

ਨੰ. 471

ਮਿਤੀ. 26/3/24

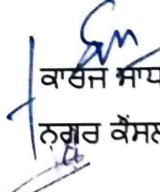
ਸੇਵਾ ਵਿਖੇ

ਟੈਕਨੀਕਲ ਡਾਇਰੈਕਟਰ,  
 ਸਥਾਨਕ ਸਰਕਾਰ ਵਿਭਾਗ ਪੰਜਾਬ,  
 ਪੰਜਾਬ ਸਟੇਟ ਅਰਬਨ ਲਾਈਵਲੀਹੁਡ ਮਿਸ਼ਨ,  
 ਮਿਊਂਸਪਲ ਭਵਨ, ਪਲਾਟ ਨੰ: 3,  
 ਸੈਕਟਰ 35-ਏ, ਚੰਡੀਗੜ੍ਹ।

**ਵਿਸ਼ਾ:-** ਡੇ-ਨੂਲਮ ਸਕੀਮ ਦੇ ਸ਼ੈਲਟਰ ਫਾਰ ਅਰਬਨ ਹੋਮਲੈਸ ਕੰਪੋਨੈਂਟ ਅਧੀਨ ਰਾਜ ਵਿੱਚ ਬਣੇ ਨੂਲਮ ਅਤੇ ਨਾਨ-ਨੂਲਮ ਸ਼ੈਲਟਰਾਂ ਦਾ ਸ਼ੇਸਲ ਅਡੀਟ ਅਤੇ ਤੀਜੀ ਧਿਰ ਦਾ ਕੁਆਲਟੀ ਆਡਿਟ ਕਰਵਾਉਣ ਸਬੰਧੀ।

**ਹਵਾਲਾ:-** ਅਪ ਜੀ ਦੇ ਦਫ਼ਤਰ ਦੇ ਪੱਤਰ ਨੰ. PSULM/SHU-57/2023/1909 ਮਿਤੀ-22/12/2023 ਦੇ ਸਬੰਧੀ।

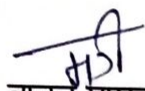
ਉਪਰੋਕਤ ਵਿਸ਼ੇ ਅਤੇ ਹਵਾਲੇ ਦੇ ਅਧੀਨ ਪੱਤਰ ਦੇ ਸਬੰਧ ਵਿੱਚ ਬੇਨਤੀ ਕੀਤੀ ਜਾਂਦੀ ਹੈ ਕਿ ਨਗਰ ਕੌਂਸਲ ਦਸੂਹਾ ਵਲੋਂ ਨਾਨ-ਨੂਲਮ ਨਾਇਟ ਸ਼ੈਲਟਰ ਦਾ ਗੁਰੂ ਨਾਨਕ ਆਈ.ਟੀ.ਆਈ ਦਸੂਹਾ ਰਾਹੀਂ ਤੀਜੀ ਧਿਰ ਦਾ ਕੁਆਲਟੀ ਆਡਿਟ ਕਰਵਾ ਦਿੱਤਾ ਗਿਆ ਹੈ ਜੋ ਕਿ ਅਨੈਕਸਚਰ-4 ਨਾਲ ਨੱਥਈ ਕਰਕੇ ਆਪ ਜੀ ਨੂੰ ਅਗਲੇਰੀ ਯੋਗ ਕਾਰਵਾਈ ਲਈ ਭੇਜਿਆ ਜਾ ਰਿਹਾ ਹੈ ਜੀ।

  
 ਕਾਰਜ ਸਾਧਕ ਅਫ਼ਸਰ  
 ਨਗਰ ਕੌਂਸਲ ਦਸੂਹਾ।

ਪਿੱਠ ਅੰਕਣ ਨੰ:

ਮਿਤੀ.

1. ਵਧੀਕ ਡਿਪਟੀ ਕਮਿਸ਼ਨਰ ( ਸ਼ਹਿਰੀ ਵਿਕਾਸ ) ਹੁਸ਼ਿਆਰਪੁਰ ਜੀ ਨੂੰ ਸੂਚਨਾ ਹਿੱਤ ਭੇਜਿਆ ਜਾਂਦਾ ਹੈ ਜੀ।

