

Performa for Social Audit of Shelters for Urban Homeless

ANNEXURE - III

Name of ULB:	MC Deolabeg		Name of SUH:	Fire Brigade
Name of Institution/Organization through which Social Audit is being conducted	Shri Som Leela Dharma North		Address of SUH	Regd. 6558
Date of Social Audit	29/2/24	Capacity:	2 Person	

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	Yes	
ii	Adequate space for each inmate (@ 50 Sq.ft.)	Yes/No	Yes	
iii	Toilets/Bath Rooms	Yes/No	Yes	
iv	Hot water- Geyser/ Solar device	Yes/No	No	
v	Heater	Yes/No	Yes	
vi	Beds	Yes/No	Yes	
vii	Beddings	Yes/No	Yes	
viii	Blankets	Yes/No	Yes	
ix	Lighting/Tans	Yes/No	Yes	
x	Kitchen with vessels and Gas connectivity	Yes/No	Yes	By

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

84

(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		Yes	
2	Attendance Register		Yes	
3	Complaints and suggestions register		Yes	
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?		No	
	Is the night survey conducted in this month for identification of homeless? Yes/No		No	
	If yes mention the date & number of persons identified & rescued:		No	

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(C)	Physical Verification of Utilization of SUH	Report	Remarks	Suggestion/Feedback given by Staff for improvement
1	Condition of Shelter:		Good condition	
2	Number of inmates at present		Not Present	

Feedback/Suggestion: -

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

Shri Ram Leela Bhushan
 Pardeep Ram Regd. 6553

President Secretary Cash
 Signatures with Seal of the Institution/Organization



Performa for Social Audit of Shelters for Urban Homeless

ANNEXURE - III

Name of ULB:	M.C. Deolabors,		
Name of Institution/Organization through which Social Audit is being conducted	Shri Jyoti Kela Dushera Mandal Regd. 65558	Name of SUH:	Library
Date of Social Audit	29/2/24	Address of SUH	Library
	29/2/24	Capacity:	2 Person

Physically Verification of facilities/amenities is being given in the SUH			
(A) Facilities		Facility Available in SUH	Remarks
i	Well ventilated rooms/dormitories	Yes/No	Yes
ii	Adequate space for each inmate (@ 50 Sq.ft.)	Yes/No	Yes
iii	Toilets/Bath Rooms	Yes/No	Yes
iv	Hot water- Geyser/ Solar device	Yes/No	No
v	Heater	Yes/No	Yes
vi	Beds	Yes/No	Yes
vii	Beddings	Yes/No	Yes
viii	Blankets	Yes/No	Yes
ix	Lighting/Fans	Yes/No	Yes
x	Kitchen with vessels and Gas connectivity	Yes/No	Yes
by			

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

82

(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		Yes	
2	Attendance Register		Yes	
3	Complaints and suggestions register		Yes	
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?		No	
	Is the night survey conducted in this month for identification of homeless? Yes/No		No	
	If yes mention the date & number of persons identified & rescued:		No	

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(C)	Physical Verification of Utilization of SUH	Report	Remarks	Suggestion/Feedback given by Staff for improvement
1	Condition of Shelter:		Good Condition	
2	Number of inmates at present		NOT Present	

Feedback/Suggestion: -

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

Shri Ram Leela Dushera Mahotsav

Paradekar Regd. 6558

President

Secretary

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Signatures with Seal of the Institution/Organization

(Signature)

Performa for Social Audit of Shelters for Urban Homeless

ANNEXURE - III

Name of ULB:	M.C. Deshabas		
Name of Institution/Organization through which Social Audit is being conducted	Shri Sam Lala Dussehra Mandi Ragd. 6558	Name of SUH:	M.C. Office (Saini Bhawan)
Date of Social Audit	29/2/24	Capacity:	M.C. Office (Saini Bhawan) 2 Person

