ਨਗਰ ਕੌਂਸਲ, ਬਲਾਚੌਰ, ਜ਼ਿਲ੍ਹਾ ਸ਼ਹੀਦ ਭਗਤ ਸਿੰਘ ਨਗਰ
Municipal Council, Balachaur, Distt. Shahid Bhagat Singh Nagar
Email : mcblesbsnagar@yahoo.com
Ph. No. 01885-220307

ਪੱਤਰ ਨੰ: 192 ਮਿਤੀ: 16.2.24

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 ।

ANNEXURE - III

Performa for Social Audit of Shelters for Urban Homeless

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

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	01 Comman 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		

xi	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 0 & 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		

(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 Mauffa Sunita

Signatures with Seal of the Institution/Organization