount in shown above & is adjusted with General Fund.

Chairman
Konnagar Municipality.

Signature of Chairperson/Vice-Chairman

Annexure-II

CUDP III/CSIP/IPP-VIII

Voucher Details Statement for the ....2nd.....Quarter of FY 2008-09

Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs.)
Vr.No 461, 662, 922, 923.. Date. 10.7.08, 21.8.08, 16.9.08, 30.9.08.	Hon./Salary	Hon. to HHWs Hon. to FTSs A.H.O, P.T.M.O. Clerk, Attendant Sweeper Hon. & Exgratia	64,790 = 00 64,790 = 00 64,790 = 00 1,32,790 = 00
VR.No. 555 dt. 29.7.08	Drug	For HAU For ESOPD For MH	30,000 = 00
	Rent	For SC	
VR.NO- 508, 641, 830, 927, 928, 929, 930 dt. 24.7.08, 16.8.08, 19.9.08, 30.9.08	Contingency	For HAU For ESOPD For MH For DC	36,220 = 00
		Total	3,93,380 = 00

N.B. Not to enclose any copies of bills & vouchers.

Chairman
Konnagar Municipality.

Signature of Chairperson/Vice-Chairman

06.

Annexure-II

CUDP III/CSIP/IPP-VIII

Voucher Details Statement for the 3rd Quarter.....Quarter of FY 2008-09

Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs.)
Vr.No 1047, 1142, 1264.... Date. 29.10.08, 14.11.08,... & 11.12.08	Hon./Salary	Arrear Hon. to HHWs	1,15,000=00
		Hon. to FTSs A.H.O, P.T.M.O, Clerk, Attendant Sweeper, S.I.T.S.	87790=00
			87,790=00
.....	Drug	For HAU	.....
		For ESCPD	.....
		For MH	.....
.....	Rent	For SC	.....
VRNO:- 964, 1038, 1177, 1347. Dt:- 4.10.08, 29.10.08, 21.11.08, 27.12.08.	Contingency	For HAU	22,577=00
		For ESOPD	.....
		For MH	.....
		For DC	.....
		Total	3,13,157=00

N.B. Not to enclose any copies of bills & vouchers.

Chairman
Konnagar Municipality.

Signature of Chairperson/Vice-Chairman

Annexure-II

CUDP III/CSIP/IPP-VIII

Voucher Details Statement for the ..4th..Quarter of FY 2008-09

Voucher No. & Date	Item of Expend-iture	Nature of Expenditure	Amount (Rs.)
Vr.No 1389, 1552, 1718 ..... Date. 7.1.09, 9.2.09, 12.3.09	Hon./Salary	Hon. to HHWs Hon. to FTSs A.H.O, P.T.MD, S.T.S, clerk, Attendant, Sweeper	87,790=00 87,790=00 87,790=00
VR NO:- 1506 ..... Dt:- 30.1.09	Drug	For HAU For ESOPD For MH	15,702=00
.....	Rent	For SC	.....
VR NO:- 1464, 1635, 1674, 1673, 1722 ..... Dt:- 20.1.09, 21.2.09, 20.3.09 23.3.09, 12.3.09	Contingency	For HAU For ESOPD For MH For DC	21,737=00
		Total	300809

N.B. Not to enclose any copies of bills & vouchers.

Chairman
Konnagar Municipality

Signature of Chairperson/Vice-Chairman

Annexure - I

~~CUDP III~~ / ~~CSIP~~ / IPP-VIII

Status on Fund received & SOE submitted :

(Amount in Rs.)

1st ..... **Quarter FY 2008-09**

	A/C Head				
	Hon. / Salary	**Drug**	**Rent**	**Contingency**	**Total**
B/F Balance	NIL	30,000	NIL	51,193	81,193
Fund Received	1,94,370	60,000	NIL	NIL	2,54,370
Total Available Fund	1,94,370	90,000	NIL	51,193	3,35,563
SOE Submitted	3,23,950	NIL	NIL	10,042	3,33,992
Balance in hand	-1,29,580	90,000	NIL	41,151	1,571

Chairman
Konnagar Municipality

Signature of Chairperson / Vice-Chairperson

Annexure - I

CUDP III / CSIP / IPP-VIII

Status on Fund received & SOE submitted :

(Amount in Rs.)

....2nd..... Quarter FY 2008-09

	A/C Head				
	Hon. / Salary	**Drug**	**Rent**	**Contingency**	**Total**
B/F Balance	-1,29,580	90,000	NIL	41151	1571
Fund Received	3,32,370	30,000	NIL	10,500	3,72,870
Total Available Fund	202790	1,20,000	NIL	51651	3,74,441
SOE Submitted	3,27,160	30,000	NIL	36,220	3,93,380
Balance in hand	-1,24,370	90,000	NIL	15431	-18939

Chairman
Konnagar Municipality.

Signature of Chairperson / Vice-Chairperson

Annexure - I

~~GUDP III~~ / CSIP / IPP-VIII

Status on Fund received & SOE submitted :

(Amount in Rs.)

.....3rd..... Quarter FY 2008-09

	A/C Head				
	Hon. / Salary	**Drug**	**Rent**	**Contingency**	**Total**
B/F Balance	-1,24,370	90,000	NIL	15,431	-18939
Fund Received	503740	60,000	NIL	21,000	5,84,740
Total Available Fund	3,79,370	1,50,000	NIL	36,431	5,65,801
SOE Submitted	290,580	NIL	NIL	22,577	3,13,157
Balance in hand	88,790	1,50,000	NIL	13,854	2,52,644

Chairman
Konnagar Municipality.

Signature of Chairperson / Vice-Chairperson

Annexure - I

CUDP III / ~~CSIP~~ / IPP-VIII

Status on Fund received & SOE submitted :

(Amount in Rs.)

..... 4th ..... **Quarter FY 2008-09**

	A/C Head				
	Hon. / Salary	**Drug**	**Rent**	**Contingency**	**Total**
B/F Balance	88,790	1,50,000	NIL	13,854	2,52,644
Fund Received	263,370	30,000	NIL	10,500	3,03,870
Total Available Fund	3,52,160	1,80,000	NIL	24,354	5,56,514
SOE Submitted	2,63,370	15,702	NIL	21,737	3,00,809
Balance in hand	88,790	1,64,298	NIL	2617	2,55,705

Chairman
Konnagar Municipality

Signature of Chairperson / Vice-Chairperson

Annexure - IV

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

Sl. No.	Letter No. & Date	Amount (in Rs.)
1.	KMDA-Ch.No.063572 dt-19/3/08	194,370=00
2.	KMDA-Ch.No.063555 dt 06/3/08	60,000=00
3.	SUDA-360/2008/1004	234,870=00
4.	SUDA-360/2008/933	372,870=00
5.	SUDA-360/2008/1448	3,49,870=00
6A	SUDA-360/2008/714	2,73,870=00
6B	SUDA-145/08/85	30,000=00
	Total	15,15,850

Certified that out of Rs. 15,15,850/- of Grants-in-aid sanctioned during the year 2008-09 in favour of Konnagar..... Municipality under this Ministry / Department letter no. given in the ~~margin~~ opening and Rs. 81,193/- on account of unspent balance of the previous year, a sum of Rs. 13,41,338/- has been utilized for the purpose it was sanctioned and the balance of Rs. 2,55,705/- remaining unutilized at the end of the 4th.... quarter has been carried forward to the A/C of next quarter of FY 2009-2010.

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 sanctioned.

KINDS OF CHECK EXERCISED

✓1. Books of Accounts

✓2. Original Bill, Receipts & Vouchers.

✓3. Bank Statement

✓4. Physical Progress

OFFICE OF THE MUNICIPAL COUNCILORS OF KONNAGAR
কোন্নগর মিউনিসিপ্যাল কাউন্সিলারগণের অফিস

Chairman
Konnagar Municipality.
Signature of Chairperson / Vice-Chairperson

FO, CBPHC
22.01.09

OFFICE OF THE MUNICIPAL COUNCILLORS, KONNAGAR

73, G. T. ROAD (WEST), KONNAGAR, HOOGHLY, PIN - 712235, West Bengal

Sri Samir Banerjee
Chairman

Office : 2674-0210 / 2123
Residence : 2674-5300
Ambulance : 2674-7545
Hospital : 2674-7740
Fax No. : 2674-0210 (O)

Ref. No. KMD/14/IPP-VIII/1697 *Dated* 20/1/2009

To

The Project Officer Health Wing (SUDA)

Ilgus Bhavan, H. C. Block.

Bidhannagar,Sector- III,Salt lake City.

Kol.....700116

Sub-: Requisition of fund for payment of honorarium,contingency and Medicine of IPP VIII under Konnagar Municipality for the month from Jan 09 to March 09.

Sir/Madam,

Enclosed find herewith the requisition for payment of Honorarium, Contingency & Medicine of I.P.P --VIII under Konnagar Municipality. For the month January 09 to March 09.

In this connection our good self it requested to release the fund of A/C of Honorarium, Contingency, & Medicine of Rs. 3,03870/- at earliest convenience.

Thanking You.

Yours Faithfully

20/01/09

Finance Officer
Konnagar Municipality

chairman

Konnagar Municipality

KONNAGAR MUNICIPALITY

IPP - VIII

Requisition of fund for the period Jan. 09 to March 09

S.L. No	Category of Health Facilities & man power	Approved No.	Actual No. in Position	Unit Hon./Sal per month	Requirement for 3 months
1	**Block**				
a)	HHWs	35	30	Rs. 1750/-	Rs. 1,59,500/-
2	**Sub Centre**				
a)	FTSs	7	7	Rs. 1920/-	Rs. 40,320/-
3	**HAU**				
a)	PTMOs	2	2	Rs. 2600/-	Rs. 15,600/-
b)	STS	1	1	Rs. 2050/-	Rs. 6,150/-
c)	STS(ANM)	1	1	Rs. 2250/-	Rs. 6,750/-
d)	Clerk cum Storekeeper	1	1	Rs. 1850/-	Rs. 5,550/-
e)	Attendants	2	2	Rs. 1650/-	Rs. 9,900/-
f)	Sweeper	1	1	Rs. 1450/-	Rs. 4,350/-
4)	**ULB**				
a)	AHO	1	1	Rs. 5750/-	Rs. 17,250/-
b)	Staff Nurse	1			

Requisition of fund for Medicine & Contingency

SL.No	Medicine @ approved rate of KMDA	Required for 3 months
1	For HAU	30,000/-
	Contingency @ approved rate of KMDA	
2	For HAU	10,500/-

20/01/09
Finance Officer
Konnagar Municipality

Chairman

Konnagar Municipality

F.O, CBPNC.
22.1.09.

OFFICE OF THE MUNICIPAL COUNCILLORS, KONNAGAR

73, G. T. ROAD (WEST), KONNAGAR, HOOGHLY. PIN - 712235, West Bengal

Sri Samir Banerjee
Chairman

Office : 2674-0210 / 2123
Residence : 2674-5300
Ambulance : 2674-7545
Hospital : 2674-7740
Fax No. : 2674-0210 (O)

Ref. No. KMD/14/gpp-vm/1698 *Dated* 20/1/2009

To
The Accounts Officer
U H I P U, I.P.P.-VIII
Unnayan Bhavan.
Salt Lake, Kol..91

Sub: Letter of Acknowledgement.

Sir,

I acknowledge with thanks the receipt at Rs. 3,49,870/-(Three Lakh fourty nine thousand eight hundred seventy only) on account of Honorarium, Exgratia, contingency and Medicine for the month from Oct 2008 to Dec 08 (3rd quarter 08-09), vide cheque No 007817, Dt. 10.12.08.

Enclo: Misc Receipt No
6425.

CHAIRMAN
KONNAGAR MUNICIPALITY.

Chairman
Konnagar Municipality

By cheque: 007817 dt 10/12/08.

Book No. 129

KONNAGAR MUNICIPALITY

No. 6425

MISCELLANEOUS RECEIPT

Form No. 39

(Vide rules 105, 121 and 122)

Received Director, State Urban Development Agency.

Received from SUDA

account of Rupees

on account of Honorarium, Ex-gratia, Contingency & Medicine for the month from Officers to Dec/2008. (3rd Qt 08-09)

the sum of Rupees (in words). Rs. LPP-VIII:

Three Lakh forty nine Thousand eight hundred Seventy Only.

Rs. 349870/-00 P. (Figure)

Dated 24/12/2008

Cashier

Executive Officer / Vice - Chairman

OFFICE OF THE MUNICIPAL COUNCILLOR,KONNAGAR

73, G.T. ROAD, (W) KONNAGAR, HOOGHLY.

Office : 2674—0210/2123 /9598/7376
Ambulance: 2674- 7545
Hospital : 2674 – 7740

SRI BAPPADITYA CHATTERJEE

Chairman

Ref No : CUDP/III/1918 Dated 28/1/11

To

The Director,
SUDA(Health Wing)
ILGUS BHAVAN,H.C. BLOCK.
Sector-III,Bidhannagar,
Kolkata-700106.

Sub-: Submission of statement of Expenditure(SOE), Utilisation Certificate(UC) 3RD quarter 09-10 & requisition of fund 4th quarter 10-11

Sir,

In inviting your above reference, I am submitting the necessary information i.e. statement of expenditure (SOE),Utilisation certificate & requisition of fund in connection with CUDP III scheme.

This may kindly be acknowledge.

Enclo:- Annexure I TO IV

Chairman

Konnagar Municipality
Chairman
Konnagar Municipality

28.1.11

OFFICE OF THE MUNICIPAL COUNCILLOR,KONNAGAR

73, G.T. ROAD, (W) KONNAGAR, HOOGHLY.

Office : 2674—0210/2123 /9598/7376

Ambulance: 2674- 7545

Hospital : 2674 – 7740

SRI BAPPADITYA CHATTERJEE

Chairman

Ref No :...Admn/28/CUDP III 1918 ~~2485~~ Dated.....27. 1. 2011.....

To

The Director,

SUDA(Health Wing)

ILGUS BHAVAN,H.C. BLOCK.

Sector-III,Bidhannagar,

Kolkata-700106.

Sub-: Submission of statement of Expenditure(SOE), Utilisation Certificate(UC) 3RD quarter 09-10 & requisition of fund 4th quarter 10-11

Sir,

In inviting your above reference, I am submitting the necessary information i.e. statement of expenditure (SOE),Utilisation certificate & requisition of fund in connection with CUDP ~~III~~ scheme.

This may kindly be acknowledge.

ENCLO :- Annexure - I TO IV

Chairman

Konnagar Municipality
Chairman
Konnagar Municipality

Annexure - I

CUDP III / CSIP / IPP-VIII

Status on Fund received & SOE submitted :

(Amount in Rs.)

3RD Quarter FY 200[illegible]

	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
B/F Balance	-32,900/-	-147055	NIL	54509	-1,25,446
Fund Received	5,53,740	237000	NIL	NIL	7,90,740
Total Available Fund	5,20,840	89,945	NIL	54,509	665294
SOE Submitted	3,72,010	1,19,040	NIL	5,850	4,96,900
Balance in hand	1,48,830	-29095	NIL	48,659	1,68,394

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

Annexure-II

CMW KII/CSIP/IPP-VIII

Voucher Details Statement for the 3RD QTR - 2010-11 Quarter of FY 200 -

Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs.)
V.No. 1210, 1213 1248, 1448-49 (from 8710) Date 8/10/2010 11/10/10 10/11/10 V.No - 1829-30 dt 9.10.10	Hon./Salary P.M.N.O. A.T.S. D.A. Storekeeper Doctor etc.	Hon. to HWWs Hon. to FTSs with Puja Exgratia 2010	1,10,670.00 40,000.00 1,10,670.00 1,10,670.00 3,72,010.00
V.No. 1449 dt 12/11/10	Drug	For HAU For ESOPD For MH	59,040.00 60,000.00 1,19,040.00
NIL	Rent NIL	For SC NIL	
V. No. 1210, 11, 1446-47 18272 8/10/10, 10/11/10 9.12.10	Contingency	For HAU For ESOPD For MH For IE	1550.00 1,950.00 1950.00 5,850.00
	Total		4,96,900.00

N.B. Not to enclose any copies of bills & vouchers.

Chairman/Vice-Chairperson/Vice-Chairman

Chairman
Konnagar Municipality

Annexure - III

CUDP III / CSIP / IPP-VIII

Requisition of Fund for the ....3RD QTR.... Quarter of FY ~~2009-09~~ 2010 - 11

Facilities	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
Block (HHW)	72,500.00				2,17,500.00
Sub-Centre (FTS)	16,020.00		NIL.		48,060.00
HAU	10,650x3	10,000x3		1,500x3	66,450.00
ESOPD	18,200x3	20,000x3		—	1,14,600.00
MH	X	X		X	
DC	X			X	X
ULB (AHO & UHIO)	X				X

* Space marked with [redacted] is not to be filled in.

