101762-280028 **2**01762-281028

NAGAR COUNCIL, DERA BASSI (S.A.S.Nagar)

ਦਫਤਰ ਨਗਰ ਕੌਂਸਲ, ਡੇਰਾ ਬੱਸੀ(ਐਸ ਏ ਐਸ ਨਗਰ) ਨੰਬਰ:-__(੧)___

ਸੇਵਾ ਵਿਖੇ.

ਸੰਯਕਤ ਡਾਇਰੈਕਟਰ, ਪੰਜਾਬ ਸਟੇਟ ਅਰਬਨ ਲਾਈਵਲੀਹੁੱਸਜ਼ ਮਿਸ਼ਨ, ਸਥਾਨਕ ਸਰਕਾਰ ਵਿਭਾਗ ਪੰਜਾਬ, ਚੰਡੀਗੜ੍ਹ।

ਵਿਸ਼ਾ:-

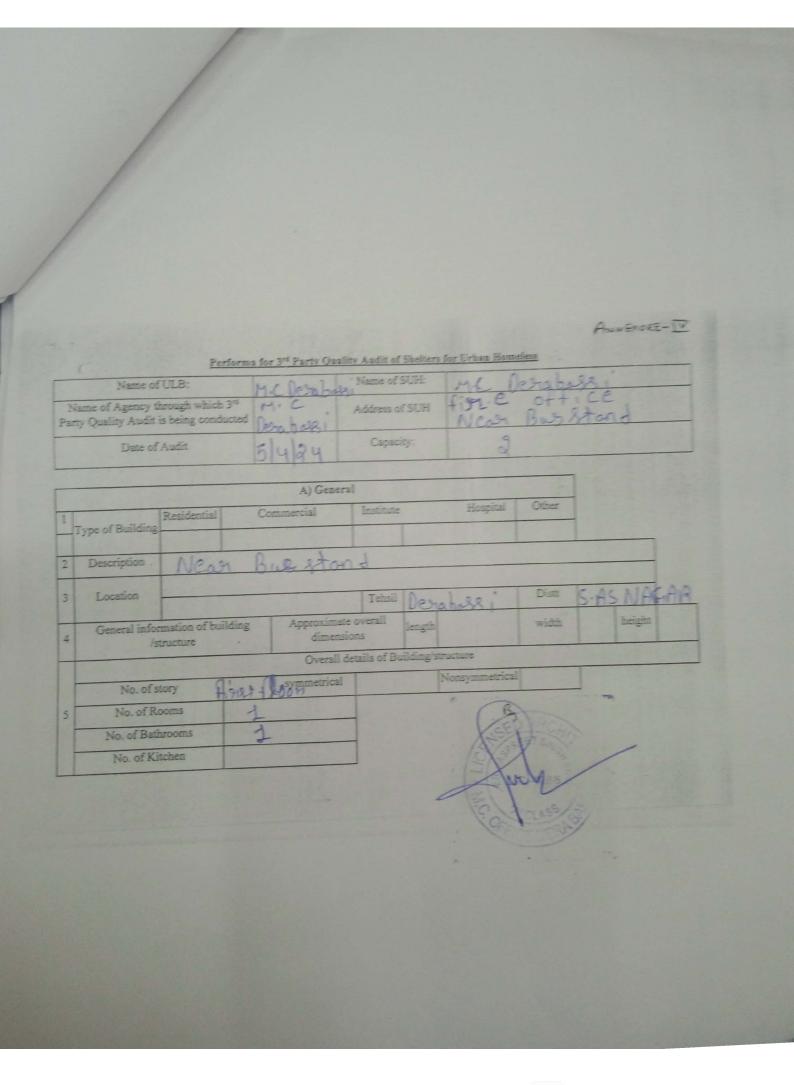
ਡੇ-ਨੁਲਮ ਸਕੀਮ ਦੇ ਸ਼ੈਲਟਰ ਵਾਰ ਅਰਬਨ ਹੋਮਲੈਸ ਕੰਪੋਨੈਂਟ ਅਧੀਨ ਰਾਜ ਵਿੱਚ ਬਣੇ ਨੂਲਮ ਅਤੇ ਨਾਨ ਡੇ-ਨੁਲਮ ਸ਼ੈਲਟਰਾ ਦਾ ਸੋਸ਼ਲ ਆਡਿਟ ਅਤੇ ਤੀਜੀ ਧਿਰ ਦਾ ਕੁਆਲਿਟੀ ਆਡਿਟ ਕਰਵਾਉਣ ਸਬੰਧੀ।