  
 ਕਾਰਜ ਸਾਧਕ ਅਫ਼ਸਰ  
 ਨਗਰ ਕੌਂਸਲ ਦਸੂਹਾ।

# Annexure-IV

## Performa for 3<sup>rd</sup> Party Quality Audit of Shelters for Urban Homeless

|                                                                                     |              |                |                                         |
|-------------------------------------------------------------------------------------|--------------|----------------|-----------------------------------------|
| Name of ULB:                                                                        | Dasuya       | Name of SUH:   | Kashra Mohalla Dasuya                   |
| Name of Agency through which 3 <sup>rd</sup> Party Quality Audit is being conducted | Arjun Prasad | Address of SUH | W.No.2, Near GIES Kashra Mohalla Dasuya |
| Date of Audit                                                                       | 19-3-2024    | Capacity:      | 4 Beds                                  |

| A) General                            |                                            |                                         |             |           |          |                |   |  |  |
|---------------------------------------|--------------------------------------------|-----------------------------------------|-------------|-----------|----------|----------------|---|--|--|
| 1                                     | Type of Building                           | Residential                             | Commercial  | Institute | Hospital | Other          |   |  |  |
| 2                                     | Description                                |                                         |             |           |          |                |   |  |  |
| 3                                     | Location                                   | W.No.2, Near GIES Kashra Mohalla Dasuya |             |           |          |                |   |  |  |
| 4                                     | General information of building /structure | Approximate overall dimensions          |             | Tehsil    | Distt    | Height         |   |  |  |
| Overall details of Building/structure |                                            |                                         |             |           |          |                |   |  |  |
| 5                                     | No. of story                               | 1                                       | symmetrical |           |          | Nonsymmetrical | ✓ |  |  |
|                                       | No. of Rooms                               | 1                                       |             |           |          |                |   |  |  |
|                                       | No. of Bathrooms                           | 1                                       |             |           |          |                |   |  |  |
|                                       | No. of Kitchen                             | 1                                       |             |           |          |                |   |  |  |

# Form for 3<sup>rd</sup> Party Quality Audit of Shelters for Urban Homeless

Annexure-IV

|                                                                                     |                |                |                                         |
|-------------------------------------------------------------------------------------|----------------|----------------|-----------------------------------------|
| Name of ULB:                                                                        | Dabuya         | Name of SUH:   | Kashra Mohalla Dabuya                   |
| Name of Agency through which 3 <sup>rd</sup> Party Quality Audit is being conducted | City Municipal | Address of SUH | W.No.2, Near GIES Kashra Mohalla Dabuya |
| Date of Audit                                                                       | 19-3-2024      | Capacity:      | 4 Beds                                  |

| A) General                            |                                            |                                         |            |             |          |                |  |   |  |
|---------------------------------------|--------------------------------------------|-----------------------------------------|------------|-------------|----------|----------------|--|---|--|
| 1                                     | Type of Building                           | Residential                             | Commercial | Institute   | Hospital | Other          |  |   |  |
| 2                                     | Description                                |                                         |            |             |          |                |  |   |  |
| 3                                     | Location                                   | W.No.2, Near GIES Kashra Mohalla Dabuya |            |             |          |                |  |   |  |
| 4                                     | General information of building /structure | Approximate overall dimensions          |            | length      | width    | height         |  |   |  |
| Overall details of Building/structure |                                            |                                         |            |             |          |                |  |   |  |
| No. of story                          |                                            | 1                                       |            | symmetrical |          | Nonsymmetrical |  | ✓ |  |
| No. of Rooms                          |                                            | 1                                       |            |             |          |                |  |   |  |
| No. of Bathrooms                      |                                            | 1                                       |            |             |          |                |  |   |  |
| No. of Kitchen                        |                                            | 1                                       |            |             |          |                |  |   |  |



|                                                 |                                         |                     |    |                 |                     |                        |            |            |  |
|-------------------------------------------------|-----------------------------------------|---------------------|----|-----------------|---------------------|------------------------|------------|------------|--|
| Starting year of construction                   |                                         | 2015.               |    | Reference       |                     | Permission certificate |            |            |  |
| year of completion of construction              |                                         | 2015                |    | Reference       |                     | completion certificate |            |            |  |
| structure is completed at one time or in stages |                                         |                     |    | Completed       |                     | under construction     |            |            |  |
| 6                                               | Name of Architect                       | Kusum Sharma Jermal |    | address         | U/S Maan Shakti     |                        | stage      |            |  |
| 7                                               | Name of Engineer                        |                     |    | address         | changes.            |                        | Contact No | 9417464877 |  |
| 8                                               | Name of Builder                         |                     |    | address         |                     |                        | Contact No |            |  |
| 9                                               | Name of contractor                      |                     |    | address         |                     |                        | Contact No |            |  |
| 10                                              | Competent Authority                     |                     |    |                 |                     |                        |            |            |  |
| 11                                              | Existing use                            | yes                 | No | Fully           | Fully               | partly                 |            |            |  |
| 12                                              | Adjoining structure if any              |                     |    |                 |                     |                        |            |            |  |
| 13                                              | court matter if any                     | yes/No              | No | if yes, fencing | Report /undertaking |                        |            |            |  |
| security facility                               |                                         | yes/No              |    | Yes/No          |                     | NOC from Fire Brigade  |            |            |  |
| 14                                              | changes done in original structure/plan | yes No              | No | if yes, details |                     |                        |            |            |  |
| If minor changes done, please specify           |                                         | No -                |    |                 |                     |                        |            |            |  |