Chairman
Konnagar Municipality

Signature of Chairperson / Vice-Chairperson

Annexure - IV

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

Sl. No.	Letter No. & Date	Amount (in Rs.)
(1)	SUDA/Health/145/08/260	5,32,000.00
(2)	SUDA/Health/145/08/319(20)	2,58,740.00
(3)	SUDA/Health/145/08/55	5,40,350.00
	Total	13,31,090.00

Certified that out of Rs. 13,31,090/- of Grants-in-aid sanctioned during the year 2010-11. in favour of ..Konnagar..... Municipality under this Ministry / Department letter no. given in the margin and Rs. 89,919. on account of unspent balance of the previous year, a sum of Rs. 12,52,675.00 has been utilized for the purpose it was sanctioned and the balance of Rs. 1,68,394/-, remaining unutilized at the end of the 3rd quarter has been carried forward to the A/C of next quarter of FY 4th SFR 2010-11

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 sanctioned.

KINDS OF CHECK EXERCISED

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

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

OFFICE OF THE MUNICIPAL COUNCILLOR,KONNAGAR

73, G.T. ROAD, (W) KONNAGAR, HOOGHLY.

Office : 2674—0210/2123 /9598/7376

Ambulance: 2674- 7545

Hospital : 2674 – 7740

SRI BAPPADITYA CHATTERJEE

Chairman

Ref No : UPHCS/180 *Dated* 05/05/2015

To

The Project Director,

(Health Wing) SUDA

ILGUS BHAVAN,H.C. BLOCK.

Sector-III,Bidhannagar,

Kolkata-700106.

391

15-5-15

Sub-: Submission of statement of Expenditure(SOE), Utilisation Certificate(UC) 4TH quarter 14-15 & requisition of fund 1st quarter 15-16

Sir,

In inviting your above reference, I am submitting the necessary information i.e. statement of expenditure (SOE),Utilisation certificate 4TH quarter 14-15 & requisition of fund 1st quarter 15-16 in connection with U.P.H.C.S. scheme. This may kindly be acknowledge.

chairman

Konnagar Municipality

Chairman
Konnagar Municipality

Annexure - I

UPHCS

Status on Fund received & SOE submitted :

(Amount in Rs.)

....4th..... Quarter FY 2015

	A/C Head				
	Hon. / Salary	**Drug**	**Rent**	**Contingency**	**Total**
B/F Balance	3,13,889	-63,583	-	93,150	3,43,456
Fund Received	7,85,200	2,10,000	-	-	9,95,200
Total Available Fund	10,99,089	1,46,417	-	93,150	13,38,656
SOE Submitted	5,88,966	2,56,000	-	27,864	8,72,830
Balance in hand	5,10,123	-1,09,583	-	65,286	4,65,826

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

UPHCS

Statement Showing Disbursement for the ... 4th ... Quarter of FY ~~2000~~ 2014 – 2015.

Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs.)
VR.No. 1919, 1956, 2079, 2191, 2568, 2573	Hon./Salary	Hon. to HHWs	1,84,417 · 00
		Hon. to FTSs	14,600 · 00
Dt. - 08/1/2015, 09/1/2015, 04/2/2015, 13/2/2015, 02/3/2015, 02/3/2015			1,83,077 · 00
			14,100 · 00
			1,77,372 · 00
			15,400 · 00
VR.No. 2049, 2805, 2866	Drug	For HAU	1,36,000 · 00
Dt. - 30/1/2015, 20/3/2015, 30/3/2015		For ESOPD	1,20,000 · 00
		For MH	.....
.....	Rent	For SC	.....
VR.No. 1921, 1977, 1978, 2015, 2078, 2192, 2193, 2237, 2569, 2571, 2572, 2823,	Contingency	For HAU	9211 · 00
		For ESOPD	9,147 · 00
Dt. - 8/1/15, 13/1/15, 13/1/15, 20/1/15, 4/2/15, 13/2/15, 23/2/15, 2/3/15, 2/3/15, 21/3/15		For MH	9,506 · 00
		For IEC	.....
			.....
		Total	8,72,830 · 00

I.P. Not to enclose any copies of bills & vouchers.

Chairman
Konnagar Municipality

Annexure - III

UPHCS

Requisition of Fund for the 1st **Quarter of FY** 2015 - 2016 .

Facilities	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
Block (HHW)	3,50,000·00				3,50,000·00
Sub-Centre (FTS)	80,112·00				80,112·00
HAU	1,06,881·00	68,000·00		15000·00	1,89,881·00
ESOPD	61,800·00	60,000·00			1,21,800·00
MH					
DC					
ULB (AHO & UHIO)					

* **Space marked with** ■ **is not to be filled in.**

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

Gmail by Google

Konnagar Municipality <konnagar.municipality@gmail.com>

Submission of statement of Exppenditure (SOE), Utilization Certificate 4th Qtr 14-15 & requisition of fund 1st Qtr 15-16

1 message

Konnagar Municipality(Office of the Councillors, Konnagar) <konnagar.municipality@gmail.com>
To: Shibani Goswami <dfidhhw@gmail.com>

Tue, May 5, 2015 at 4:13 PM

Please see the attachment

--
Konnagar Municipality
OFFICE OF THE COUNCILLORS, KONNAGAR
73 G.T. Road (West), Konnagar-712235, Hooghly, West Bengal

File0001.PDF
2104K

OFFICE OF THE MUNICIPAL COUNCILLOR,KONNAGAR

73, G.T. ROAD, (W) KONNAGAR, HOOGHLY.

Office : 2674—0210/2123 /9598/7376

Ambulance: 2674- 7545

Hospital : 2674 – 7740

SRI BAPPADITYA CHATTERJEE

Chairman

Ref No : Admn/13/uti/820 *Dated* 06-07-2017

To

The Project Director,

(Health Wing) SUDA

ILGUS BHAVAN,H.C. BLOCK.

Sector-III,Bidhannagar,

Kolkata-700106.

Sub-: Submission of statement of Expenditure(SOE), Utilisation Certificate (UC) 1ST quarter 17-18 & requisition of fund 2ND quarter 17-18.

Sir,

In inviting your above reference, I am submitting the necessary information i.e. statement of expenditure (SOE),Utilisation certificate 1ST quarter 16-17 & requisition of fund 2ND quarter 17 -18 in connection with U.P.H.C.S. scheme. This may kindly be acknowledge.

chairman

Konnagar Municipality

V. P. H. C. S

Annexure - I

Status on Fund received & SOE submitted :

(Amount in Rs.)

..... S.T. ..... **Quarter FY 20**17-18

	A/C Head				
	Hon. / Salary	**Drug**	**Rent**	**Contingency**	**Total**
B/F Balance	1,34,228	-13387	—	-89	1,20,752
Fund Received	6,20,100	1,09,000	—	36,000	7,65,100
Total Available Fund	8,54,328 (1,54,328)	95,613	—	35,911	9,85,852 (8,85,852)
SOE Submitted	4,65,003	59994	—	35,158	5,60,155
Balance in hand	3,89,325 (2,89,325)	35,619	—	753	4,25,697 (3,25,697)

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

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Annexure-II

U.P.H.C.S.

Voucher Detail Statement for the 1st Quarter of FY 2017-18

Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs.)
V.No. 30, 31, 207, 227, 446, 476 Date 5.4.17, 12.4.17, 4.5.17, 1/6/17, 5.6.17	Hon./Salary	Hon. to HNWs Hon. to FTSs P.T.M.O & CTEn Staff U.P	1,61,393 1,51,805 151,805 4,65,003
V.No. 362 dt. 22/5/17	Drug	For HAU For ESOPD For MH	59,994
	Rent NIL	For SC	
V.No. 27,28,29,31,86,208, 238,239,245,361, 447,448,449, 450, 620 dt. 5.4.17, 17.4.17, 4.5.17, 22.5.17, 1.7.17, 23.6.17.	Contingency	For HAU For ESOPD For MH For SC	35,158
		Total	

N.B. Not to enclose any copies of bills & vouchers.

Signature of Chairman/Vice-Chairman
Konnagar Municipality

Annexure - III

U. P. H. C. S.

Requisition of Fund for the ....2ND.... Quarter of FY .2017-18

Facilities	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
Block (HHW)	2,81,250				2,81,250
Sub-Centre (FTS)	60,684		NIL		60,684
HAU	88,131	68,000		36,000.	1,92,131
ESOPD	60,300	60,000			1,20,300
MH					
DC					
ULB (AHO & UHIO)					

* Space marked with [redacted] is not to be filled in.

Signature of Chairperson / Vice-Chairperson
Chairman
Konnagar Municipality

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Annexure - IV

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

Sl. No.	Letter No. & Date	Amount (in Rs.)
1.	SUDA/Health 501/PT II/16/34 [46] dt. 8.5.17	6,56,100
2.	SUDA/Health 501/PT II/08/45/32 dt 25.5.17	1,09,000
	Total	7,65,100

Certified that out of Rs. 7,65,100 of Grants-in-aid sanctioned during the year 2017-18 in favour of ..Konnagar..... Municipality under this Ministry / Department letter no. given in the margin and Rs. 1,20,752 on account of unspent balance of the previous year, a sum of Rs. 5,60,155 has been utilized for the purpose it was sanctioned and the balance of Rs. 4,25,697 remaining unutilized at the end of the 1st quarter has been carried forward to the A/C of next quarter of FY 2017-18.

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 sanctioned.

KINDS OF CHECK EXERCISED

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

Signature of Chairperson / Vice-Chairperson

Konnagar Municipality

UPHCS.

OFFICE OF THE MUNICIPAL COUNCILLOR,KONNAGAR

73, G.T. ROAD, (W) KONNAGAR, HOOGHLY.

Office : 2674—0210/2123 /9598/7376

Ambulance: 2674- 7545

Hospital : 2674 – 7740

SRI BAPPADITYA CHATTERJEE

Chairman

Ref No : Admn/28/UPHCS *Dated* 10.1.2018

To

The Project Director,

(Health Wing) SUDA

ILGUS BHAVAN,H.C. BLOCK.

Sector-III,Bidhannagar,

Kolkata-700106.

Sub:- Submission of statement of Expenditure(SOE), Utilisation Certificate (UC) 3rd quarter 17 -18 & requisition of fund 4th quarter 17-18.

Sir,

In inviting your above reference, I am submitting the necessary information i.e. statement of expenditure (SOE),Utilisation certificate 3rd quarter 17-18 & requisition of fund 4th quarter 17 -18 in connection with U.P.H.C.S. scheme. This may kindly be acknowledge.

Chairman

Konnagar Municipality

Annexure - I

U. P. A.C.S.

Status on Fund received & SOE submitted :

(Amount in Rs.)

.....3RD..... **Quarter FY 2017 - 18**

	A/C Head				
	Hon. / Salary	**Drug**	**Rent**	**Contingency**	**Total**
B/F Balance	98857	1,31,639	x	-4680	28102
Fund Received	6,26,607	-	40700	40,700	6,67,300
Total Available Fund	5,27,743	1,31,639	x	36,020	6,95,402
SOE Submitted	3,00,034	59,940	x	20,496	3,80,470
Balance in hand	2,27,709	71,699	x	15,524	3,14,632

Signature of Chairperson / Vice-Chairperson

UPHCS

COMM.

OFFICE OF THE MUNICIPAL COUNCILLOR,KONNAGAR

73, G.T. ROAD, (W) KONNAGAR, HOOGHLY.

Office : 2674—0210/2123 /9598/7376

Ambulance: 2674- 7545

Hospital : 2674 – 7740

SRI BAPPADITYA CHATTERJEE

Chairman

Ref No : Admn/13/UPHCS/1465 *Dated* 13/10/2017

To

The Project Director,

(Health Wing) SUDA

ILGUS BHAVAN,H.C. BLOCK.

Sector-III,Bidhannagar,

Kolkata-700106.

Sub-: Submission of statement of Expenditure(SOE), Utilisation Certificate (UC) 2nd quarter 17 -18 & requisition of fund 3rd quarter 17-18.

Sir,

In inviting your above reference, I am submitting the necessary information i.e. statement of expenditure (SOE),Utilisation certificate 2nd quarter 16-17 & requisition of fund 3rd quarter 17 -18 in connection with U.P.H.C.S. scheme. This may kindly be acknowledge.

chairman

Konnagar Municipality

Annexure - I

Status on Fund received & SOE submitted :

(Amount in Rs.)

..... 2ND ..... **Quarter FY 2017-18**

	A/C Head				
	Hon. / Salary	**Drug**	**Rent**	**Contingency**	**Total**
B/F Balance	2,89,325	35619	–	753	3.25,697
Fund Received	3,47,900	2,92,000	–	36,000	6,75,900
Total Available Fund	6,37,225	3,27,619	–	41,433 36,753	10,01,597
					9,73,495
SOE Submitted	7,36,082	1,95,980	–	41,433	2,33,[illegible]
					28102
Balance in hand	-98857	1,31,639	–	-4680	1,[illegible]

Signature of Chairperson / Vice-Chairperson

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Annexure-II

Voucher Details Statement for the 2ND QTR. 2017-18 Quarter of FY 200 -

Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs.)
Vr. No. 694 743 903 95 1117 1208 1365 Date. 4.7.17 15.7.17 1.8.17, 4.8.17 1.9.17 11-9.17, 21.9.17 -	Hon./Salary	Hon. to HHWs Hon. to FTSs P.T.M.O. Store clerk etc... Puja Bonus 2016-17 for.	1,54,300-00 1,52,105-00 1,35,322-00 2,94,378-00 7,36,083-00
Date. 24.8.17. V.M. V. 1043 2/9/17 1332	Drug	For HAU For ESOPD For MH	1,35,943 59,837 1,95,780-00
.....	Rent X	For SC	.....
V.No. 695. 706, 707, 708 841 904. To 907. 1119 TO 1121. 1362 TO 1364. 1366, Date. 4/7/17 1/8/17 1.9.17. 21.9.17	Contingency	For HAU For ESOPD For MH For DC	41,433-00 41,433-00
	Total		

N.B. Not to enclose any copies of bills & vouchers.

Signature of Chairperson/Vice-Chairman

Annexure - III

Requisition of Fund for the 3RD **Quarter of FY** 2017-18

Facilities	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
Block (HHW)	2,62,500				2,68,750
Sub-Centre (FTS)	60,684		NIL		60,684
HAU	88131	68 000		36,000	1,92,131
ESOPD	60300	60,000			120300
MH					
DC					
ULB (AHO & UHIO)					

* **Space marked with** ▪ **is not to be filled in.**

Signature of Chairperson / Vice-Chairperson

Annexure - IV

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

Sl. No.	Letter No. & Date	Amount (in Rs.)
1.	SUDA/Health/501/PT II/08/145/39 7.7.8.17	2,92,000
2.	SUDA/Health/501/PT II/16/124/44 27.7.17	3 83,900
	Total	6,75,900

Certified that out of Rs. ..6,75,900 of Grants-in-aid sanctioned during the year 2017-18 in favour of Kamargaon..... Municipality under this Ministry / Department letter no. given in the margin and Rs. 3,25,697 on account of unspent balance of the previous year, a sum of Rs. 9,73,495 has been utilized for the purpose it was sanctioned and the balance of Rs. 1,28,402 remaining unutilized at the end of the 2ND quarter has been carried forward to the A/C of next quarter of FY 2017-18..

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 sanctioned.

KINDS OF CHECK EXERCISED

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

Signature of Chairperson / Vice-Chairperson

OFFICE OF THE MUNICIPAL COUNCILLOR,KONNAGAR

73, G.T. ROAD, (W) KONNAGAR, HOOGHLY.

Office : 2674—0210/2123
/9598/7376
Ambulance: 2674- 7545
Hospital : 2674 – 7740

SRI BAPPADITYA CHATTERJEE

Chairman

Ref No :...U.P.H.C.S./312 Dated.....25.4.17.....

To

The Project Director,

(Health Wing) SUDA

ILGUS BHAVAN,H.C. BLOCK.

Sector-III,Bidhannagar,

Kolkata-700106.

Sub-: Submission of statement of Expenditure(SOE), Utilisation Certificate (UC) 4th quarter 15 -16 & requisition of fund 1st quarter 16-17.

Sir,

In inviting your above reference, I am submitting the necessary information i.e. statement of expenditure (SOE),Utilisation certificate 4th quarter 15-16 & requisition of fund 1st quarter 16 -17 in connection with U.P.H.C.S. scheme.

This may kindly be acknowledge.

chairman

Konnagar Municipality

Annexure - I

Status on Fund received & SOE submitted :

(Amount in Rs.)