ਹਵਾਲਾ:-

ਆਪ ਜੀ ਦੇ ਦਫਤਰ ਦੇ ਪੱਤਰ ਨੰ:ਪਸੂਲਮ/SUH/57/202/269 ਮਿਤੀ:27-02-2023 ਸਬੰਧੀ।

ਉਪਰੋਕਤ ਵਿਸ਼ੇ ਅਤੇ ਹਵਾਲੇ ਅਧੀਨ ਪੱਤਰ ਦੇ ਸਬੰਧ ਵਿੱਚ ਆਪ ਜੀ ਵੱਲੋਂ ਮੰਗੀ ਗਈ ਰਿਪੋਰਟ ਨਾਲ ਨੱਥੀ ਪ੍ਰੋਫਾਰਮੇ ਵਿੱਚ ਆਪ ਜੀ ਨੂੰ ਭੇਜੀ ਜਾਂਦੀ ਹੈ ਜੀ। ਨੱਥੀ:ਪ੍ਰੋਫਾਰਮੇ ਦੀ ਕਾਪੀ।

> ਕਾਰਜ ਸਾਧਕ ਅਫਸਰ, ਨਗਰ ਕੌਂਸਲ, ਡੇਰਾਬੱਸੀ।



(Starting ye construct		2017		Re	ference	Permis certific			
	year of comple		2018	8	Re	ference	compl	letion		
	structure is o	completed at in stages	t one time	e or	one +	time	unc	ider ruction	stage	
	Name of Architect				address				Contact No	
	Name of Engineer				address				Contact No -	
	Name of Builder				address				Contact No	
9	Name of contractor				address				Contact No	
10	Competent A	Authority	LA	16	1)64	ia ball	51			
11	Existing use	yes		No		Fully		partly		
12		structure if								
1		any	V	110		R	eport			
13	court matte	er if any	yes/No			Lunde	ertaking	-10		
		ity facility	yes/No	768	fencing	Yes/No	yes		C from Fire Brigade	
14	st	es done in ori tructure/plan		yes/No	1 1	Vo		if yes,	, details	
	If minor cha	anges done, p	please						By	
								Jul -	4285 S	
							7			
						V				

6	Histo		llure in structure or par of it, if any	t		N	ill			
	failur	e of adj	oining structure, if			Ni	ll			
			structural R	outi	ie na	nta	ines) done 1	y Mc Desabo	88,1
			Non-structural		-	20	*		0	
7 1	Mainter detai	SHOW THE RESIDENCE OF THE PARTY	water supply /sanitary			9	0 -			
			Electrification			- 1	0-	-		
8 A	Any oth	erinfor	mation like use of solar	energy		*	111	A		
9		WHEN SHEET STATES	ction done in presence				V L 1			
			Name of persor		addı	ress		Position	Email	contact No
		1								
		2								
		3								
		4								
				1						
B			Technical record Year of construction				R	Reference		
	1	The Notice Continues	ge of structure	years						
	2		ials for construction	RCC		Steel		Masonry	plastic/ fiber	
	3		Grade of concrete		steel grade		wall Tk	wall	Internal wall	
	1000	A CONTRACTOR OF STREET						12	-f-	
								1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9	

Do	cuments	/ record	s available	Yes		No					
		if yes,	describe	р	lan				gen de		
					elevation						
				cr	oss section						
					ructural rawings						
				cc	mpletion c	ertificate					
					Test repor						
					any other do	ocument					
	Mode of	f constru	ction contract	tender	-	neg	gotiation		If any other, please specify		
6		Change	es made in con	truction	as compare	d to struc	tural desig	n and d	lrawings availab	le	
7	Adioinir		ures available l				yes/No		NO		
				details th							
8	Additio	onal stru	cture construct	ed along	with this str	ucture	yes/No		No		
9		E	xtension to exis	tingstruc	cture		date				
			if yes, detai	ls thereo	f						
10	Delay	in const	ruction if any v		1 1	·A		if yes	, details thereof		
11			of Engineer	yes/No	10 10 10 10 10 10 10		if yes	1333			
									Bul		

