



ਦਫਤਰ ਨਗਰ ਪੰਚਾਇਤ,

ਬਿਲਗਾ (ਜਲੰਧਰ)

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ਨੰ. ੨੪੧

ਮਿਤੀ. 19/03/2024

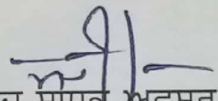
ਸੇਵਾ ਵਿਖੇ

ਸੰਯੁਕਤ ਡਾਇਰੈਕਟਰ,
ਪੰਜਾਬ ਸਟੇਟ ਅਰਬਨ ਲਾਈਵਲੀਹੁਡਸ ਮਿਸ਼ਨ,
ਸਥਾਨਕ ਸਰਕਾਰ ਵਿਭਾਗ ਪੰਜਾਬ, ਚੰਡੀਗੜ੍ਹ।

ਵਿਸ਼ਾ: ਡੇ-ਨੂਲਮ ਸਕੀਮ ਦੇ ਸੈਲਟਰ ਫਾਰ ਅਰਬਨ ਹੋਮਲੈਸ ਕੰਪੋਨੈਂਟ ਅਧੀਨ ਰਾਜ ਵਿੱਚ ਬਣੇ ਨੂਲਮ ਅਤੇ ਨਾਨ
ਡੇ-ਨੂਲਮ ਸੈਲਟਰ ਦਾ ਸੋਸ਼ਲ ਆਡਿਟ ਅਤੇ ਤੀਜੀ ਧਿਰ ਦਾ ਕੁਆਲਟੀ ਆਡਿਟ ਕਰਵਾਉਣ ਸਬੰਧੀ।

ਹਵਾਲਾ: ਆਪ ਜੀ ਦੇ ਦਫਤਰ ਦੇ ਪਿੱਠ ਅੰਕਣ ਨੰ. ਪਸੂਲਮ/Such/57/2022/562 ਮਿਤੀ 17.05.2023 ਦੇ
ਸਬੰਧ ਵਿੱਚ।

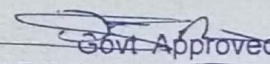
ਉਪਰੋਕਤ ਵਿਸ਼ੇ ਅਤੇ ਹਵਾਲੇ ਸਬੰਧੀ ਬੇਨਤੀ ਹੈ ਕਿ ਆਪ ਜੀ ਵਲੋਂ ਮੰਗੀ ਗਈ ਸੂਚਨਾ ਨਾਲ ਨੱਥੀ
ਨਿਰਧਾਰਿਤ ਪ੍ਰਫਾਰਮੇ ਵਿੱਚ ਭਰ ਕੇ ਸੂਚਨਾ ਅਤੇ ਅਗਲੇਰੀ ਕਾਰਵਾਈ ਹਿੱਤ ਭੇਜੀ ਜਾਂਦੀ ਹੈ ਜੀ।


ਕਾਰਜ ਸਾਧਕ ਮੁਖੀ,
ਨਗਰ ਪੰਚਾਇਤ, ਬਿਲਗਾ।

Performa for 3rd Party Quality Audit of Shelters for Urban Homeless

Name of ULB:	NP BILGA	Name of SUH:	NP BILGA OFFICE
Name of Agency through which 3 rd Party Quality Audit is being conducted	SROY & ASSOCIATES NAKODAR ROAD NURMAHAL	Address of SUH	NP BILGA
Date of Audit	12-3-2024	Capacity:	02 Person

A) General										
1	Type of Building	Residential	Commercial	Institute	Hospital	Other				
		—	—	—	—	—				
2	Description	NP BILGA OFFICE								
3	Location									
		—		Tehsil	PHILLAUR	Distt	JALANDHAR			
4	General information of building /structure	Approximate overall dimensions		length	15	width	20	height	13	
Overall details of Building/structure										
5	No. of story	1st	symmetrical	—	Nonsymmetrical	—				
	No. of Rooms	01								
	No. of Bathrooms	01								
	No. of Kitchen	01								

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 Nurmahal (Jalandhar)
 No. 68/24