..... 4TH ..... **Quarter FY 20**16-17

	A/C Head				
	Hon. / Salary	**Drug**	**Rent**	**Contingency**	**Total**
B/F Balance	3,18,087	182557		5259	5,05903
Fund Received	3,12,300	–	–	31,000	3,43,300
Total Available Fund	6,30,387	1,82,557	–	36,259	8,49,203
SOE Submitted	4,96,159	1,95,944	–	36,348	7,28,451
Balance in hand	134228	-13387	–	-89	1,20,752

Signature of Chairperson / Vice-Chairperson

U.P.H.C.S Annexure – II

Voucher Details statement for the 4Th Quarter of FY 2016-17

Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs)
Vr. No. 1970, 2017 2149, 2288 2419.2466 Date :- 6.1.17, 9.1.17 4.2.17 9.2.17 7.3.17, 9.3.17	Hon./Salary	Hon. To HHWs	1,48,989.00
		Hon. To FTSa	16200.00
			147,477.00
		Hon. To PTMOs and others	16,200.00
			1,49,793.00
			17,500.00
Vr. No 2140 Date :- 3, 2, 2017	Drug	For HAU	1,35,944.00
		For ESOPD	60,000.00
		For MH	1,95,944.00
Vr. No Date :-	Rent	For SC	
Vr No 1967 TO 1971 & 2113 2146 TO 2146, 2150, 2192 Date 2419 to 2423, 2460, 2612. Date 6/1/17 & 9,1,17, 22.1.17 4/2/17, 7/2/17. 21/2/17. 7/3/17, 9/3/17, 23/3/17.	Contingency	For HAU	31,140.00
		For ESOPD	5,208.00
		For MH	
		Total	36,348.00

N. B. :- Not to enclose any copies of bills & vouchers.

Chairman Kharagpur Municipality

Signature of Chairman / Vice - Chairman

Annexure - III

U. P. H. C. S.

Requisition of Fund for the ....4T 1ST.... Quarter of FY 2017-18

Facilities	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
Block (HHW)	2,81,250				2,81,250
Sub-Centre (FTS)	60684				60684
HAU	88.131	68,000		36,000	1,92,131
ESOPD	60,300	60,000			1,20,300
MH					
DC					
ULB (AHO & UHIO)					

* Space marked with [redacted] is not to be filled in.

Chairman

Signature of Chairperson / Vice-Chairperson

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Annexure - IV

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

Sl. No.	Letter No. & Date	Amount (in Rs.)
1.	SUDA/Health/501/PT 08/23/36 13.5.16	3,81,300.00
2	SUDA/Health 501/PT 16/30/20 29.7.16	5,68,300.00
3	SUDA/Health/501/PT II 08/43/18 13.3.16	1,83,000.00
4	SUDA/Health/501/PT II/16/29/10 4.8.16	1,46,000.00
5	SUDA/Health/501/PT II/16/158/50 3.10.16	8,10,300.00
6	SUDA/Health/501/PT II/08/15/11 25.11.16	1,46,000.00
7	SUDA/Health 501/PT II/16 252/41 23.2.17	3,43,300.00
	Total	25,78,200

Certified that out of Rs. 25,57,900 of Grants-in-aid sanctioned during the year 2016-17 in favour of Konnagar..... Municipality under this Ministry / Department letter no. given in the margin and Rs. 2,61,259 on account of unspent balance of the previous year, a sum of Rs. 27,18,707 has been utilized for the purpose it was sanctioned and the balance of Rs. ....1,20,752.... remaining unutilized at the end of the ..... quarter has been carried forward to the A/C of next quarter of FY 2017-18

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 sanctioned.

KINDS OF CHECK EXERCISED

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

Chairman
Konnagar Municipality

Signature of Chairperson / Vice-Chairperson

Form - C

MONTHLY REPORT
FOR UPHCS / HHW SCHEME / CBPHCS

Report for the month of March Year 2017

Konnagar Municipality

No. of reporting SCs 13

POSITION AS ON 1ST APRIL, 2016

1) No. of Beneficiary Families 17860
2) No. of Beneficiary Population 68354
3) No. of Eligible Couples 9539
4) No. of Infants (under 1 year) 594
5) No. of Children (1 to < 5 years) 2810

Sl. No.	Services	Performance in the reporting month	Cumulative performance since April 2016
1.	**Ante Natal Care**		
1.1	Ante Natal Cases Registered		
	(a) New - (i) Before 12 weeks	23	153
	(ii) After 12 weeks	19	265
	(b) Old		
1.2	No. of Pregnant women who had 3 check-ups	32	281
1.3	Total No. of high risk pregnant women		
	(a) Attended	0	0
	(b) Referred	0	0
1.4	No. of TT doses		
	(a) TT 1	31	286
	(b) TT 2	18	248
	(c) Booster	2	21
1.5	No. of pregnant women under treatment for Anaemia		
1.6	No. of pregnant women given prophylaxis for Anaemia	42	320
2.	**Natal Care**		
2.1	Total No. of deliveries conducted		
	(a) Normal	12	98
	(b) Forceps	0	1
	(c) Caesar	20	262
2.2	Place of delivery		
	(a) Home	0	5
	(b) Institution	32	352
2.3	Age of mother at the time of delivery		
	(a) Less than 20 years	0	3
	(b) 20 years and above	32	354
2.4	No. of complicated Delivery cases referred to Govt./ Non Govt. Hospital / Nursing Home / Maternity Homes	0	0

Sl. No.	Services	Performance in the reporting month		Cumulative performance since April 2016	
		M	F	M	F
3.	**Pregnancy Outcome**				
3.1	No. of Births				
	(a) Live Births	16	16	206	152
	(b) Still Births	0	0	0	1
3.2	Order of Birth in 3.1 (a) (live births)				
	(a) 1st	11	11	135	88
	(b) 2nd	3	4	60	52
	(c) 3+	2	1	11	12
3.3	New born status of birth in 3.1 (a) (live births)				
	(a) Less than 2.5 Kg.	1	1	26	25
	(b) 2.5 Kg. or more	15	15	178	124
	(c) Weight not recorded	0	0	2	3
3.4	High risk new born				
	(a) No. Attended	0	0	0	0
	(b) No. Referred	0	0	0	0
4.	**Post Natal Care**				
4.1	No. of women received 3 post natal check-ups	35		360	
4.2	No. of Complicated cases referred	0		0	
5.	**Maternal Deaths**				
5.1	During Pregnancy	0		0	
5.2	During Delivery	0		0	
5.3	Within 6 weeks of delivery	0		0	
6.	**RTI / STI**	**M**	**F**	**M**	**F**
6.1	Cases detected	0	0	0	6
6.2	Cases treated	0	0	0	0

7. Immunization & Prophylaxis :	Performance in the reporting month	Cumulative performance since April 2016
No. of Sessions planned	12	151
No. of Sessions held	12	140

		During the month				Cumulative since April 2016					
		Under – 1 year		Above – 1 year		Under – 1 year			Above – 1 year		
		Male	Female	Male	Female	Male	Female	Total	Male	Female	Total
BCG		16	16			205	138	343			
DPT	DPT-1	0	0			0	0	0			
	DPT-2	0	0			1	0	1			
	DPT-3	0	1			1	1	2			
OPV	OPV-0	16	16			175	126	301			
	OPV-1	17	23			174	160	334			
	OPV-2	17	15			180	183	363			
	OPV-3	26	17			194	165	359			
Hepatitis - B	Hep-0	16	16			149	107	256			
	Hep-1	0	0			0	0	0			
	Hep-2	0	0			1	0	1			
	Hep-3	0	0			1	0	1			
Measles	Dose–1	24	18			231	203	434			
Fully immunized Children under 1 year	Having BCG+3 doses of OPV & DPT + Measles	24	18			231	203	434			
JE	Dose–1	23	19			212	175	287			
VITAMIN-A	Dose–1	24	18			230	197	327			
Children aged 16-24 months	DPT Booster			15	14				232	195	327
	OPV Booster			15	14				232	195	327
	Measles–2			19	22				261	195	356
	JE–2			20	23				228	180	408
VITAMIN-A	Dose–2			23	20				245	222	467
	Dose–3			8	12				162	163	325
	Dose–4			13	15				179	148	327
	Dose–5			7	9				142	175	317
	Dose–6			18	10				124	105	229
	Dose–7			8	11				88	94	182
	Dose–8			6	7				75	76	151
	Dose–9			7	7				66	73	139
Children more than 5yrs	DPT			15	14				214	247	461
Children more than 10yrs	TT			29	23				238	193	431
Children more than 16yrs	TT			14	15				127	157	284
No. of Children received IFA		0	0	0	0	0	0	0	0	0	0
UNTOWARD REACTION											
1. Reported deaths associated with immunization		0	0	0	0	0	0	0	0	0	0
2. Number of abscesses		0	0	0	0	0	0	0	0	0	0
3. Other Complications		0	0	0	0	0	0	0	0	0	0

Sl. No.	Services	Performance in the reporting month			Cumulative performance since April 2016		
8.	**Vaccine preventable diseases for under - 5 years children**						
	(a) Diptheria	M	F	T	M	F	T
	(i) Cases	0	0	0	0	0	0
	(ii) Deaths	0	0	0	0	0	0
	(b) Poliomyelitis						
	(i) Cases	0	0	0	0	0	0
	(ii) Deaths	0	0	0	0	0	0
	(c) Neo Natal Tetanus						
	(i) Cases	0	0	0	0	0	0
	(ii) Deaths	0	0	0	0	0	0
	(d) Tetanus other than Neo Natal						
	(i) Cases	0	0	0	0	0	0
	(ii) Deaths	0	0	0	0	0	0
	(e) Whooping Cough						
	(i) Cases	0	0	0	0	0	0
	(ii) Deaths	0	0	0	0	0	0
	(f) Measles						
	(i) Cases	1	1	2	2	3	5
	(ii) Deaths	0	0	0	0	0	0
8.1	**Other specified communicable diseases**						
	(a) Malaria						
	(i) Cases	0	0	0	0	0	0
	(ii) Deaths	0	0	0	0	0	0
	(b) Tuberculosis						
	(i) Cases	0	0	0	1	1	2
	(ii) Deaths	0	0	0	0	0	0
	(c) Leprosy						
	(i) Cases	0	0	0	0	0	0
	(ii) Deaths	0	0	0	0	0	0
9.	**ARI under 5 years**						
	(a) Cases	0	0	0	0	0	0
	(b) Treated with Co-trimoxazole	0	0	0	0	0	0
	(c) Deaths	0	0	0	0	0	0
10.	**Acute Diarrhoeal Diseases under 5 years**						
	(a) Cases	11	8	19	104	93	197
	(b) Treated with ORS	11	8	19	135	125	260
	(c) Deaths	0	0	0	0	0	0
11.	**Child Deaths**						
	(a) Under 1 week	0	0	0	1	0	1
	(b) 1 week to under 1 month	0	0	0	0	0	0
	(c) 1 month to under 1 year	0	0	0	1	0	1
	(d) 1 year to under 5 years	0	0	0	0	0	0

Sl. No.	Services	No. of Eligible Couple already protected (as existing on 31st March preceding year and thereafter at end of each reporting month of current year)	Performance in the reporting month		Cumulative performance Since April 2016 including carried over performance
			No. of New Accep-tors	Nos. Discontinued or taken off for crossing Eligible age	
		(a)	(b)	(c)	(a + b - c)
12.	**Contraceptive Services**				
12.1	Male Sterilisation				
	(a) Conventional	2	0	0	2
	(b) No scalpel	2	0	0	2
12.2	Female Sterilisation				
	(a) Abdominal	1142	10	2	1150
	(b) Laparoscopic	449	1	0	450
12.3	Total IUD insertions	124	0	0	124
12.3.1	Cases followed up	138	0	0	138
12.3.2	Complications	0	0	0	0
12.4	No. of CC users				
	(a) No. of OP users	1848	24	20	1852
	(b) No. of condom users	2388	33	16	2405
12.5	Total Nos protected by all methods (12.1 + 12.2 + 12.3 + 12.4)	5955	68	38	5985
12.6	No. of Eligible Couples accepted Sterilization		Performance in the reporting month		Cumulative performance since April 2016
12.6.1	Having upto 2 living children	1185	8	1	1192
12.6.2	Having 3 or more children	406	3	1	408
12.7	No. of CC distributed				
12.7.1	No. of OP Cycle distributed				
12.7.2	No. of Condoms distributed				
13.	**Abortions**				
	(a) Spontaneous		2		10
	(b) No. of MTPs done		0		3
	(c) Deaths		0		0
14.	**Deaths**				
	(a) Maternal Deaths (as in Sl. No. 5)		0		1
	(b) Child Deaths (as in Sl. No. 11)		0		1
	(c) Other Death (except Sl. No. 5 & 11)		21		220
14.1	Total Death = Sl. No. 14 (a+b+c)		21		222

15.	IEC Activities	Held		Attendance	
		Topics	No. Held	Male	Female
	1. Group Discussion	F.P	3	4	47
	2. Deployment of Folk Media	Dengue	4	11	36
	3. Others (Specify)	P-Polio	2	15	50

Date :

Signature of Health Officer/Medical Officer

	For the month		Cumulative	
Pentavalent	Male	Female	Male	Female
1st Dose	17	23	174	160
2nd Dose	17	15	180	183
3rd Dose	26	17	194	165
FIPV				
1st Dose	17	23	110	108
2nd Dose	26	16	63	59
IPV Full	2	0	133	105

Monthly Reporting Format for ULBs under NHM

State : West Bengal District : Hooghly

Name of the Municipality : Konnagar Municipality

No. of Wards : 20 , No. of Sub-Centres : 13 , No. of HAUs :

Population (as on 1st April 2016) : 68,354

No. of Eligible Couple (as on 1st April 2016) : 9539

Report for the month of 21st February to 20th March-2017

	REPRODUCTIVE CHILD HEALTH (RCH)	During the month	Cumltv. since April
	Total number of Pregnant Women (PW) Registered for ANC	28	439
	Of which number registered within first trimester	9	95
	New women registered under JSY (for ANC mothers)	4	4
	Number of Pregnant Women received 3 ANC check-ups	8	72
	TT (PW) - 1	31	334
	TT (PW) - 2 or Booster	18	99
	Total number of pregnant women given 100 IFA tablets	65	490
	Total number of pregnant women given 200 IFA tablets	0	7
	Number of Pregnant Women received 4th ANC check-ups	7	16
	Pregnant Women with Hypertension (BP > 140/90)	0	0
	Number of Eclampsia cases managed during delivery	0	0
	Number having mild Anaemia Hb level <11 (tested cases)	4	60
	Number having severe Anaemia (Hb <7) treated at institution	0	0
	Delivery:		
	Home Delivery:		
a)	SBA Trained (Doctor/Nurse/ANM/GNM)	0	0
b)	Non SBA (Trained TBA/Relatives etc)	0	0
c)	Total (a+b)	0	0
	Institutional Delivery:		
a)	At Municipal Hospital/ Maternity Home of ULB only	11	36
	Total number of newborns born in institutions administered OPV 0	0	0
	Number of Caesarean (C-Section) deliveries performed at		
a)	At Municipal Hospital/ Maternity Home of ULB	10	133
	Pregnancy Outcome: (Home + Inst Dlvry) only		
	Live Birth:		
a)	Male	4	65
b)	Female	7	69
c)	Total (a+b)	11	134
	Still Birth	0	1
	Abortion (spontaneous/induced)	0	1
	Order of Birth (from Live Birth):		
a)	1st order	7	83
b)	2nd order	3	44
c)	3rd order & more	1	9
	Weight of New-borns (from Live Birth):		
	No. of Newborns weighed at birth		
a)	Male	4	65
b)	Female	7	69
c)	Total (a+b)	11	134
	No. of Newborns having weight less than 2.5 kgs		
a)	Male	1	9
b)	Female	1	14
c)	Total (a+b)	2	23
	Number of Newborns having breast-fed within 1 hour	11	134
	No. of Pregnat Women (PW) with Obstetric complication Treated	0	0
	Post Natal Care:		
a)	Women receiving Post Partum check-up within 48 hrs after delivery	11	134
b)	Women getting a Post Partum check-up between 48 hrs and 14 days	11	134

	Maternal Deaths		
a)	During Pregnancy	0	0
b)	During Delivery	0	0
c)	Within six weeks of Delivery	0	0
	Medical termination of Pregnancy (MTP one in facility run by ULB)		
a)	Up to 12 weeks of pregnancy	0	0
b)	More than 12 weeks of pregnancy	0	0
	Reproductive Tract Infection & Sexually Transmitted Infection (RTI/STI)		
	Number of RTI/STI cases diagnosed		
(a)	Male	0	0
(b)	Female	0	0
(c)	Total (a+b)	0	0
	Number of RTI/STI Cases treated		
(a)	Male	0	0
(b)	Female	0	0
(c)	Total (a+b)	0	0
	Family Planning		
	Number of Sterilization Operation conducted at Municipal Hospital only		
(a)	Male Sterilization/NSV	0	0
(b)	Laparoscopic Sterilization	0	0
(c)	Minilap Sterilization	0	0
(d)	Post Partum Sterilization	0	0
	Number of IUD Insertions at Municipal Hospital/Dispensary of ULB	0	0
	No. of IUD Removal	0	0
	Number of Oral Pills cycles distributed	140 cycs.	1767 cycs.
	Number of Condom pieces distributed	436 Pieces	5439 Pieces.
	Number of Emergency Contraceptive Pills distributed	0	0
	Immunization	During the month	Cumlv. since April
	No. of Sessions Planned	17	152
	No. of Sessions Held	17	152
	No. of children 0 to < 1 year old who received the following:		
	BCG:		
a)	Male	12	51
b)	Female	10	52
c)	Total (a+b)	22	103
	DPT-1		
a)	Male	0	0
b)	Female	0	0
c)	Total (a+b)	0	0
	DPT-2		
a)	Male	0	0
b)	Female	0	0
c)	Total (a+b)	0	0
	DPT-3		
a)	Male	0	2
b)	Female	0	1
c)	Total (a+b)	0	3

