

ਨਗਰ ਕੌਂਸਲ, ਬਲਾਚੌਰ, ਜ਼ਿਲ੍ਹਾ ਸ਼ਹੀਦ ਭਗਤ ਸਿੰਘ ਨਗਰ

Municipal Council, Balachaur, Distt. Shaheed Bhagat Singh Nagar

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ਪੱਤਰ ਨੰ: 192

ਮਿਤੀ: 18.2.24

ਸੇਵਾ ਵਿਖੇ,

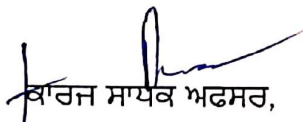
ਤਕਨੀਕੀ ਡਾਇਰੈਕਟਰ,
ਸਥਾਨਕ ਸਰਕਾਰ ਵਿਭਾਗ,
ਸੈਕਟਰ 35 ਏ ਚੰਡੀਗੜ੍ਹ।

ਵਿਸ਼ਾ :- Social and Third party audit of NULM and NON NULM Shelters in the State IN
DAY NULM under Shelter for Urban Homeless Component.

ਹਵਾਲਾ :- ਆਪ ਦੇ ਦਫਤਰ ਦਾ ਪੱਤਰ ਨੰ: PSULM/SUH-57/2023/1909 dated 22/12/2023
ਸਬੰਧੀ।

ਉਪਰੋਕਤ ਵਿਸ਼ੇ ਤੇ ਹਵਾਲਾ ਅਧੀਨ ਪੱਤਰ ਸਬੰਧੀ ਮੰਗੀ ਗਈ ਸੂਚਨਾ ਨਾਲ ਨੱਥੀ ਪ੍ਰੋਫਾਰਮੇ ਵਿਚ
ਭਰ ਕੇ ਆਪ ਜੀ ਦੀ ਸੇਵਾ ਵਿੱਚ ਭੇਜੀ ਜਾਂਦੀ ਹੈ ਜੀ।

ਨੱਥੀ:ਉਕਤ ਅਨੁਸਾਰ


ਕਾਰਜ ਸਾਧਕ ਅਫਸਰ,
ਨਗਰ ਕੌਂਸਲ, ਬਲਾਚੌਰ।

Performa for Social Audit of Shelters for Urban Homeless

ANNEXURE - III

Name of ULB: <u>Balachaur</u>	Name of SUH: <u>Community Center, Balachaur</u>
Name of Institution/Organization through which Social Audit is being conducted: <u>Asha Area welfare Society</u>	Address of SUH: <u>Ward No. 1, Siara, Balachaur</u>
Date of Social Audit: <u>15/02/2023</u>	Capacity: <u>6</u>

Physically Verification of facilities/amenities is being given in the SUH

(A) Facilities	Facility Available in SUH	Remarks	Suggestion/Feedback given by Staff for improvement
i Well ventilated rooms/dormitories	Yes/No		
ii Adequate space for each inmate (@ 50 Sq.ft.)	Yes/No		
iii Toilets/Bath Rooms	Yes/No	of Common Toilet	
iv Hot water- Geyser/ Solar device	Yes/No		need to install Geyser
v Heater	Yes/No		
vi Beds	Yes/No		
vii Beddings	Yes/No		
viii Blankets	Yes/No		
ix Lighting/Fans	Yes/No		
x Kitchen with vessels and Gas connectivity	Yes/No		

xj	Piped water Supply	Yes/No		
xii	RO/Purified water facility	Yes/No		
xiii	Washing Provisions	Yes/No		
xiv	Food Arrangements	Yes/No		
(B) Security Facilities				
i	CCTV camera installed	Yes/No		
ii	Fire Protection measures	Yes/No		need to install
ii	Cloak room /Personal Lockers	Yes/No		
(C) Health Facilities				
i	First aid kit is with emergency medicines	Yes/No		
ii	Periodicity of Medical check ups	Yes/No		
(D) IEC Activities (Awareness)				
i	Display Board at entrance of shelter	Yes/No		
ii	Munadi/Newspaper	Yes/No	Please Specify the location	ward No. 1, Siana
iii	Flex/Hoardings/Pamphlets	Yes/No	Please Specify the location	
iv	Any other, please specify		Please Specify the location	
Additional (Services/entitlements/convergences) information's if any :				

(E) Registers as mentioned below maintained properly in the shelter? Checked - (Yes/ No) :

A	Documents	Report	Remarks	Suggestion/Feedback given by Staff for improvement
1	Register of inmates	Available		
2	Attendance Register	Available		
3	Complaints and suggestions register	Not available		
B)	Work Verification of SUH Staff	Report	Remarks	Suggestion/Feedback given by Staff for improvement
	Have all the staff aware about their duty?	Yes		
	Have all the staff received the capacity building training for O & M of SUH?	Yes		
	Is the night survey conducted in this month for identification of homeless? Yes/No	Yes		
	If yes mention the date & number of persons identified & rescued:	05/02/2024 02		

Befr

(C)	Physical Verification of Utilization of SUH	Report	Remarks	Suggestion/Feedback given by Staff for improvement
1	Condition of Shelter:	Yes		
2	Number of inmates at present	Nil		

Feedback/Suggestion: -

- 1.
- 2.
- 3.
- 4.

Nelam Maiphe Suma
 భూమి సేవకు
 ధర్మ సేవకు

Signatures with Seal of the Institution/Organization

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