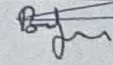
	Starting year of construction	2015	Reference	Permission certificate	—
	year of completion of construction	2016	Reference	completion certificate	—
	structure is completed at one time or in stages		—	under construction	stage —
6	Name of Architect	—	address	—	Contact No —
7	Name of Engineer	—	address	—	Contact No —
8	Name of Builder	—	address	—	Contact No —
9	Name of contractor	—	address	—	Contact No —
10	Competent Authority				
11	Existing use	yes	—	Fully	partly —
12	Adjoining structure if any N/P BIGA				
13	court matter if any	yes/No	if yes, No	Report /undertaking	—
	security facility	yes/No	fencing No	Yes/No	NOC from Fire Brigade —
14	changes done in original structure/plan	yes/No	yes/No	if yes, details No	
	If minor changes done, please specify				

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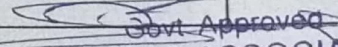
15	History of failure in structure or part of it, if any		NIL			
16	failure of adjoining structure, if any		NIL			
17	Maintenance details	structural	ROUTINE MAINTENANCE DONE BY NP BILGA			
		Non-structural	_____	Do	_____	
		water supply /sanitary	_____	Do	_____	
		Electrification	_____	Do	_____	
18	Any other information like use of solar energy					
19	Inspection done in presence of					
		Name of person	address	Position	Email	contact No
1		VIVEK GANDHI	NP BILGA	CLERK	EONPBILGA@YHOO.COM	9780754369
2						
3						
4						

B	Technical record							
1	Year of construction	9 Year C20157		Reference		_____		
2	Age of structure	years	_____	_____		_____		
3	Materials for construction	RCC	_____	Steel	_____	Masonry	plastic/ fiber	_____
	Grade of concrete	_____	steel grade	_____	wall Tk	External wall	Internal wall	_____


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4	Documents / records available	Yes	—	No	N/O	
	if yes, describe	plan		—		
		elevation		—		
		cross section		—		
		structural drawings		—		
		completion certificate		—		
		Test reports of materials		—		
		any other document		—		
5	Mode of construction contract	tender	TENDER	negotiation	—	If any other, please specify —
6	Changes made in construction as compared to structural design and drawings available					N/O
7	Adjoining structures available before / during construction	yes/No	N/O			
	if yes, details thereof					
8	Additional structure constructed alongwith this structure	yes/No	N/O			
9	Extension to existing structure	date	—			
	if yes, details thereof		—			
10	Delay in construction if any with reason	N/O	if yes, details thereof			
11	change of Engineer	yes/No.		if yes	—	

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				,details				
12	change of contractor	yes/No.	No	if yes ,details				
12	stages of construction	COMPLETE						
13	Maintenance Type	water proofing	yes/No	YES	If yes, frequency	—	yrs/month	—
		plastering	yes/No	YES	If yes, frequency	—	yrs/month	—
		coloring	yes/No	YES	If yes, frequency	—	yrs/month	—
		strengthenin g	yes/No	YES	If yes, frequency	—	yrs/month	—
		water supply	YES			—		
		drainage	yes/No	YES	If yes, frequency	—	yrs/month	—
14	Previous inspections done	yes/No	YES					
	if yes, details	reason						
	document available	yes/No.	—					
	If, done when	—	name of authority	—				
15	Action taken then, yes/ No	—	if yes, details	—				

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	Major repairs if any				Type of repair with reason					
	Minor repair if any				Type of repair with reason					
16	Any structural defects observed like				Type					
	wing/flat	wing/flat	wing/flat	wing/flat	settlement	yes/No	Tilting	yes/No		
					major/ minor cracks	yes/No				
					leakage in slab	yes/No		roof slab	yes/No	NIL
					seepage in slab	yes/No		roof slab	yes/No	NIL
					spalling of plaster	yes/No		roof slab	yes/No	NIL
	major/minor cracks in plaster					yes/No	YES	roof slab yes/No NIL		
17	Signs of failure at Ground Floor									
18	compound wall details									
19	Signs of failure in compound wall									

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