Immunization	During the month	Cumulative since April
OPV 0		
a) Male	11	44
b) Female	10	47
c) Total (a+b)	21	91
OPV 1		
a) Male	25	214
b) Female	28	187
c) Total (a+b)	53	401
OPV 2		
a) Male	27	229
b) Female	25	204
c) Total (a+b)	52	433
OPV 3		
a) Male	30	228
b) Female	27	228
c) Total (a+b)	57	456
Hepatitis Birth Dose (Hep B 0)		
a) Male	0	0
b) Female	0	0
c) Total (a+b)	0	0
Hepatitis B 1		
a) Male	0	0
b) Female	0	1
c) Total (a+b)	0	1
Hepatitis B 2		
a) Male	0	1
b) Female	0	0
c) Total (a+b)	0	1
Hepatitis B 3		
a) Male	0	1
b) Female	0	1
c) Total (a+b)	0	2
Pentavalent 1		
a) Male	25	214
b) Female	28	187
c) Total (a+b)	53	401
Pentavalent 2		
a) Male	27	229
b) Female	25	204
c) Total (a+b)	52	433
Pentavalent 3		
a) Male	30	228
b) Female	27	228
c) Total (a+b)	57	456
Measles 1st Dose		
a) Male	31	224
b) Female	27	201
c) Total (a+b)	58	425
Fully Immunized (children 0 to 11 year old)		
a) Male	31	224
b) Female	27	201
c) Total (a+b)	58	425
IR 1st Dose		
a) Male	29	222
b) Female	26	192
c) Total (a+b)	55	414

No. of children 16 to 24 months old who received the following	During the month	Cumulative [illegible]
DPT Booster		
a) Male	32	215
b) Female	24	216
c) Total (a+b)	56	431
OPV Booster		
a) Male	32	215
b) Female	24	216
c) Total (a+b)	56	431
JE 2nd Dose		
a) Male	19	233
b) Female	20	180
c) Total (a+b)	39	413
Measles 2nd Dose		
a) Male	12	236
b) Female	21	189
c) Total (a+b)	33	425

No. of children 12 to 23 months old who are fully immunized (BCG + DPT 123 + OPV 123 + [illegible] + Measles)		
a) Male	3	34
b) Female	4	30
c) Total (a+b)	7	64
Children more than 5 years DT5 / DPT		
a) Male	13	218
b) Female	21	217
c) Total (a+b)	34	435
Children more than 10 years TT10		
a) Male	31	217
b) Female	28	210
c) Total (a+b)	59	427
Children more than 16 years TT16		
a) Male	11	134
b) Female	15	149
c) Total (a+b)	26	283
Adverse Event Following Immunisation (AEFI)		
[illegible]		
a) Male	0	0
b) Female	0	0
c) Total (a+b)	0	0
[illegible]		
a) Male	0	0
b) Female	0	0
c) Total (a+b)	0	0

Number of vitamin A doses administered between 9 months and 5 years	During the month	Cumulative [illegible]
Dose 1		
a) Male	31	233
b) Female	26	202
c) Total (a+b)	57	435
Dose 2		
a) Male	23	229
b) Female	27	220
c) Total (a+b)	50	449
Dose 3		
a) Male	20	165
b) Female	13	158
c) Total (a+b)	33	323
Dose 4		
a) Male	21	172
b) Female	20	157
c) Total (a+b)	41	329

	Number of Vitamin A doses administered between 9 months and 5 years	During the month	Cumltv. since April
	Dose-5		
a)	Male	15	141
b)	Female	26	129
c)	Total (a+b)	41	270
	Dose-6		
a)	Male	17	113
b)	Female	12	117
c)	Total (a+b)	29	230
	Dose-7		
a)	Male	8	86
b)	Female	8	77
c)	Total (a+b)	16	163
	Dose-8		
a)	Male	10	75
b)	Female	6	52
c)	Total (a+b)	16	127
	Dose-9		
a)	Male	5	65
b)	Female	4	56
c)	Total (a+b)	9	121

	Number of Childhood Diseases reported during the month:	During the month	Cumltv. since April
	Diphtheria		
a)	Male	0	0
b)	Female	0	0
c)	Total (a+b)	0	0
	Pertussis		
a)	Male	0	0
b)	Female	0	0
c)	Total (a+b)	0	0
	Tetanus Neonatorum		
a)	Male	0	0
b)	Female	0	0
c)	Total (a+b)	0	0
	Tetanus others		
a)	Male	0	0
b)	Female	0	0
c)	Total (a+b)	0	0
	Acute Flaccid Paralysis (AFP)		
a)	Male	0	0
b)	Female	0	0
c)	Total (a+b)	0	0
	Measles		
a)	Male	0	0
b)	Female	0	0
c)	Total (a+b)	0	0
	Diarrhoea and Dehydration		
a)	Male	0	0
b)	Female	0	0
c)	Total (a+b)	0	0
	ARI		
a)	Male	0	0
b)	Female	0	0
c)	Total (a+b)	0	0
	Malaria		
a)	Male	0	0
b)	Female	0	0
c)	Total (a+b)	0	0
	Tuberculosis		
a)	Male	0	0
b)	Female	0	0
c)	Total (a+b)	0	0

	Number of Infant/Child Deaths identified:	During the month	Cum.
	Within 24 hrs		
a)	Male	0	0
b)	Female	0	0
c)	Total (a+b)	0	0
	Between one day and 1 week of birth		
a)	Male	0	0
b)	Female	0	0
c)	Total (a+b)	0	0
	Between 1 week & 4 weeks		
a)	Male	0	0
b)	Female	0	0
c)	Total (a+b)	0	0
	Between 1 month & 11 months		
a)	Male	0	0
b)	Female	0	0
c)	Total (a+b)	0	0
	Between 1 year & 5 years		
a)	Male	0	0
b)	Female	0	0
c)	Total (a+b)	0	0

	Status of Cold Chin Equipments:-	Nos.	Remarks
	Number of Functioning Ice Lined Refrigerators (ILRs)		
a)	Small	1	
b)	Large	0	
	Number of Functioning Deep Freeze (DFZ)		
a)	Small	1	
b)	Large	0	
	Number of Stabilizer (functioning)	2	
	Number of Cold Boxes	4	
	Number of Vaccine Carriers	72	

	FIPV – 1st Dose		
a)	Male	25	141
b)	Female	28	125
c)	Total (a+b)	53	266
	F. IPV – 2nd Dose		
a)	Male	26	57
b)	Female	21	65
c)	Total (a+b)	47	122
	Full Dose		
a)	Male	4	199
b)	Female	6	136
c)	Total (a+b)	10	335

Dr. B. Chattopadhyay
MO, NUHM
Konnagar Municipality

UPHCS

OFFICE OF THE MUNICIPAL COUNCILLOR,KONNAGAR

73, G.T. ROAD, (W) KONNAGAR, HOOGHLY.

Office : 2674—0210/2123 /9598/7376

Ambulance: 2674- 7545

Hospital : 2674 – 7740

SRI BAPPADITYA CHATTERJEE

Chairman

Ref No : UPHCS/1940 ***Dated*** 10.1.17

To

The Project Director,

(Health Wing) SUDA

ILGUS BHAVAN,H.C. BLOCK.

Sector-III,Bidhannagar,

Kolkata-700106.

13-1-2017

Sub-: **Submission of statement of Expenditure(SOE), Utilisation Certificate (UC) 3rd quarter 16 -17 & requisition of fund 4th quarter 16-17.**

Sir,

In inviting your above reference, I am submitting the necessary information i.e. statement of expenditure (SOE),Utilisation certificate 3rd quarter 16-17 & requisition of fund 4th quarter 16 -17 in connection with U.P.H.C.S. scheme. This may kindly be acknowledge.

13-1-2017

chairman

Chairman Municipality

Konnagar Municipality

Annexure - I

Status on Fund received & SOE submitted :

3RD **Quarter FY 20**16-17 **(Amount in Rs.)**

	A/C Head				
	Hon. / Salary	**Drug**	**Rent**	**Contingency**	**Total**
B/F Balance	-1,17.659	36557	-	-7272	-88374
	-127,659				
Fund Received	7,74,300	1,46,000	-	36,000	9,56,300
Total Available Fund	6,56,641	182,557	-	28728	8,67,926
	6,46,641				8,57,926
SOE Submitted	3,28,554	-	-	23,469	3,52,023
Balance in hand	328,087	1,82,557		5,259	5,15,903
	3,18,087				

Signature of Chairperson / Vice-Chairperson

U.P.H.C.S

Annexure – II

Voucher Details statement for the 3RD Quarter of FY 2016-17

Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs)
Vr. No 1504, 1734, 1820, 1768	Hon./Salary	Hon. To HHWs	1,48,162.00
		Hon. To FTSa	1,48,792.00
Date :- 2.11.16, 3.12.16, 6.12.16, 13.12.16		Hon. To PTMOs and others	31,600.00
		Total.	3.28.554.00
Vr. No.	Drug	For HAU	
	NIL	For ESOPD	
Date :-		For MH	
Vr. No	Rent NIL	For SC	
Date :-			
Vr No 1505, 1574 to 1576, 1735, 1731, 32, 33	Contingency	For HAU	20,000.00
Date :- 10/11/16, 3.12.16, 26/10/16, 25/11/16 Vr. No. 1467, 1620		For ESOPD	3,469.00
		For MH	
		Total	23,469.00

N. B. :- Not to enclose any copies of bills & vouchers.

Signature of Chairman / Vice - Chairman

Annexure - III

Requisition of Fund for the ..3RD..... Quarter of FY 2016-17.

Facilities	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
Block (HHW)	2,90,625				2,90,625
Sub-Centre (FTS)	70,098				70,098
HAU	97131	68,000		45,000	210,131
ESOPD	61,800	60,000			
MH					
DC					
ULB (AHO & UHIO)					

* **Space marked with** [redacted] **is not to be filled in.**

Signature of Chairperson / Vice-Chairperson

C:\Dr Goswami\SUDA\Letterhead.doc

Annexure - IV

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

Sl. No.	Letter No. & Date	Amount (in Rs.)
1.	SUDA/Health/501/PT II/16/158(50) 3.10.16	8,10,300
2	SUDA/Health/501/PT II/08/180 (11) 25.11.11	1,46,000
	Total	9,56,300

Certified that out of Rs. 9,56,300 of Grants-in-aid sanctioned during the year 2016-17 in favour of ..Konnagar.... Municipality under this Ministry / Department letter no. given in the margin and Rs. 5,83,374 on account of unspent balance of the previous year, a sum of Rs. 3,52,023 has been utilized for the purpose it was sanctioned and the balance of Rs. ..5,15,903.. remaining unutilized at the end of the ..3RD. quarter has been carried forward to the A/C of next quarter of FY ...2016-17..

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 sanctioned.

KINDS OF CHECK EXERCISED

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

Signature of Chairperson / Vice-Chairperson

2

UPHCS

OFFICE OF THE MUNICIPAL COUNCILLOR,KONNAGAR

73, G.T. ROAD, (W) KONNAGAR, HOOGHLY.

Office : 2674—0210/2123 /9598/7376

Ambulance: 2674- 7545

Hospital : 2674 – 7740

SRI BAPPADITYA CHATTERJEE

Chairman

Ref No : UPHCS/587 ***Dated*** 5.11.16

To

The Project Director,

(Health Wing) SUDA

ILGUS BHAVAN,H.C. BLOCK.

Sector-III,Bidhannagar,

Kolkata-700106.

619 9-11-16

Sub-: **Submission of statement of Expenditure(SOE), Utilisation Certificate (UC) 2nd quarter 16 -17 & requisition of fund 3rd quarter 16-17.**

Sir,

In inviting your above reference, I am submitting the necessary information i.e. statement of expenditure (SOE),Utilisation certificate 2nd quarter 16-17 & requisition of fund 3rd quarter 16 -17 in connection with U.P.H.C.S. scheme. This may kindly be acknowledge.

Kajal Banerjee
9674491021

chairman

Konnagar Municipality

Annexure - I

Status on Fund received & SOE submitted :

.....2ND..... **Quarter FY 2016-17**

(Amount in Rs.)

	A/C Head				
	Hon. / Salary	**Drug**	**Rent**	**Contingency**	**Total**
B/F Balance	1,61,145 (1,51,145)	86530	–	1969	249644
Fund Received	532300	146000	–	36000	7,14,300
Total Available Fund	6,93,445 (6,83,445)	232530	–	37,969	9,63,944
SOE Submitted	811,104	195973	–	45241	10,52,318
Balance in hand	-1,17,659 (-127659)	36,557	–	-7272	-88374

Signature of Chairperson / Vice-Chairperson

2

Annexure - III

Requisition of Fund for the .....3RD..... Quarter of FY 2016-17

Facilities	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
Block (HHW)	2,90,625				2,90,625
Sub-Centre (FTS)	70,098.00				70098.
HAU	97,131	68,000		36,000.00	2,01,131
ESOPD	61,800	60,000			
MH					
DC					
ULB (AHO & UHIO)					

* Space marked with [redacted] is not to be filled in.

Signature of Chairperson / Vice-Chairperson

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Annexure - IV

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

Sl. No.	Letter No. & Date	Amount (in Rs.)
1.	SUDA/Health/501/PT III/16/30(20) 29/7/16	5,68,300
2	SUDA/Health/501/P III/16/29/10 4/8/16	1,46,000
	Total	7,14,300

Certified that out of Rs. 7,14,300 of Grants-in-aid sanctioned during the year 2016-17 in favour of Kamargaon..... Municipality under this Ministry / Department letter no. given in the margin and Rs. 2,49,644 on account of unspent balance of the previous year, a sum of Rs. 8,11,104 has been utilized for the purpose it was sanctioned and the balance of Rs. 88374 remaining unutilized at the end of the 2ND. quarter has been carried forward to the A/C of next quarter of FY 2016-17.

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 sanctioned.

KINDS OF CHECK EXERCISED

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

Signature of Chairperson / Vice-Chairperson

OFFICE OF THE MUNICIPAL COUNCILLOR,KONNAGAR

73, G.T. ROAD, (W) KONNAGAR, HOOGHLY.

Office : 2674—0210/2123 /9598/7376

Ambulance: 2674- 7545

Hospital : 2674 – 7740

SRI BAPPADITYA CHATTERJEE

Chairman

Ref No : UPHCS/1036 *Dated* 19.7.16

To

The Project Director,

(Health Wing) SUDA

ILGUS BHAVAN,H.C. BLOCK.

Sector-III,Bidhannagar,

Kolkata-700106.

25-7-2016

Sub-: Submission of statement of Expenditure(SOE), Utilisation Certificate (UC) 1ST quarter 16 -17 & requisition of fund 2ND quarter 16-17.

Sir,

In inviting your above reference, I am submitting the necessary information i.e. statement of expenditure (SOE),Utilisation certificate 1ST quarter 16-17 & requisition of fund 2ND quarter 16 -17 in connection with U.P.H.C.S. scheme.

This may kindly be acknowledge.

chairman

Konnagar Municipality

Konnagar Municipality

Annexure - I

Status on Fund received & SOE submitted :

1ST Quarter FY 2016-17

(Amount in Rs.)

