

**SUDA**

**STATE URBAN DEVELOPMENT AGENCY**

**HEALTH WING**

**“ILGUS BHAVAN”**

**H-C BLOCK, SECTOR - III, BIDHANNAGAR, CALCUTTA - 700 106**

**West Bengal**

**Ref. No. : SUDA-67/2006(Pt. – II)/253(03)**

**Date : 18.12.2015**

**MEMORANDUM**

Funds are hereby released electronically in favour of your ULB towards Honorarium / Salaries and Salary of HO by taking Dearness Allowance @ 139%, Operating Cost and Rent upto the month of December, 2015 as per details enclosed herewith for implementation of Community Based Primary Health Care Services (CBPHCS) and HHW Scheme.

You are requested kindly to submit monthly Statement of Expenditure (SOE) along with receipted copies of bills & vouchers and quarterly Utilisation Certificate (UC) as laid down in the approved guideline.

Yours faithfully,



**Addl. Director &  
Financial Advisor, SUDA**

**Encl. : As stated.**

<b>CBPHCS and HHW Scheme (Honarium / Salaries, Rent &amp; Operating cost upto the month of December, 2015)</b>				
<b>Sl. No.</b>	<b>ULB</b>	<b>Name of Bank</b>	<b>A/C No.</b>	<b>Amount</b>
1	Ghatal	United Bank of India	0181010125351	1,34,000
2	Old Malda	United Bank of India	358010109748	1,41,000
3	Taherpur	United Bank of India	0222010114920	2,70,000

**SUDA-67/2006(Pt. – II)/253(03)/1(05)****Dt. .. 18.12.2015****CC**

- 1. The Chairman, ..... Municipality**
- 2. Finance Officer, SUDA**
- 3. Finance Officer, Health, SUDA**

**Addl. Director &  
Financial Advisor, SUDA**

**STATE URBAN DEVELOPMENT AGENCY****HEALTH WING****“ILGUS BHAVAN”****H-C BLOCK, SECTOR - III, BIDHANNAGAR, CALCUTTA - 700 106****West Bengal****Ref. No. : SUDA-67/2006(Pt. – II)/235(03)****Date : 07.12.2015****MEMORANDUM**

Funds are hereby released electronically in favour of your ULB towards Honorarium / Salaries and Salary of HO by taking Dearness Allowance @ 139% including Puja Bonus, Operating Cost and Rent upto the month of December, 2015 as per details enclosed herewith for implementation of Community Based Primary Health Care Services (CBPHCS) and HHW Scheme.

You are requested kindly to submit monthly Statement of Expenditure (SOE) along with receipted copies of bills & vouchers and quarterly Utilisation Certificate (UC) as laid down in the approved guideline.

Yours faithfully,



**Addl. Director &  
Financial Advisor, SUDA**

**Encl. : As stated.**

<b>CBPHCS and HHW Scheme</b>				
<b>(Honorarium / Salaries including Puja Bonus, Rent &amp; Operating cost upto the month of December, 2015)</b>				
<b>Sl. No.</b>	<b>ULB</b>	<b>Name of Bank</b>	<b>A/C No.</b>	<b>Amount</b>
1	Chakdah	Bank of India	406310110010312	1,30,000
2	Kalimpong	State Bank of India	11283937968	3,42,000
3	Nalhati	State Bank of India	11611619540	3,78,000

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Dt. .. 07.12.2015

CC

1. The Chairman, ..... Municipality
2. Finance Officer, SUDA
3. Finance Officer, Health, SUDA

**Addl. Director &  
Financial Advisor, SUDA**