|    |                                                       |                        |             |                      |            |  |
|----|-------------------------------------------------------|------------------------|-------------|----------------------|------------|--|
| 15 | History of failure in structure or part of it, if any |                        | NO.         |                      |            |  |
| 16 | failure of adjoining structure, if any                |                        | NO -        |                      |            |  |
| 17 | Maintenance details                                   | structural             | Structural. |                      |            |  |
|    |                                                       | Non-structural         |             |                      |            |  |
|    |                                                       | water supply /sanitary | yes         |                      |            |  |
|    |                                                       | Electrification        | yes.        |                      |            |  |
| 18 | Any other information like use of solar energy        |                        |             |                      |            |  |
| 19 | Inspection done in presence of                        |                        |             |                      |            |  |
|    | Name of person                                        | address                | Position    | E-mail               | contact No |  |
| 1  | Sulinder Singh                                        | M.C. Office            | SI          | comedassya@gmail.com |            |  |
| 2  | V. Pan Kumar                                          | Dassya                 | Chak        | da                   |            |  |
| 3  |                                                       |                        |             |                      |            |  |
| 4  |                                                       |                        |             |                      |            |  |

|   |                            |       |             |           |               |  |
|---|----------------------------|-------|-------------|-----------|---------------|--|
| B | Technical record           |       |             |           |               |  |
| 1 | Year of construction       | years |             | Reference |               |  |
| 2 | Age of structure           |       |             |           |               |  |
| 3 | Materials for construction | RCC   | Steel       | Masonry   | Plaster/fiber |  |
|   | Grade of concrete          |       | steel grade | wall Tk   | External wall |  |

B. J.

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

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|    |                        |         |    |                                |  |  |  |  |
|----|------------------------|---------|----|--------------------------------|--|--|--|--|
| 12 | change of contractor   | yes/No. | NO | details<br>if yes<br>, details |  |  |  |  |
| 12 | stages of construction |         |    |                                |  |  |  |  |

|    |                            |                   |        |                      |                      |           |        |  |
|----|----------------------------|-------------------|--------|----------------------|----------------------|-----------|--------|--|
| 13 | Maintenance<br>Type        | water proofing    | yes/No | NO                   | If yes,<br>frequency | yrs/month |        |  |
|    |                            | plastering        | yes/No | NO                   | If yes,<br>frequency | yrs/month |        |  |
|    |                            | coloring          | yes/No | YES                  | If yes,<br>frequency | yrs/month | 1 year |  |
|    |                            | strengthenin<br>g | yes/No | NO                   | If yes,<br>frequency | yrs/month |        |  |
|    |                            | water<br>supply   |        | YES                  |                      |           |        |  |
|    |                            | drainage          | yes/No | YES                  | If yes,<br>frequency | yrs/month | 1 year |  |
| 14 | Previous inspections done  | yes/No            | NO     |                      |                      |           |        |  |
|    | if yes, details            |                   |        |                      |                      |           |        |  |
|    | document available         | yes/No.           | NO     |                      |                      |           |        |  |
|    | If done when               |                   |        | name of<br>authority |                      |           |        |  |
| 15 | Action taken then, yes/ No |                   |        | if yes,<br>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 | scutlement                        | yes/No | —  | Tiling yes/No |
| major/minor cracks in plaster        |           |           |           | major/ minor cracks               | yes/No | No | No            |
|                                      |           |           |           | leakage in slab                   | yes/No | No | No            |
|                                      |           |           |           | seepage in slab                   | yes/No | No | No            |
|                                      |           |           |           | spalling of plaster               | yes/No | No | No            |
|                                      |           |           |           | yes/No                            | No     | No |               |
| 17 Signs of failure at Ground Floor  |           |           |           | No                                |        |    |               |
| 18 compound wall details             |           |           |           | Compound walls are strong         |        |    |               |
| 19 Signs of failure in compound wall |           |           |           | No (No sign detected for failure) |        |    |               |

  
 Principal  
 18/3/2024  
 Guru Nanak I.T.I.  
 Dasuya (Hoshiarpur)