	A/C Head				
	Hon. / Salary	**Drug**	**Rent**	**Contingency**	**Total**
B/F Balance	269.810	-36833	-	28082	261259
Fund Received	3,71800 (3,71,300)	183000	-	10000	5,64,800
Total Available Fund	6,41,610 (6,41,110)	146367	-	38082	8,26,059
SOE Submitted	4.89.965	59837	-	36113	5,85,915
Balance in hand	1,51,645 (1,51,145)	86530	-	1969	2,40,144 (2,39,644)

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

U.P.H.C.S

Annexure – II

Voucher Details statement for the 1ST Quarter of FY 2016-17

Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs)
Vr. No 54 80 193 195 431 435	Hon./Salary	Hon. To HHWs	1 69 490·00
		Hon. To FTSa	1, 65, 901·00
Date :- 5/4/16 4/5/16 3/6/16			1 58 574·00
		Hon. To PTMOs and others	
Vr. No 590	Drug	For HAU	
		For ESOPD	59 837·00
Date :- 30/6/16		For MH	
Vr. No	Rent	For SC	
Date :-			
Vr No 53 55 56 135 191 192 194 287 294	Contingency	For HAU	30 750·00 5, 363·00
Date 432 433 439 533 535		For ESOPD	
Dt 5/4/16 26/4/16 4/5/16 12/5/16 26/5/16 3/6/16 20/6/16 23/6/16		For MH	
		Total	5 89 915·00

N. B. :- Not to enclose any copies of bills & vouchers.

Signature of Chairman / Vice - Chairman

Chairman
Konnagar Municipality

Annexure - III

Requisition of Fund for the ....2ND.... Quarter of FY. 2016-17

Facilities	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
Block (HHW)	2,90,625				2,90,625
Sub-Centre (FTS)	70098				70098
HAU	97131	68000		36,000	201.131
ESOPD	61,800	60,000		—	1,21,800
MH		-		-	
DC				-	
ULB (AHO & UHIO)					

* Space marked with [redacted] is not to be filled in.

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

Annexure - IV

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

Sl. No.	Letter No. & Date	Amount (in Rs.)
1.	SUDA/Health/501(PI-1)08/23-36 Dt 13/5/16	3,81,800
2	SUDA/Health(PT-2)08 Dt - 13/6/16	1,83,000
	Total	5,64,800

Certified that out of Rs. 5,64,800 of Grants-in-aid sanctioned during the year 2016-17 in favour of Konnagar ..... Municipality under this Ministry / Department letter no. given in the margin and Rs. 2,61,259 on account of unspent balance of the previous year, a sum of Rs. 5,85,915 has been utilized for the purpose it was sanctioned and the balance of Rs. 2,40,144 remaining unutilized at the end of the 1st quarter has been carried forward to the A/C of next quarter of FY 2016-17

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 sanctioned.

KINDS OF CHECK EXERCISED

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

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

C:\Dr Goswami SUDA Letterhead.doc

UPHCS

OFFICE OF THE MUNICIPAL COUNCILLOR,KONNAGAR

73, G.T. ROAD, (W) KONNAGAR, HOOGHLY.

Office : 2674—0210/2123 /9598/7376

Ambulance: 2674- 7545

Hospital : 2674 – 7740

SRI BAPPADITYA CHATTERJEE

Chairman

Ref No : UPHCS/1110 *Dated*..... 14.10.2015.....

To

The Project Director,

(Health Wing) SUDA

ILGUS BHAVAN,H.C. BLOCK.

Sector-III,Bidhannagar,

Kolkata-700106.

16-10-15

Sub-: Submission of statement of Expenditure(SOE), Utilisation Certificate(UC) 2nd quarter 15-16 & requisition of fund 3rd quarter 15-16

Sir,

In inviting your above reference, I am submitting the necessary information i.e. statement of expenditure (SOE),Utilisation certificate 2nd quarter 15-16 & requisition of fund 3rd quarter 15-16 in connection with U.P.H.C.S. scheme. This may kindly be acknowledge.

chairman

Konnagar Municipality

Chairman
Konnagar Municipality

Annexure - I

UPHCS

Status on Fund received & SOE submitted :

(Amount in Rs.)

2nd **Quarter FY 2015-2016**

	A/C Head				
	Hon. / Salary	**Drug**	**Rent**	**Contingency**	**Total**
B/F Balance	2,22,203	86,017	—	37,753	3,45,973
Fund Received	4,11,900	60,000	—	—	4,71,900
Total Available Fund	6,34,103	1,46,017	—	37,753	8,17,873
SOE Submitted	7,08,659	1,96,000	—	27,041	9,31,700
Balance in hand	-74,556	-49,983	—	10,712	-1,13,827

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

UPHCS

Monthly Revenue Statement for the ... Quarter of FY ~~200~~ 20 – 20 .

Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs.)
Vr. No. 789, 794, 1011, 1014, 1212, 1245, 1321, Dt. – 2/7/15, 4/8/15, 3/9/15, 17/9/15,	Hon./Salary	Hon. to HAUs	1,67,241·00
		Hon. to FTSs	15,400·00
	Ad-hoc Bonus		1,65,012·00
			15,400·00
			1,71,206·00
			15,400·00
			1,59,000·00
VR. No. 1320, 1383, Dt. – 17/9/15, 30/9/15	Drug	For HAU	1,36,000·00
		For ESOPD	60,000·00
		For MH	
	Rent	For SC	
VR. No. 791, 792, 793, 942, 1009, 1010, 1012, 1133, 1210, 1211, 1213, Dt. – 2/7/15, 27/7/15, 4/8/15, 26/8/15, 3/9/15,	Contingency	For HAU	21,600·00
			5,441·00
		For ESOPD	
		For MH	
		For IEC	
		Total	9,31,700·00

N.B. Not to submit any copies of bills & vouchers.

Chairman
Konnagar Municipality

Annexure - III

UPHCS

Requisition of Fund for the ...3rd..... **Quarter of FY** 2015 - 2016

Facilities	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
Block (HHW)	3,18,750·00				3,18,750
Sub-Centre (FTS)	80,112·00				80,112
HAU	1,06,881·00	68,000·00		36,000·00	2,10,881
ESOPD	61,800·00	60,000·00			1,21,800
MH					
DC					
ULB (AHO & UHIO)					

* Space marked with ■ is not to be filled in.

Signature of Chairperson / Vice-Chairperson

Chairman
Kottayam Municipality

Annexure - IV

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

Sl. No.	Letter No. & Date	Amount (in Rs.)
1.	SUDA-Health/501(Pt-1)/08/42(14) Dt. 15/5/2015	2,85,160·00
2.	SUDA-Health/145/08/53(27), Dt.-25/5/15	2,55,600·00
3.	SUDA-Health/501(Pt.1)/08/143(15) Dt.-21/8/2015	4,11,900·00
4.	SUDA-Health/145/08/158(26), Dt.-01/9/2015	60,000·00
	Total	10,12,660·00

Certified that out of Rs. 10,12,660·00 of Grants-in-aid sanctioned during the year 2015-2016 in favour of ...Konnagar.... Municipality under this Ministry / Department letter no. given in the margin and Rs. 4,65,826·00 on account of unspent balance of the previous year, a sum of Rs. 15,92,313·00 has been utilized for the purpose it was sanctioned and the balance of Rs. -1,13,827·00 remaining unutilized at the end of the 2nd quarter has been carried forward to the A/C of next quarter of FY 2015-2016.

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 sanctioned.

KINDS OF CHECK EXERCISED

1. Books of Accounts
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4. Physical Progress

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

Monthly Reporting Format for ULBs under NHM

State : West Bengal District : Hooghly

Name of the Municipality : Konnagar Municipality

No. of Wards: 20 , No. of Sub-Centres : 13 , No. of HAUs : 2

Population (as on 1st April 2015) : 66943

No. of Eligible Couple (as on 1st April 2015) : 9697

Report for the month of 21st March to 20th April, 2016

	REPRODUCTIVE CHILD HEALTH (RCH)	During the month	Cumltv. since April
	Total number of Pregnant Women (PW) Registered for ANC	29	325
	Of which number registered within first trimester	0	62
	New women registered under JSY (for ANC mothers)	0	0
	Number of Pregnant Women received 3 ANC check-ups	1	55
	TT (PW) - 1	2	55
	TT (PW) - 2 or Booster	6	48
	Total number of pregnant women given 100 IFA tablets	41	703
	Total number of pregnant women given 200 IFA tablets	0	1
	Number of Pregnant Women received 4th ANC check-ups	0	19
	Pregnant Women with Hypertension (BP > 140/90)	0	0
	Number of Eclampsia cases managed during delivery	0	0
	Number having mild Anaemia Hb level <11 (tested cases)	5	39
	Number having severe Anaemia (Hb <7) treated at institution	0	8
	Delivery:		
	Home Delivery:		
a)	SBA Trained (Doctor/Nurse/ANM/GNM)	0	0
b)	Non SBA (Trained TBA/Relatives etc)	0	0
c)	Total (a+b)	0	0
	Institutional Delivery:		
a)	At Municipal Hospital/ Maternity Home of ULB only	16	139
	Total number of newborns born in institutions administered OPV 0	0	1
	Number of Caesarean (C-Section) deliveries performed at		
a)	At Municipal Hospital/ Maternity Home of ULB	11	107
	Pregnancy Outcome: (Home + Inst Dlvry) only		
	Live Birth:		
a)	Male	7	73
b)	Female	9	69
c)	Total (a+b)	16	142
	Still Birth	0	1
	Abortion (spontaneous/induced)	0	0
	Order of Birth (from Live Birth):		
a)	1st order	9	83
b)	2nd order	7	45
c)	3rd order & more	0	13
	Weight of New-borns (from Live Birth):		
	No. of Newborns weighed at birth		
a)	Male	7	73
b)	Female	9	69
c)	Total (a+b)	16	142
	No. of Newborns having weight less than 2.5 kgs		
a)	Male	0	11
b)	Female	4	13
c)	Total (a+b)	4	24
	Number of Newborns having breast-fed within 1 hour	16	142
	No. of Pregnat Women (PW) with Obstetric complication Treated :	0	0
	Post Natal Care:		
a)	Women receiveing Post Partum check-up within 48 hrs after delivery	16	139
b)	Women getting a Post Partum check-up between 48 hrs and 14 days	16	139

	Maternal Deaths:		
a)	During Pregnancy	0	0
b)	During Delivery	0	
c)	Within six weeks of Delivery	0	0
	Medical termination of Pregnancy (MTP one in facility run by ULB)		
a)	Up to 12 weeks of pregnancy	0	0
b)	More than 12 weeks of pregnancy	0	0
	Reproductive Tract Infection & Sexually Transmitted Infection (RTI/STI)		
	Number of RTI/STI cases diagnosed		
(a)	Male	0	0
(b)	Female	0	0
(c)	Total (a+b)	0	0
	Number of RTI/STI Cases treated		
(a)	Male	0	0
(b)	Female	0	0
(c)	Total (a+b)	0	0
	Family Planning		
	Number of Sterilization Operation conducted at Municipal Hospital only		
(a)	Male Sterilization/NSV	0	0
(b)	Laparoscopic Sterilization	0	0
(c)	Minilap Sterilization	0	0
(d)	Post Partum Sterilization	0	0
	Number of IUD Insertions at Municipal Hospital/Dispensary of ULB	0	0
	No. of IUD Removal	0	1
	Number of Oral Pills cycles distributed	210 cys.	2039 cys
	Number of Condom pieces distributed	135 Pieces	2329 Pieces
	Number of Emergency Contraceptive Pills distributed	0	0
	Immunization	During the month	Cumltv. since April
	No. of Sessions Planned	12	151
	No. of Sessions Held	12	137
	No. of children 0 to <=1 year old who received the following:		
	BCG		
a)	Male	0	25
b)	Female	0	17
c)	Total (a+b)	0	42
	DPT-1		
a)	Male	0	0
b)	Female	0	0
c)	Total (a+b)	0	0
	DPT-2		
a)	Male	0	4
b)	Female	0	3
c)	Total (a+b)	0	7
	DPT-3		
a)	Male	0	10
b)	Female	0	16
c)	Total (a+b)	0	26

	Immunization:-	During the month	Cumitv. since April
	OPV 0		
a)	Male	0	2
b)	Female	0	2
c)	Total (a+b)	0	4
	OPV-1		
a)	Male	12	174
b)	Female	8	123
c)	Total (a+b)	20	297
	OPV-2		
a)	Male	11	153
b)	Female	15	147
c)	Total (a+b)	26	300
	OPV-3		
a)	Male	16	171
b)	Female	16	170
c)	Total (a+b)	32	341
	Hepatitis Birth Dose (Hep-B-0)		
a)	Male	0	0
b)	Female	0	0
c)	Total (a+b)	0	0
	Hepatitis B-1		
a)	Male	0	0
b)	Female	0	0
c)	Total (a+b)	0	0
	Hepatitis B-2		
a)	Male	0	4
b)	Female	0	6
c)	Total (a+b)	0	10
	Hepatitis B-3		
a)	Male	0	7
b)	Female	0	10
c)	Total (a+b)	0	17
	Pentavalent-1		
a)	Male	12	174
b)	Female	8	123
c)	Total (a+b)	20	297
	Pentavalent-2		
a)	Male	11	149
b)	Female	15	147
c)	Total (a+b)	26	296
	Pentavalent-3		
a)	Male	16	171
b)	Female	16	170
c)	Total (a+b)	32	341
	Measles-1st Dose		
a)	Male	14	178
b)	Female	9	159
c)	Total (a+b)	23	337
	Fully Immunized (children 0 to <=1 year old)		
a)	Male	14	178
b)	Female	9	159
c)	Total (a+b)	23	337
	JE-1st Dose		
a)	Male	10	153
b)	Female	6	129
c)	Total (a+b)	16	282

	No. of children 16 to 24 months old who received the following:	During the month	Cuml
	DPT Booster		
a)	Male	20	179
b)	Female	16	167
c)	Total (a+b)	36	346
	OPV Booster		
a)	Male	20	179
b)	Female	16	167
c)	Total (a+b)	36	346
	JE-2nd Dose		
a)	Male	18	179
b)	Female	9	159
c)	Total (a+b)	27	338
	Measles 2nd Dose		
a)	Male	24	194
b)	Female	20	182
c)	Total (a+b)	44	376
	No. of children 12 to 23 months old who are fully immunized (BCG + DPT-123 + OPV-123 + Penta 123 + Measles) :		
a)	Male	4	65
b)	Female	2	33
c)	Total (a+b)	6	98
	Children more than 5 years - DT5 / DPT		
a)	Male	20	221
b)	Female	8	155
c)	Total (a+b)	28	376
	Children more than 10 years TT10		
a)	Male	19	177
b)	Female	11	169
c)	Total (a+b)	30	346
	Children more than 16 years TT16		
a)	Male	7	103
b)	Female	3	101
c)	Total (a+b)	10	204
	Adverse Event Following Immunisation (AEFI)		
	Abscesses		
a)	Male	0	0
b)	Female	0	0
c)	Total (a+b)	0	0
	Other complications		
a)	Male	0	0
b)	Female	0	0
c)	Total (a+b)	0	0
	Number of Vitamin A doses administered between 9 months and 5 years	During the month	Cumltv. since April
	Dose-1		
a)	Male	14	187
b)	Female	7	154
c)	Total (a+b)	21	341
	Dose-2		
a)	Male	16	164
b)	Female	11	147
c)	Total (a+b)	27	311
	Dose-3		
a)	Male	12	112
b)	Female	8	103
c)	Total (a+b)	20	215
	Dose-4		
a)	Male	10	124
b)	Female	10	118
c)	Total (a+b)	20	242

		Number of Vitamin A doses administered between 9 months and 5 years	During the month	Cumltv. since April
		Dose-5		
	a)	Male	6	103
	b)	Female	8	104
	c)	Total (a+b)	14	207
		Dose-6		
	a)	Male	1	62
	b)	Female	7	81
	c)	Total (a+b)	8	143
		Dose-7		
	a)	Male	6	69
	b)	Female	3	70
	c)	Total (a+b)	9	139
		Dose-8		
	a)	Male	3	54
	b)	Female	5	57
	c)	Total (a+b)	8	111
		Dose-9		
	a)	Male	6	57
	b)	Female	1	39
	c)	Total (a+b)	7	96
		Number of Childhood Diseases reported during the month:	During the month	Cumltv. since April
		Diphtheria		
	a)	Male	0	0
	b)	Female	0	0
	c)	Total (a+b)	0	0
		Pertussis		
	a)	Male	0	0
	b)	Female	0	0
	c)	Total (a+b)	0	0
		Tetanus Neonatorum		
	a)	Male	0	0
	b)	Female	0	0
	c)	Total (a+b)	0	0
		Tetanus others		
	a)	Male	0	0
	b)	Female	0	0
	c)	Total (a+b)	0	0
		Acute Flaccid Paralysis (AFP)		
	a)	Male	0	0
	b)	Female	0	0
	c)	Total (a+b)	0	0
		Measles		
	a)	Male	0	0
	b)	Female	0	0
	c)	Total (a+b)	0	0
		Diarrhoea and Dehydration		
	a)	Male	0	0
	b)	Female	0	0
	c)	Total (a+b)	0	0
		ARI		
	a)	Male	0	0
	b)	Female	0	0
	c)	Total (a+b)	0	0
		Malaria		
	a)	Male	0	0
	b)	Female	0	0
	c)	Total (a+b)	0	0
		Tuberculosis		
	a)	Male	0	0
	b)	Female	0	0
	c)	Total (a+b)	0	0

		Number of Infant/Child Deaths identified:	During the month	Cu... since Ap...
		Within 24 hrs		
	a)	Male	0	0
	b)	Female	0	0
	c)	Total (a+b)	0	0
		Between one day and 1 week of birth		
	a)	Male	0	0
	b)	Female	0	0
	c)	Total (a+b)	0	0
		Between 1 week & 4 weeks		
	a)	Male	0	0
	b)	Female	0	0
	c)	Total (a+b)	0	0
		Between 1 month & 11 months		
	a)	Male	0	0
	b)	Female	0	0
	c)	Total (a+b)	0	0
		Between 1 year & 5 years		
	a)	Male	0	0
	b)	Female	0	0
	c)	Total (a+b)	0	0

	Status of Cold Chin Equipments:-	Nos.	Remarks
	Number of Functioning Ice Lined Refrigerators (ILRs)		
	a) Small	1	
	b) Large	0	
	Number of Functioning Deep Freeze (DFZ)		
	a) Small	1	
	b) Large	0	
	Number of Stabilizer (functioning)	2	
	Number of Cold Boxes	9	
	Number of Vaccine Carriers	54	

OFFICE OF THE MUNICIPAL COUNCILLOR,KONNAGAR

73, G.T. ROAD, (W) KONNAGAR, HOOGHLY.