Physically Verification of facilities/amenities is being given in the SUH			
(A) Facilities		Facility Available in SUH	Remarks
i	Well ventilated rooms/dormitories	Yes/No	Yes
ii	Adequate space for each inmate (@ 50 Sq.ft.)	Yes/No	Yes
iii	Toilets/Bath Rooms	Yes/No	Yes
iv	Hot water- Geyser/ Solar device	Yes/No	No
v	Heater	Yes/No	Yes
vi	Beds	Yes/No	Yes
vii	Beddings	Yes/No	Yes
viii	Blankets	Yes/No	Yes
ix	Lighting/Fans	Yes/No	Yes
x	Kitchen with vessels and Gas connectivity	Yes/No	No

By _____

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

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(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		Yes	
2	Attendance Register		Yes	
3	Complaints and suggestions register		Yes	
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?		No	
	Is the night survey conducted in this month for identification of homeless? Yes/No		No	
	If yes mention the date & number of persons identified & rescued:		No	

By

(C)	Physical Verification of Utilization of SUH	Report	Remarks	Suggestion/Feedback given by Staff for improvement
1	Condition of Shelter:		good condition	
2	Number of inmates at present		Not Present	

Feedback/Suggestion: -

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

Shri Ram Leela Dusshera Man:

Regd. 6558

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President

Secretary

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Signatures with Seal of the Institution/Organization

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Performa for Social Audit of Shelters for Urban Homeless

Name of ULB:	M.C. Dhasabagi		
Name of Institution/Organization through which Social Audit is being conducted	Shri Ram	Name of SUH:	Community Centre
	Leela Dhasabagi	Address of SUH	Community Centre
	Mandal Raj 1/558		
Date of Social Audit	29	Capacity:	2 Person
	29/2/24		

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	Yes	
ii	Adequate space for each inmate (@ 50 Sq.ft.)	Yes/No	Yes	
iii	Toilets/Bath Rooms	Yes/No	Yes	
iv	Hot water- Geyser/ Solar device	Yes/No	No	
v	Heater	Yes/No	Yes	
vi	Beds	Yes/No	Yes	
vii	Beddings	Yes/No	Yes	
viii	Blankets	Yes/No	Yes	
ix	Lighting/Fans	Yes/No	Yes	
x	Kitchen with vessels and Gas connectivity	Yes/No	Yes	

29

xi	Piped water Supply	Yes/No	Yes	
xii	RO/Purified water facility	Yes/No	NO	
xiii	Washing Provisions	Yes/No	Yes	
xiv	Food Arrangements	Yes/No	Yes (Counsel of ABG) and 5/5/5	
(B) Security Facilities				
i	CCTV camera installed	Yes/No	Yes	
ii	Fire Protection measures	Yes/No	Yes	
ii	Cloak room /Personal Lockers	Yes/No	Yes	
(C) Health Facilities				
i	First aid kit is with emergency medicines	Yes/No	Yes	
ii	Periodicity of Medical check ups	Yes/No	NO	
(D) IEC Activities (Awareness)				
i	Display Board at entrance of shelter	Yes/No	Yes	
ii	Munadi/Newspaper	Yes/No	Please Specify the location NO	
iii	Flex/Hoardings/Pamphlets	Yes/No	Please Specify the location Yes	
iv	Any other, please specify		Please Specify the location NO	
Additional (Services/entitlements/convergences) information's if any :				

Ref

(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		Yes	
2	Attendance Register		Yes	
3	Complaints and suggestions register		Yes	
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?		No	
	Is the night survey conducted in this month for identification of homeless? Yes/No		No	
	If yes mention the date & number of persons identified & rescued:		No	

By

(C)	Physical Verification of Utilization of SUH	Report	Remarks	Suggestion/Feedback given by Staff for improvement
1	Condition of Shelter:		good condition	
2	Number of inmates at present		Not present	

Feedback/Suggestion: -

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

Shri Ram Leela Dushera Mela

Regd. 6558

Pandae Puro

President

Secretary

Cashier

Signatures with Seal of the Institution/Organization

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