Office : 2674—0210/2123 /9598/7376

Ambulance: 2674- 7545

Hospital : 2674 – 7740

SRI BAPPADITYA CHATTERJEE

Chairman

Ref No : UPHCS/990 *Dated* 12-7-16

To

The Project Director,

(Health Wing) SUDA

ILGUS BHAVAN,H.C. BLOCK.

Sector-III,Bidhannagar,

Kolkata-700106.

14-7-2016

14.7.16

Sub-: Submission of statement of Expenditure(SOE), Utilisation Certificate (UC) 1ST quarter 16 -17 & requisition of fund 2ND quarter 16-17.

Sir,

In inviting your above reference, I am submitting the necessary information i.e. statement of expenditure (SOE),Utilisation certificate 1ST quarter 16-17 & requisition of fund 2ND quarter 16 -17 in connection with U.P.H.C.S. scheme. This may kindly be acknowledge.

chairman

Konnagar Municipality

Chairman

KONNAGAR MUNICIPALITY

Annexure - I

Status on Fund received & SOE submitted :

(Amount in Rs.)

.....1st..... Quarter FY 2016-17

	A/C Head				
	Hon. / Salary	**Drug**	**Rent**	**Contingency**	**Total**
B/F Balance	2,89,810	-36,633	—	28082	261,259
Fund Received	3,71,800	183000	—	10,000	564,800
Total Available Fund	6,41,610	146,367	—	38,082	8,26,059
SOE Submitted	5,41,685	59,837	—	36113	6,37,635
Balance in hand	99925	86,530	—	1,969	188424

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

C:\Dr. Goswami SUDA\Letterhead.doc

Annexure-II

Voucher Details statement for the ..... 1st. quarter of FY 2016-17

Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs.)
52, 54, 80 5/4/16			2,02,610
V. No. & Date 193, 195 4/5/16	Hon./Salary	Hon. to HHWs	.....
		Hon. to FTSs	1,65,901
V. No. 431, 435 Date 3.6.16.		.....	1,73,174
			5,41,685
V. No. & Date 590 30/6/16	Drug	For LAU	59
		For ESOPE	59,837
		For MH	.....
	Food	For SC	.....
V. No. & date 53, 56, 135 6/4/16 26/4/16		For LAU	(c) 30,750.00
V. No & date 191, 192 194 4/5/16 → 19/5/16 287 20/5/16		For ESOPE	TB. 5,363.07
		For MH	36,113.00
V. No. 432, 433, 434, 439 date 3/6/16. 533 533, 20/6/16 20/6/16		For SC	.....
	Total		6,37,635

N.B. A [illegible] copy of all the vouchers

Signature of Participant/Beneficiary

Chairman

Konnagar

Annexure - III

Requisition of Fund for the ..... 2ND ..... Quarter of FY . 2016 -17

Facilities	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
Block (HHW)	2,90,625				290625
Sub-Centre (FTS)	70,098				70098
HAU	97131	68000		36,000	201,131
ESOPD	61,800	60,000		—	121,800
MH	—	—		—	
DC				—	
ULB (AHO & UHIO)					

* Space marked with [redacted] is not to be filled in.

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

C:\Dr. Goswami SUDA Letterhead.doc

Annexure - IV

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

Sl. No.	Letter No. & Date	Amount (in Rs.)
1.	SUDA/Health/50(PT-1)08/23(36)	3,81,800
2	SUDA/Health(PT-2) 108	1,83,000
	Total	5,64,800

Certified that out of Rs. 5,64,308 of Grants-in-aid sanctioned during the year 2016-17 in favour of Konnagar Municipality under this Ministry / Department letter no. given in the margin and Rs. 2,61,259 on account of unspent balance of the previous year, a sum of Rs. 6,37,635 has been utilized for the purpose it was sanctioned and the balance of Rs. 1,88,424 remaining unutilized at the end of the 1st quarter has been carried forward to the A/C of next quarter of FY 2016-17.

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 sanctioned.

KINDS OF CHECK EXERCISED

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

Signature of Chairperson / Vice-Chairperson

UPHCS.

OFFICE OF THE MUNICIPAL COUNCILLOR,KONNAGAR

73, G.T. ROAD, (W) KONNAGAR, HOOGHLY.

Office : 2674—0210/2123 /9598/7376

Ambulance: 2674- 7545

Hospital : 2674 – 7740

SRI BAPPADITYA CHATTERJEE

Chairman

Ref No : UPHCS/34 *Dated* 06-04-16

To

The Project Director,

(Health Wing) SUDA

ILGUS BHAVAN,H.C. BLOCK.

Sector-III,Bidhannagar,

Kolkata-700106.

7-4-16

Sub-: **Submission of statement of Expenditure(SOE), Utilisation Certificate (UC) 4th quarter 15 -16 & requisition of fund 1st quarter 16-17.**

Sir,

In inviting your above reference, I am submitting the necessary information i.e. statement of expenditure (SOE),Utilisation certificate 4th quarter 15-16 & requisition of fund 1st quarter 16 -17 in connection with U.P.H.C.S. scheme. This may kindly be acknowledge.

chairman

Konnagar Municipality

Chairman
Konnagar Municipality

Annexure - I

UPHCS

Status on Fund received & SOE submitted :

(Amount in Rs.)

4th ..... **Quarter FY 2015-2016**

	A/C Head				
	Hon. / Salary	**Drug**	**Rent**	**Contingency**	**Total**
B/F Balance	1,70,970	13,180	—	19,139	2,03,289
Fund Received	6,33,900	1,46,000	—	36,000	8,15,900
Total Available Fund	8,04,870	1,59,180	—	55,139	10,19,189
SOE Submitted	5,35,060	1,95,813	—	27,057	7,57,930
Balance in hand	2,69,810	-36,633	—	28,082	2,61,259

6/4/16

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

UPHCS

Voucher Details Statement for the ... 4th ....Quarter of FY ~~20~~ 2015-2016.

Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs.)
VR. No 2127, 2132, 2313, 2399, 2680, 2686 Dt. - 06/1/16, 29/1/16, 04/2/16, 04/3/16	Hon./Salary	Hon. to HHWs Hon. to FTSs	1,61,908 · 00 15,400 · 00 1,64,569 · 00 15,900 · 00 1,61,383 · 00 15,900 · 00
VR. No. 2858, 2857 .... Dt. - 31/3/16	Drug	For HAU For ESOPD For MH	1,35,976 · 00 59,837 · 00 ....
....	Rent	For SC	....
VR. No. 2129, 2130, 2131, 2277, 2311, 2312, 2314, 2587, 2681, 2684, 2685, 2845 Dt. - 06/1/16, 27/1/16, 29/1/16, 20/2/16, 04/3/16, 28/3/16	Contingency	For HAU For ESOPD For MH For SC	21,600 · 00 5,457 · 00 ....
		Total	7,57,930·00

[illegible] copies of [illegible]

6/4

Chairman
Konnagar Municipality

Annexure - III

UPHCS

Requisition of Fund for the 1st **Quarter of FY** - 2016 - 2017

Facilities	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
Block (HHW)	2,93,750				2,93,750·00
Sub-Centre (FTS)	73,436·00				73,436·00
HAU	97,131·00	68,000·00		36,000·00	2,01,131·60
ESOPD	61,800·00	60,000·00			1,21,800·00
MH					
DC					
ULB (AHO & UHIO)					

* **Space marked with** ■ **is not to be filled in.**

6/4/16

Chairman
Konnagar Municipality

Signature of Chairperson / Vice-Chairperson

Annexure - IV

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

Sl. No.	Letter No. & Date	Amount (in Rs.)
1.	SUDA-Health/501(Pt-I)/08/42(14) Dt.-15.5.2015	285160·00
2.	SUDA-Health/145/08/53(27) Dt.-25.5.2015	255600·00
3.	SUDA-Health/501(Pt.-I)/08/143(15) Dt.-21.8.2015	411,960·00
4.	SUDA-Health/145/08/158(26) Dt.-01.9.2015	60,000·00
5.	SUDA-Health/501(Pt.-I)/08/198(51) Dt.-14.10.2015	867,300·00
6.	SUDA-Health/501(Pt.-II)/08/227(22) Dt. 23.11.2015	123,000·00
7.	SUDA-Health/501(Pt.-I)/08/285(46) Dt. 28.01.2016	669,900·00
8.	SUDA-Health/501(Pt-II)/08/304(39) Dt. 11.2.2016	1,46,000·00
	Total	28,18,860·00

Certified that out of Rs. 28,18,860·00 of Grants-in-aid sanctioned during the year 2015-2016 in favour of Konnagar..... Municipality under this Ministry / Department letter no. given in the margin and Rs. 4,65,826·00 on account of unspent balance of the previous year, a sum of Rs. 30,23,427·00 has been utilized for the purpose it was sanctioned and the balance of Rs. 2,61,259·00..... remaining unutilized at the end of the 4th..... quarter has been carried forward to the A/C of next quarter of FY 2016-2017.

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 sanctioned.

KINDS OF CHECK EXERCISED

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

6/4/16

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

OFFICE OF THE MUNICIPAL COUNCILLOR,KONNAGAR

73, G.T. ROAD, (W) KONNAGAR, HOOGHLY.

Office : 2674—0210/2123 /9598/7376
Ambulance: 2674- 7545
Hospital : 2674 – 7740

SRI BAPPADITYA CHATTERJEE

Chairman

Ref No : UPHCS/1775 *Dated* 25/01/2016

To

The Project Director,

(Health Wing) SUDA

ILGUS BHAVAN,H.C. BLOCK.

Sector-III,Bidhannagar,

Kolkata-700106.

25-1-16

Sub-: Submission of statement of Expenditure(SOE), Utilisation Certificate(UC) 3rd quarter 15-16 & requisition of fund 4th quarter 15-16

Sir,

In inviting your above reference, I am submitting the necessary information i.e. statement of expenditure (SOE),Utilisation certificate 3rd quarter 15-16 & requisition of fund 4th quarter 15-16 in connection with U.P.H.C.S. scheme. This may kindly be acknowledge.

chairman
Chairman
KONNAGAR MUNICIPALITY
Konnagar Municipality

Annexure - I

UPHCS

Status on Fund received & SOE submitted :

(Amount in Rs.)

.....3rd..... **Quarter FY 2015-2016,**

	A/C Head				
	Hon. / Salary	**Drug**	**Rent**	**Contingency**	**Total**
B/F Balance	-74,556	-49,983	-	10,712	-1,13,827
Fund Received	8,31,300	1,23,000	-	36,000	9,90,300
Total Available Fund	7,56,744	73,017	-	46,712	8,76,473
SOE Submitted	5,85,774	59,837	-	27,573	6,73,184
Balance in hand	1,70,970	13,180	-	19,139	2,03,289

Signature of Chairperson / Vice-Chairperson

Chairman
KONNAGAR MUNICIPALITY

UPHCS

Voucher Details Statement for the ... 3rd ..... Quarter of FY ~~2015~~ 2015 – 2016.

Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs.)
V. No 1483, 1521, 1616, 1712, 1752, 1926, 1960	Hon./Salary & Bonus	Hon. to HWFs	15,400 ·00
			1,64,714 ·00
		Hon. to FTSs	43,250 ·00
			1,66,612 ·00
Dt. 6/10/15, 8/10/15, 15/10/15, 4/11/15, 5/11/15, 7/12/15, 9/12/15.			15,400 ·00
			1,64,998 ·00
			15,400 ·00
R. No. 2051	Drug	For CAU	.....
Dt. – 29/12/15		For ESOPD	59,837 ·00
		For MH	.....
	Rent	For SC	.....
V.R. No. 1519, 1520, 1522, 1704, 1713, 1750, 1751, 1826, 1927, 1988, 1989, 2010	Contingency	For HAU	21,600 ·00
			5,973 ·00
Dt. – 8/10/15, 31/10/15, 4/11/15, 5/11/15, 26/11/15 7/12/15, 11/12/15, 21/12/15		For ESOPD	.....
		For MH	.....
		For IEC	.....
		Total	6,73,184·00

I/We undertake to produce any copies of bills/vouchers if required.

Chairman
KONNAGAR MUNICIPALITY

Annexure - III

UPHCS

Requisition of Fund for the ....4th..... Quarter of FY 2015-2016.

Facilities	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
Block (HHW)	3,12,500·00				3,12,500·00
Sub-Centre (FTS)	80,112·00				80,112·00
HAU	1,06,881·00	68,000·00		36,000·00	2,10,881·00
ESOPD	61,800·00	60,000·00			1,21,800·00
MH					
DC					
ULB (AHO & UHIO)					

* Space marked with ■ is not to be filled in.

Chairman
KONNAGAR MUNICIPALITY

Signature of Chairperson / Vice-Chairperson

Annexure - IV

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

Sl. No.	Letter No. & Date	Amount (in Rs.)
1.	SUDA-Health/501(Pt-I)/08/42(14), Dt.-15.5.2015	2,85,160·00
2.	SUDA-Health/145/08/53(27), Dt.-25.5.2015	2,55,600·00
3.	SUDA-Health/501(Pt-I)/08/143(15), Dt.-21.8.2015	4,11,900·00
4.	SUDA-Health/145/08/158(26) Dt.-01.9.2015	60,000·00
5.	SUDA-Health/501(Pt-I)/08/198(51) Dt. 14.10.2015	8,67,300·00
6.	SUDA-Health/501(Pt-II)/08/227(22) Dt. 23.11.2015	1,23,000·00
	Total	20,02,960·00

Certified that out of Rs. 20,02,960·00 of Grants-in-aid sanctioned during the year 2015-2016 in favour of Konnagar..... Municipality under this Ministry / Department letter no. given in the margin and Rs. 4,65,826·00 on account of unspent balance of the previous year, a sum of Rs. 22,65,497·00 has been utilized for the purpose it was sanctioned and the balance of Rs. 2,03,289·00 remaining unutilized at the end of the 3rd quarter has been carried forward to the A/C of next quarter of FY 2015-2016.

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 sanctioned.

KINDS OF CHECK EXERCISED

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

Signature of Chairperson / Vice-Chairperson

Chairman
KONNAGAR MUNICIPALITY

•OFFICE OF THE MUNICIPAL COUNCILLOR,KONNAGAR

73, G.T. ROAD, (W) KONNAGAR, HOOGHLY.

SRI BAPPADITYA CHATTERJEE

Chairman

Ref No : UP.HC.S/1776 *Dated* 25.01.2016

25-1-16

To

The Project Director, (Healthwin) ,SUDA,

ILGUS BHAVAN, H.C. Block.

Sector...III, Bidhannagar.

Kolkata...700091

Sub : Submission of statement of expenditure S.O.E, of urban RCH programme for the month from Sep. 2015 to Dec. 2015.

Sir/ Madam

I am submitting statement of expenditure (SOE), for payment of salary to M.O & ANM for the month from Sep.2015 to Dec. 2015 for your kind perusal and necessary action.

This may kindly be acknowledged.

Thanking You

Chairman

Konnagar Municipality

Chairman
KONNAGAR MUNICIPALITY

KONNAGAR MUNICIPALITY

Urban RCH programme

Voucher details statement for the month September.....2015

Vouchers No & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs)
Vr. No....1523 Date : 08/10/2015	Hon/ Salary	Salary to M.O & A N M	33,380·00
		Total	33,380·00

Chairman/Vice Chariman

Chairman
KONNAGAR MUNICIPALITY

Konnagar Municpality

KONNAGAR MUNICIPALITY

URBAN R C H PROGRAMME

Status on fund received and SOE submitted for the month of September 2015

	HON/ SALARY	FURNITURE	EQUIPMENT	TOTAL
B/F Balance	33,255·00	NIL	125·00	33,380·00
FUND RECEIVED	NIL	NIL	NIL	NIL
TOTAL AVAILABLE FUND	33,255·00	NIL	125·00	33,380·00
SOE SUBMITTED	33,380·00	NIL	NIL	33,380·00
BALANCE IN HAND	−125·00	NIL	125·00	NIL

CHAIRMAN

KONNAGAR MUNICIPALITY

Chairman
KONNAGAR MUNICIPALITY

KONNAGAR MUNICIPALITY

Urban RCH programme

Voucher details statement for the month October.....2015

Vouchers No & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs)
Vr. No.... 1714 Date : 05/11/2015	Hon/ Salary	Salary to M.O & A N M	33,380·00
		Total	33,380·00

Chairman/Vice Chariman

Chairman
KONNAGAR MUNICIPALITY

Konnagar Municpality

KONNAGAR MUNICIPALITY

URBAN R C H PROGRAMME

Status on fund received and SOE submitted for the month of October 2015

	HON/ SALARY	FURNITURE	EQUIPMENT	TOTAL
B/F Balance	-125·00	NIL	125·00	NIL
FUND RECEIVED	1,00,140·00	NIL	NIL	1,00,140·00
TOTAL AVAILABLE FUND	1,00,015·00	NIL	125·00	1,00,140·00
SOE SUBMITTED	33,380·00	NIL	NIL	33,380·00
BALANCE IN HAND	66,635·00	NIL	125·00	66,760·00

CHAIRMAN

KONNAGAR MUNICIPALITY

KONNAGAR MUNICIPALITY

Urban RCH programme

Voucher details statement for the month ..November.....2015

Vouchers No & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs)
Vr. No.... 1925 Date : 07/12/2015	Hon/ Salary	Salary to M.O & A N M	33,380·00
		Total	33,380·00

Chairman/Vice Chariman
Konnagar Municpality

Chairman
KONNAGAR MUNICIPALITY

KONNAGAR MUNICIPALITY

URBAN R C H PROGRAMME

Status on fund received and SOE submitted for the month of November..2015

	HON/ SALARY	FURNITURE	EQUIPMENT	TOTAL
B/F Balance	66,635·00	NIL	125·00	66,760·00
FUND RECEIVED	NIL	NIL	NIL	NIL
TOTAL AVAILABLE FUND	66,635·00	NIL	125·00	66,760·00
SOE SUBMITTED	33,380·00	NIL	NIL	33,380·00
BALANCE IN HAND	33,255·00	NIL	125·00	33,380·00

CHAIRMAN

KONNAGAR MUNICIPALITY

Chairman
KONNAGAR MUNICIPALITY

KONNAGAR MUNICIPALITY

Urban RCH programme

Voucher details statement for the month December 2015

Vouchers No & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs)
Vr. No.... 2128 Date : 06/01/2016	Hon/ Salary	Salary to M.O & A N M	33,380·00
		Total	33,380·00

Chairman/Vice Chariman
Konnagar Municpality

KONNAGAR MUNICIPALITY

URBAN R C H PROGRAMME

Status on fund received and SOE submitted for the month of December 2015

	HON/ SALARY	FURNITURE	EQUIPMENT	TOTAL
B/F Balance	33,255·00	NIL	125·00	33,380·00
FUND RECEIVED	NIL	NIL	NIL	NIL
TOTAL AVAILABLE FUND	33,255·00	NIL	125·00	33,380·00
SOE SUBMITTED	33,380·00	NIL	NIL	33,380·00
BALANCE IN HAND	−125·00	NIL	125·00	NIL

CHAIRMAN

KONNAGAR MUNICIPALITY

Chairman
KONNAGAR MUNICIPALITY

OFFICE OF THE MUNICIPAL COUNCILLOR,KONNAGAR

73, G.T. ROAD, (W) KONNAGAR, HOOGHLY.

Office : 2674—0210/2123 /9598/7376

Ambulance: 2674- 7545

Hospital : 2674 – 7740

SRI BAPPADITYA CHATTERJEE

Chairman

Ref No : U.P.H.C.S./679 *Dated* 29.7.15

To

The Project Director,

(Health Wing) SUDA

ILGUS BHAVAN,H.C. BLOCK.

Sector-III,Bidhannagar,

Kolkata-700106.

30.7.15

Sub-: Submission of statement of Expenditure(SOE), Utilisation Certificate(UC) 1st quarter 15-16 & requisition of fund 2nd quarter 15-16

Sir,

In inviting your above reference, I am submitting the necessary information i.e. statement of expenditure (SOE),Utilisation certificate 1st quarter 15-16 & requisition of fund 2nd quarter 15-16 in connection with U.P.H.C.S. scheme. This may kindly be acknowledge.

30-7-15

Chairman

Konnagar Municipality

Chairman
Konnagar Municipality

Annexure - I

U.P.H.C.S.

Status on Fund received & SOE submitted :

(Amount in Rs.)

..... 1st ..... **Quarter FY 20** 15-2016

	A/C Head				
	Hon. / Salary	**Drug**	**Rent**	**Contingency**	**Total**
B/F Balance	5,10,123	-1,09,583	-	65,286	4,65,826
Fund Received	2,85,160	2,55,600	-	-	5,40,760
Total Available Fund	7,95,283	1,46,017	-	65,286	10,06,586
SOE Submitted	5,73,080	60,000	-	27,533	6,60,613
Balance in hand	2,22,203	86,017	-	37,753	3,45,973

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

U.P.H.C.S

Annexure – II

Voucher Details statement for the 1st Quarter of FY 2015-2016

Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs)
Vr. No. 2,3,6,279, 325,484,533. Date : 01/4/2015, 06/5/2015, 12/5/2015, 04/6/2015, 08/6/2015	Hon./Salary	Hon. To HHWs Hon. To FTSa Hon. To PTMOs and others	1,81,291·00 14,100·00 1,78,179·00 14,100·00 1,71,310·00 14,100·00
Vr. No. 749 Date :- 29/6/2015	Drug	For HAU For ESOPD For MH	60,000·00
Vr. No. Date :-	Rent	For SC	
Vr. No. 4,5,7,172,280 323,324,395 486,534,535,715 Date :- 01/4/2015, 20/4/15, 06/5/15, 12/5/15, 27/5/15, 4/6/15, 8/6/15, 22/6/15	Contingency	For HAU For ESOPD For MH	9,527·00 9,068·00 8,938·00
		Total	6,60,613·00

N. B. :- Not to enclose any copies of bills & vouchers.

Signature of Chairman / Vice - Chairman

Chairman
Konnagar Municipality

Annexure - III

UPHCS

Requisition of Fund for the 2nd Quarter of FY 2015-2016

Facilities	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
Block (HHW)	3,18,750·00				3,18,750·00
Sub-Centre (FTS)	80,112·00				80,112·00
HAU	1,06,881·00	68,000·00		15,000·00	1,89,881·00
ESOPD	61,800·00	60,000·00			1,21,800·00
MH					
DC					
ULB (AHO & UHIO)					

* Space marked with [redacted] is not to be filled in.

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

Annexure - IV

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

Sl. No.	Letter No. & Date	Amount (in Rs.)
1.	SUDA-Health/501(Pt-1)/08/42(14) dt. - 15/5/2015	2,85,160·00
2.	SUDA-Health/145/08/53 (27) dt. 25/5/2015	2,55,600·00
	Total	5,40,760·00

Certified that out of Rs. 5,40,760·00 of Grants-in-aid sanctioned during the year 2015-2016 in favour of Konnagar..... Municipality under this Ministry / Department letter no. given in the margin and Rs. 465,826·00 on account of unspent balance of the previous year, a sum of Rs. 6,60,613·00 has been utilized for the purpose it was sanctioned and the balance of Rs. 3,45,973·00... remaining unutilized at the end of the ..... quarter has been carried forward to the A/C of next quarter of FY 2015-2016

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 sanctioned.

KINDS OF CHECK EXERCISED

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

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

Annexure - I

UPHCS

Status on Fund received & SOE submitted :

(Amount in Rs.)

.....4th..... **Quarter FY 20**15

	A/C Head				
	Hon. / Salary	**Drug**	**Rent**	**Contingency**	**Total**
B/F Balance	3,13,889	-63,583	-	93,150	3,43,456
Fund Received	7,85,200	2,10,000	-	-	9,95,200
Total Available Fund	10,99,089	1,46,417	-	93,150	13,38,656
SOE Submitted	5,88,966	2,56,000	-	27,664	8,72,630
Balance in hand	5,10,123	-1,09,583	-	65,286	4,65,826

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

OFFICE OF THE MUNICIPAL COUNCILLOR,KONNAGAR

73, G.T. ROAD, (W) KONNAGAR, HOOGHLY.

Office : 2674—0210/212 /9598/7376

Ambulance: 2674- 7545

Hospital : 2674 – 7740

SRI BAPPADITYA CHATTERJEE

Chairman

Ref No : UPHCS/1955 Dated 19.01.2015

To

The Project Director,

SUDA(Health Wing)

ILGUS BHAVAN,H.C. BLOCK.

Sector-III,Bidhannagar,

Kolkata-700106.

Sub-: Submission of statement of Expenditure(SOE), Utilisation Certificate(UC) 3rd quarter 14-15 & requisition of fund 4th quarter 14-15

Sir,

In inviting your above reference, I am submitting the necessary information i.e. statement of expenditure (SOE),Utilisation certificate & requisition of fund in connection with U.P.H.C.S. scheme.

This may kindly be acknowledge.

Chairman
Konnagar Municipality

Annexure - I

UPHCS

Status on Fund received & SOE submitted :

(Amount in Rs.)

..3rd..... **Quarter FY 2014 - 2015**

	A/C Head				
	Hon. / Salary	**Drug**	**Rent**	**Contingency**	**Total**
B/F Balance	-236782	1,92,102	—	82,621	37,941
Fund Received	9,85,560	—	—	36,000	10,21,560
Total Available Fund	7,48,778	1,92,102	—	1,18,621	10,59,501
SOE Submitted	4,34,889	2,55,685	—	25,471	7,16,045
Balance in hand	3,13,889	-63,583	—	93,150	3,43,456

Signature of Chairperson / Vice-Chairperson

Health Officer
Konnagar Municipality
Chairman
KONNAGAR (M)

UPHCS

Voucher Details of Payment for the ... Quarter of FY ~~200~~ 20 - 20

Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs.)
V.No. 1316, 1389, 1462, 1463, 1507, 1652, 1654, 1695, 1825, ~~1316~~	Hon./Salary	Hon. to HUMs	14,600.00
		Hon. to FTSs	41,188.00
Dt. 13/10/14, 28/10/14, 5/11/14 10/11/14, 3/12/14, 5/12/14, 22/12/14.			2,07,331.00
		.....	2,00,394.00
			8,376.00
V.No. 1509 Dt. - 10/11/14	Drug	For HAU	2,55,685.00
		For ESOPD	.....
		For MH	.....
.....	Rent	For SC	.....
V.No. 1343, 1463, 1596, 1654, 1817, 1826, 1827 Dt. - 18/10/14, 5/11/14, 24/11/14, 3/12/14, 22/12/14	Contingency	For HAU	5,471.00
		For HAU	16,800.00
		For ESOPD	3,200.00
		For MH	.....
		For IEC	.....
		Total	7,16,045.00

I.P. Not to ... any copies of bills & vouchers.

Health Officer
Chairman
KONNAGAR MUNICIPALITY

Annexure - III

UPHCS

Requisition of Fund for the 4th **Quarter of FY** 2014 - 2015

Facilities	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
Block (HHW)	3,84,375				3,84,375
Sub-Centre (FTS)	90,126				190,126
HAU	1,06,881	68,000		15,000	1,89,881
ESOPD	61,800	60,000			1,21,800
MH					
DC					
ULB (AHO & UHIO)					

* **Space marked with** ■ **is not to be filled-in.**

Chairman
KHARAGPUR MUNICIPALITY

Signature of Chairperson / Vice-Chairperson

UPHCS

Annexure - IV

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

Sl. No.	Letter No. & Date	Amount (in Rs.)
1.	SUDA-Health/145/08/80(45) dt. 27/6/14	2,55,178
2.	SUDA-Health/145/08/105(23) dt. 14/7/14	1,46,000
3.	SUDA-Health/145/08/149(41) dt. 6/8/14	7,85,160
4.	SUDA-Health/145/08/217(39) dt. 05.11.2014	10,21,560
	Total	22,07,898

Certified that out of Rs. 22,07,898/- of Grants-in-aid sanctioned during the year 2014-2015 in favour of Konnagar..... Municipality under this Ministry / Department letter no. given in the margin and Rs. 8,23,461.00 on account of unspent balance of the previous year, a sum of Rs. 26,87,903/- has been utilized for the purpose it was sanctioned and the balance of Rs. 3,43,456/- ..... remaining unutilized at the end of the 3rd quarter has been carried forward to the A/C of next quarter of FY 2014-2015.

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 sanctioned.

KINDS OF CHECK EXERCISED

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

Signature of Chairperson / Vice-Chairperson

Chairman
KONNAGAR MUNICIPALITY

OFFICE OF THE MUNICIPAL COUNCILLOR,KONNAGAR

73, G.T. ROAD, (W) KONNAGAR, HOOGHLY.

Office : 2674—0210/2123 /9598/7376

Ambulance: 2674- 7545

Hospital : 2674 – 7740

SRI BAPPADITYA CHATTERJEE

Chairman

Ref No : UPHCS /1606 *Dated* 01/12/14

To

The Project Director,

SUDA(Health Wing)

ILGUS BHAVAN,H.C. BLOCK.

Sector-III,Bidhannagar,

Kolkata-700106.

Sub-: Submission of statement of Expenditure(SOE), Utilisation Certificate(UC) 2nd quarter 14-15 & requisition of fund 3rd quarter 14-15

Sir,

In inviting your above reference, I am submitting the necessary information i.e. statement of expenditure (SOE),Utilisation certificate & requisition of fund in connection with U.P.H.C.S. scheme.

This may kindly be acknowledge.

chairman

Konnagar Municipality

Chairman
Konnagar Municipality

Annexure - I

UPHCS

Status on Fund received & SOE submitted :

(Amount in Rs.)

..... 2nd ..... **Quarter FY 2014**

	A/C Head				
	Hon. / Salary	**Drug**	**Rent**	**Contingency**	**Total**
B/F Balance	70,517	1,74,102	—	1,09,501	3,54,120
Fund Received	7,85,160	1,46,000	—	—	9,31,160
Total Available Fund	8,55,677	3,20,102	—	1,09,501	12,85,280
SOE Submitted	10,92,459	1,28,000	—	26,880	12,47,339
Balance in hand	-2,36,802	1,92,102	—	82,621	37,921

-2,36,782 37,941

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

UPHCS

Voucher Detailed Statement for the ... 2nd Quarter of FY ~~2010~~ 2014 – 2015.

Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs.)
Vr. No. 603, 604, 844, 871, 990, 995, 998, 1106, 1184, Dt. - 7/7/14, 7/8/14, 4/9/14 12/9/14, 22/9/14	Hon./Salary & Exgratia	Hon. to HMOs Hon. to FTSs, P.T.M.Os Clerk, Sweeper, Attendents staff Nurse,	2,18,223·00 2,19,369·00 2,17,769·00 2,46,000·00 1,91,118·00
VR. No. 714 Dt. - 18/7/14	Drug	For HAU For ESOPD For MH	1,28,000·00
	Rent	For SC	
VR. No. 743, 938, 991, 997, 1129, 1185, 1247, 1248. Dt. - 23/7/14, 27/8/14, 4/9/14, 18/9/14, 22/9/14, 25/9/14	Contingency	For HAU For ESOPD For MH For IC	5880·00 16,800·00 4,200·00
		Total	12,47,359·00

N.B. Not to enclose any copies of bills & vouchers.

Sub Collector

Chairman
Konnagar Municipality

Annexure - III

UPHCS

Requisition of Fund for the 3rd **Quarter of FY** .....

Facilities	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
Block (HHW)	3,93,750				3,93,750
Sub-Centre (FTS)	90,126				90,126
HAU	1,06,881	68,000		15,000	1,89,881
ESOPD	61,800	60,000			1,21,800
MH					
DC					
ULB (AHO & UHIO)					

* **Space marked with** ■ **is not to be filled in.**

Signature of Chairperson / Vice-Chairperson

Annexure - IV

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

Sl. No.	Letter No. & Date	Amount (in Rs.)
1.	SUDA-Health/145/08/80(45) Dt.-27/6/14	2,55,178
2.	SUDA-Health/145/08/105(23) Dt.-14/7/2014	1,46,000
3.	SUDA-Health/145/08/149(41) Dt.-06/8/2014	7,85,160
	Total	11,86,338

Certified that out of Rs. 11,86,338/- of Grants-in-aid sanctioned during the year 2014-2015 in favour of Konnagar Municipality under this Ministry / Department letter no. given in the margin and Rs. 8,23,461.00 on account of unspent balance of the previous year, a sum of Rs. 19,71,838.00 has been utilized for the purpose it was sanctioned and the balance of Rs. 37,941.00 remaining unutilized at the end of the 2nd quarter has been carried forward to the A/C of next quarter of FY 2014-2015.

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 sanctioned.

KINDS OF CHECK EXERCISED

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

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

OFFICE OF THE MUNICIPAL COUNCILLOR, KONNAGAR

73, G.T. ROAD, (W) KONNAGAR, HOOGHLY.

Office : 2674—0210/2123 /9598/7376

Ambulance: 2674- 7545

Hospital : 2674 – 7740

SRI BAPPADITYA CHATTERJEE

Chairman

Ref No : UPHCS/1188 *Dated* 12/8/13

To

The Director,

SUDA(Health Wing)

ILGUS BHAVAN,H.C. BLOCK.

Sector-III,Bidhannagar

Kolkata-700106.

1362
14.8.13

Sub-: Submission of statement of Expenditure(SOE), Utilisation Certificate(UC) UPHCS 1st quarter 13-14 & requisition of fund 2nd quarter 13-14

Sir,

submitting statement of expenditure(SOE), Utilisation certificate (UC)of UPHCS 1st quarter 2013 – 2014 & requisition of fund from 01 – 07– 13 to 30 – 09– 13 as per Annexure- I, II, III, IV as enclosed from your end.

Please take necessary action in this regard.

Enclo : Annexure I to IV.

Yours faithfully

Chairman

Konnagar Municipality

Chairman
Konnagar Municipality

Annexure - I

Status on Fund received & SOE submitted :

(Amount in Rs.)

..... 1st ..... **Quarter FY 20**13-14

	A/C Head				
	Hon. / Salary	**Drug**	**Rent**	**Contingency**	**Total**
B/F Balance	2,60,027	64,015	–	81,377	4,05,419
Fund Received	–	128,000	–	36,000	1,64,000
Total Available Fund	2,60,027	1,92,015	—	1,17,377	5,69,419
SOE Submitted	7,11,752	–	–	30,088	7,41,840
Balance in hand	-4,51,725	1,92,015	–	87,289	-1,72,421

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

Annexure-II

Voucher Details Statement for the ....1st.....Quarter of FY 2013-14

Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs.)
Vr. No. 44, 45, 46, 209, 210, 211, 389, 390, 403. Date 06/04/2013, 08/05/2013, 06/06/2013.	Hon./Salary	Hon. to HHWs	2,42,532·00
		Hon. to FTSs	2,34,610·00
		.....	2,34,610·00
.....	Drug	For HAU	.....
		For ESOPD	.....
		For MH	.....
.....	Rent	For SC	.....
VR No. 43, 152, 208, 305, 387, 427. 530, Date – 06/04/13, 26/04/13, 08/05/13, 22/05/13, 06/06/13, 11/06/13, 26/06/13	Contingency	For HAU	28,138·00
		For ESOPD	1,950·00
		For MH	.....
		For IC	.....
		Total	7,41,840·00

N.B. Not to enclose any copies of bills & vouchers.

Signature of Chairperson/Vice-Chairman

Chairman
Konnagar Municipality

Annexure - III

Requisition of Fund for the ~~1st~~ 2nd Quarter of FY 2013-2014.

Facilities	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
Block (HHW)	4,35,000				4,35,000
Sub-Centre (FTS)	1,04,130				1,04,130
HAU	1,23,900	68,000		15,000	2,06,900
ESOPD	61,800	60,000			1,21,800
MH					
DC					
ULB (AHO & UHIO)	19,500				19,500

* **Space marked with [redacted] is not to be filled in.**

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

Annexure - IV

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

Sl. No.	Letter No. & Date	Amount (in Rs.)
1	SUDA-Health/145/08/36 (51) Dt.-13.05.2013	1,64,000
	Total	1,64,000

Certified that out of Rs. 1,64,000·00 of Grants-in-aid sanctioned during the year 2013-14 in favour of Konnagar..... Municipality under this Ministry / Department letter no. given in the margin and Rs. 4,05,419·00 on account of unspent balance of the previous year, a sum of Rs. 7,41,840·00 has been utilized for the purpose it was sanctioned and the balance of Rs. -1,72,421·00 remaining unutilized at the end of the 1st..... quarter has been carried forward to the A/C of next quarter of FY 2013-2014 .

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 sanctioned.

KINDS OF CHECK EXERCISED

✓1. Books of Accounts

✓2. Original Bill, Receipts & Vouchers.

✓3. Bank Statement

✓4. Physical Progress

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

OFFICE OF THE MUNICIPAL COUNCILLOR,KONNAGAR

73, G.T. ROAD, (W) KONNAGAR, HOOGHLY.

Office : 2674—0210/212
/9598/7376

Ambulance: 2674- 7545

Hospital : 2674 – 7740

SRI BAPPADITYA CHATTERJEE

Chairman

Ref No : UPHCS/1033 *Dated* 03/09/2014

To

The Project Director,

SUDA(Health Wing)

ILGUS BHAVAN,H.C. BLOCK.

Sector-III,Bidhannagar,

Kolkata-700106.

403

5-9-14

Sub-: Submission of statement of Expenditure(SOE), Utilisation Certificate(UC) 1st quarter 14-15 & requisition of fund 2nd quarter 14-15

Sir,

In inviting your above reference, I am submitting the necessary information i.e. statement of expenditure (SOE),Utilisation certificate & requisition of fund in connection with U.P.H.C.S. scheme.

This may kindly be acknowledge.

chairman

Konnagar Municipality

Chairman
Konnagar Municipality

Annexure - I

UPHCS

~~CUDP III / CSIP / IPP-VIII~~

Status on Fund received & SOE submitted :

(Amount in Rs.)

.....1st..... **Quarter FY 20** 14-2015

	A/C Head				
	Hon. / Salary	**Drug**	**Rent**	**Contingency**	**Total**
B/F Balance	5,29,982	174102	-	1,19,377	8,23,461
Fund Received	2,55,178	-	-	-	2,55,178
Total Available Fund	7,85,160	174102	-	1,19,377	10,78,639
SOE Submitted	7,14,643	-	-	9,876	7,24,519
Balance in hand	70,517	174,102	-	1,09;501	3,54,120

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

UPHCS

~~[illegible]/[illegible]/UPP-VIII~~

Voucher Development for the ... 1st .....Quarter of FY ~~2014~~ 2014-2015.

Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs.)
Vr. No. - 82, 83, 189, 190, 422, 423, 424 Dt. - 08/04/14, 05/05/14, 06/08/14.	Hon./Salary & Arrear	Hon. to HMOs	2,22,494·00
		Hon. to FTSs	2,60,780·00
		PTMOs, staff Nurse, Doctor, Attendant Clerk, ...	2,31,369·00
.....	Drug	For KAU	.....
		For ESOPD	.....
	—	For MH	.....
.....	Rent	For 32	.....
Vr. No. - 81, 83, ~~189~~ 144, 189, 305, 422, 536 Dt. - 8/4/14, 21/4/14, 5/5/14, 6/6/14, 26/6/14	Contingency	For KAU	6,576·00
		For ESOPD	3,300·00
		For MH	.....
		For 32	.....
		Total	7,24,519·00

* Not to attach any copies of bills & vouchers.

3/9

Chairman
Kannagar Municipality

Annexure - III

UPHCS

~~CUDP III / CSIP / IPP-VIII~~

Requisition of Fund for the ..2nd..... **Quarter of FY** .2014 - 2015

Facilities	A/C Head				
	Hon. / Salary	Drug	Rent	Contingency	Total
Block (HHW)	4,12,500				4,12,500
Sub-Centre (FTS)	90,126				90,126
HAU	1,06,881	68,000		15,000	1,89,881
ESOPD	61,800	60,000			121,800
MH					
DC					
ULB (AHO & UHIO)					

* **Space marked with** ■ **is not to be filled in.**

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

Annexure - IV

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

Sl. No.	Letter No. & Date	Amount (in Rs.)
1.	SUDA-Health/145/08/80(45) Dt. - 27/06/2014	2,55,178
	Total	2,55,178

Certified that out of Rs. 2,55,178 of Grants-in-aid sanctioned during the year 2014-2015 in favour of Konnagar ..... Municipality under this Ministry / Department letter no. given in the margin and Rs. 8,23,461.00 on account of unspent balance of the previous year, a sum of Rs. 7,24,519.00 has been utilized for the purpose it was sanctioned and the balance of Rs. 3,54,120.00 remaining unutilized at the end of the 1st.... quarter has been carried forward to the A/C of next quarter of FY 2014-2015

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 sanctioned.

KINDS OF CHECK EXERCISED

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

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

3/9

OFFICE OF THE MUNICIPAL COUNCILLOR,KONNAGAR

73, G.T. ROAD, (W) KONNAGAR, HOOGHLY.

Office : 2674—0210/212
/9598/7376

Ambulance: 2674- 7545

Hospital : 2674 – 7740

SRI BAPPADITYA CHATTERJEE

Chairman

Ref No : UPHCS/242 *Dated* 14/5/2014

To

The Project Director,

SUDA(Health Wing)

ILGUS BHAVAN,H.C. BLOCK.

Sector-III,Bidhannagar,

Kolkata-700106.

109
15.5.14

Sub-: **Submission of statement of Expenditure(SOE), Utilisation Certificate(UC) 4th quarter 13-14**

Sir,

In inviting your above reference, I am submitting the necessary information i.e. statement of expenditure (SOE),Utilisation certificate in connection with U.P.H.C.S. scheme.

This may kindly be acknowledge.

chairman

Konnagar Municipality

~ Chairman
Konnagar Municipality

Annexure - I

U.P.H.C.S

~~CUDP III / CSIP / IPP-VIII~~

Status on Fund received & SOE submitted :

(Amount in Rs.)

4th ..... **Quarter FY 2013-14**

	A/C Head				
	Hon. / Salary	**Drug**	**Rent**	**Contingency**	**Total**
B/F Balance	422920	2,84,016	—	1,49,512	856,448
Fund Received	7,85,160	1,46,000	—	36,000	9,67,160
Total Available Fund	12,08,080	4,30,016	—	1,85,512	18,23,608
SOE Submitted	6,78,098	2,55,914	—	66,135	10,00,147
Balance in hand	5,29,982	1,74,102	—	1,19,377	8,23,461

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

UPHCS

~~UPHCS/IPP-VIII~~

Voucher Details Statement for the ... 4th ... Quarter of FY ~~2013~~ 2013-2014.

Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs.)
Vr. No 1996, 1998, 2283, 2324, 2326 Date - 6/1/14, 25/2/14, 5/3/14	Hon./Salary	Hon. to HWWs Hon. to FTSs	232,110·00 2,06,794·00 2,39,194·00
VR No. 2395 Date - 11/3/14	Drug	For HAU For ESOPD For MH	2,55,914·00 ....
.....	Rent	For SC	.....
VR No. - 2047, 2287, 2543, 1999, 2317 2102 Date - 21/1/14, 28/2/14, 25/3/14, 6/1/14, 5/3/14 28/1/14	Contingency	For HAU For ESOPD For MH For IEC	8,793·00 5,41,042·00 3,300·00 ....
		Total	10,00,147·00

I.D. Not to submit any copies of bills & vouchers.

Chairman
Konnagar Municipality

Annexure - IV

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

Sl. No.	Letter No. & Date	Amount (in Rs.)
1.	SUDA-Health/145/08/145(52) dt. 30/7/13	10,14,240·00
2.	SUDA-Health/145/08/36(51) dt. 13.8.13	164,000·00
3.	SUDA-Health/145/08/168(45) dt. 23.8.13	170,668·00
4.	SUDA-Health/145/08/207(52) dt. 26.9.13	8,28,037·00
5.	SUDA-Health/145/08/234(52) dt. 25.11.13	7,41,180·00
6.	SUDA-Health/145/08/267(51) dt. 23.12.13	2,13,333·00
7.	SUDA-Health/145/08/325(51) dt. 26.2.14	1,46,000·00
8.	SUDA-Health/145/08/325(42) dt. 04.03.14	8,21,160·00
	Total	40,98,618·00

Certified that out of Rs. 4098.618·00 of Grants-in-aid sanctioned during the year 2013-2014 in favour of Konnagar Municipality under this Ministry / Department letter no. given in the margin and Rs. 4,05,419·00 on account of unspent balance of the previous year, a sum of Rs. 36,80,576·00 has been utilized for the purpose it was sanctioned and the balance of Rs. 8,23,461·00 remaining unutilized at the end of the 4th quarter has been carried forward to the A/C of next quarter of FY 2014-2015

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 sanctioned.

KINDS OF CHECK EXERCISED

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

Signature of Chairperson / Vice-Chairperson

Chairman
Konnagar Municipality

(63)

OFFICE OF THE MUNICIPAL COUNCILLORS, KONNAGAR

73, G.T. ROAD (W), KONNAGAR (Pin. 712235), **HOOGHLY, West Bengal**

Sri. Bappaditya Chatterjee
Chairman

Office : 2674-0210/2123/9598/7376
Ambulance : 2674-7545
Hospital : 2674-7740
Fax : 2674-0210 (Office)

Ref No. UPHCS/243 *Date* 14/5/2014

To

The Project Director (Health Wing), SUDA

ILGUS Bhavan. H. C. Block, Sector – III

Salt Lake, Kolkata

40
15.5.14

Sub : Submission of statement of Expenditure (SOE), of urban RCH Programme for the from Jan 2014 – April 2014.

Dear Madam,

I am submitting statement of expenditure (SOE) , for payment of salary to M.O. & ANM for the month of January, February, March & April – 2014 for your kind perusal and necessary action.

This may kindly be acknowledged.

Thanking You,

Chairman
Konnagar Municipality.

Chairman
Konnagar Municipality

KONNAGAR MUNICIPALITY

URBAN R C H PROGRAMME

Status on fund received and SOE submitted for the month of January....2014

	HON/ SALARY	FURNITURE	EQUIPMENT	TOTAL
B/F Balance	NIL	NIL	20,600	20,600
FUND RECEIVED	NIL	NIL	NIL	NIL
TOTAL AVAILABLE FUND	NIL	NIL	20,600	20,600
SOE SUBMITTED	29,380			29,380
BALANCE IN HAND	-29,380	NIL	20,600	-8,780

CHAIRMAN

KONNAGAR MUNICIPALITY

Chairman
Konnagar Municipality

KONNAGAR MUNICIPALITY

URBAN R C H PROGRAMME

Status on fund received and SOE submitted for the month of February...2014

	HON/ SALARY	FURNITURE	EQUIPMENT	TOTAL
B/F Balance	-29,380	NIL	20,600	-8780
FUND RECEIVED	NIL	NIL	NIL	NIL
TOTAL AVAILABLE FUND	-29,380	NIL	20,600	-8,780
SOE SUBMITTED	29,380			29,380
BALANCE IN HAND	-58,760	NIL	20,600	-38,160

CHAIRMAN

KONNAGAR MUNICIPALITY

Chairman
Konnagar Municipality

KONNAGAR MUNICIPALITY

Urban RCH programme

Voucher details statement for the month 2014

Vouchers No & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs)
Vr. No....2325 Date : 05/03/14	Hon/ Salary	Salary to M.O & A N M	29,380
		Total	29,380

Chairman/Vice Chariman

Konnagar Municipality

Chairman
Konnagar Municipality

KONNAGAR MUNICIPALITY

URBAN R C H PROGRAMME

Status on fund received and SOE submitted for the month of March 2014

	HON/ SALARY	FURNITURE	EQUIPMENT	TOTAL
B/F Balance	-58,760	NIL	20,600	-38,160
FUND RECEIVED	88,140	NIL	NIL	88,140
TOTAL AVAILABLE FUND	29,380	NIL	20,600	49,980
SOE SUBMITTED	29,380	NIL	NIL	29,380
BALANCE IN HAND	NIL	NIL	20,600	20,600

CHAIRMAN

KONNAGAR MUNICIPALITY

Chairman
Konnagar Municipality

KONNAGAR MUNICIPALITY

Urban RCH programme

Voucher details statement for the month ...March.....2014

Vouchers No & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs)
Vr. No.... 80 Date : 08/04/14	Hon/ Salary	Salary to M.O & A N M	29,380·00
		Total	29,380·00

Chairman/Vice Chariman

Konnagar Municpality

KONNAGAR MUNICIPALITY

URBAN R C H PROGRAMME

Status on fund received and SOE submitted for the month of April 2014

	HON/ SALARY	FURNITURE	EQUIPMENT	TOTAL
B/F Balance	NIL	NIL	20,600	20,600
FUND RECEIVED	NIL	NIL	NIL	NIL
TOTAL AVAILABLE FUND	NIL	NIL	20,600	20,600
SOE SUBMITTED	29,380	NIL	NIL	29,380
BALANCE IN HAND	-29,380	NIL	20,600	-8,780

CHAIRMAN

KONNAGAR MUNICIPALITY

Chairman
Konnagar Municipality