		Wall Street		,	details		
	change of contractor	yes/No.	NO		if yes details		
	stages of construction						
	Maintenance	water	proofing	yes/No	yes	If yes, frequency	yrs/month
	Туре	p	lastering	yes/No	1	If yes, frequency	yrs/month
-			coloring	yes/No		If yes, frequency	yrs/month
		S	trengthenin	yes/No		If yes, frequency	yrs/month
			water supply	yes			
			drainage	yes/No		If yes, frequency	yrs/month .
14	Previous inspection	ons done	yes/No		N	D	
	if yes, details					reason	
	document availab	le	yes/No.				
	If, done when			THE RESERVE AND ADDRESS OF THE PARTY OF THE	me of thority		
15	Action taken then, yes	/No			if yes, details		

Major repairs if any		Type of	repair with reason			
Minor repair if any		T	ype of repair with reason			
Any structural defects observed like			Туре			
wing/flat wing/flat wing/flat	settlement	t	yes/No	Tilting	yes/No	
	major	/ minor	yes/No			10
	leakage	in slab	yes/No	roof slab	yes/No	Nill
	seepage	in slab	yes/No	roof slab	yes/No	Nill
		illing of	yes/No	roof slab	yes/No	No
major/minor cracks in			yes/No	roof slab	yes/No	NO
Signs of failure at Ground Floor						
18 compound wall details						
19 Signs of failure in compound wall				Rai		
		. ,	~			
		1	VERTIES V		3	
			TAS			
			Xu			
		1	- Karana			

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

	Name of U		M.C. Desaha	Name of SUH		Ver	10,6081
Nam erty (e of Agency thr Quality Audit is	rough which 3° being conduc	ted Desiabase	Address of SU	H Commo	inity .	haite
	Date of A	Audit	5/9/24	Capacity:	2		
			A) G	eneral			
Ty	pe of Building	Residential	Commercial	Institute	Hospital	Other	
1	Description	Nenn	:-tehsil				
3	Location			Tehsil (Derabassi	Distt	S. AS Nagar
4	General info	ormation of bui		wimata avarall	erabalsi gth	Distt width	S. AS Magast height
1	General info		di	ximate overall len	gth		
1	General info	structure	Ov Ov	ximate overall lendersions lenderall details of Buildin	gth	width	
1	General info	structure	di Ov	ximate overall lendersions lenderall details of Buildin	gth ng/structure	width	
	No. of	structure Go	Ov Ov	ximate overall lendersions lenderall details of Buildin	gth ng/structure Nonsymmetrical	width	

1	Starting ye	ear of	1798		Refe	rence	Permissi certifica			
-	year of comple	etion of	199	9.	Refe	rence	complet			
	structure is		one time	or	one t	ine	unde		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 A	Authority	MI		Dena	bass	31			
11	Existing use	yes		No		Fully		partly		
12	Adjoining	structure if								
13	court matte	er if any	yes/No		if yes,	Jur	Report idertaking	2100	C from Fire Brigade	
-	securi	ity facility	yes/No	Yes	fencing	Yes/N	ol Yes			
14	change	es done in ori		yes/N	0	NO		if yes,	details	
	If minor ch	anges done, specify	please						0.1	
L		specify							y.	
									A Land	



Doc	uments	/ records	s available	Yes		No					
		if yes,	describe		plan						
					elevation						
				C	ross section						
					structural drawings						
					completion c	ertificate					
					Test repor						
					any other d	ocument					
1	Mode o	f constru	action contract	tend	er	ne	gotiation		If any other, please specify		
6		Chang	es made in cons	structio	n as compan	ed to struc	ctural design	n and dra	wings available		
7	Adjoini	ing struc	tures available b	pefore	during cons	truction	yes/No	1	10		
			if yes,	details	thereof						
8	Addit	tional str	ucture construct	ed alor	ngwith this st	ructure	yes/No		NO		
9			Extension to exis	stingst	ructure		date				
			if yes, deta								
10	Dela	y in cons	struction if any		1 1	, A		if yes,	details thereof		
11			ge of Engineer	yes/			if yes	18.81			
							0	1	Bef		

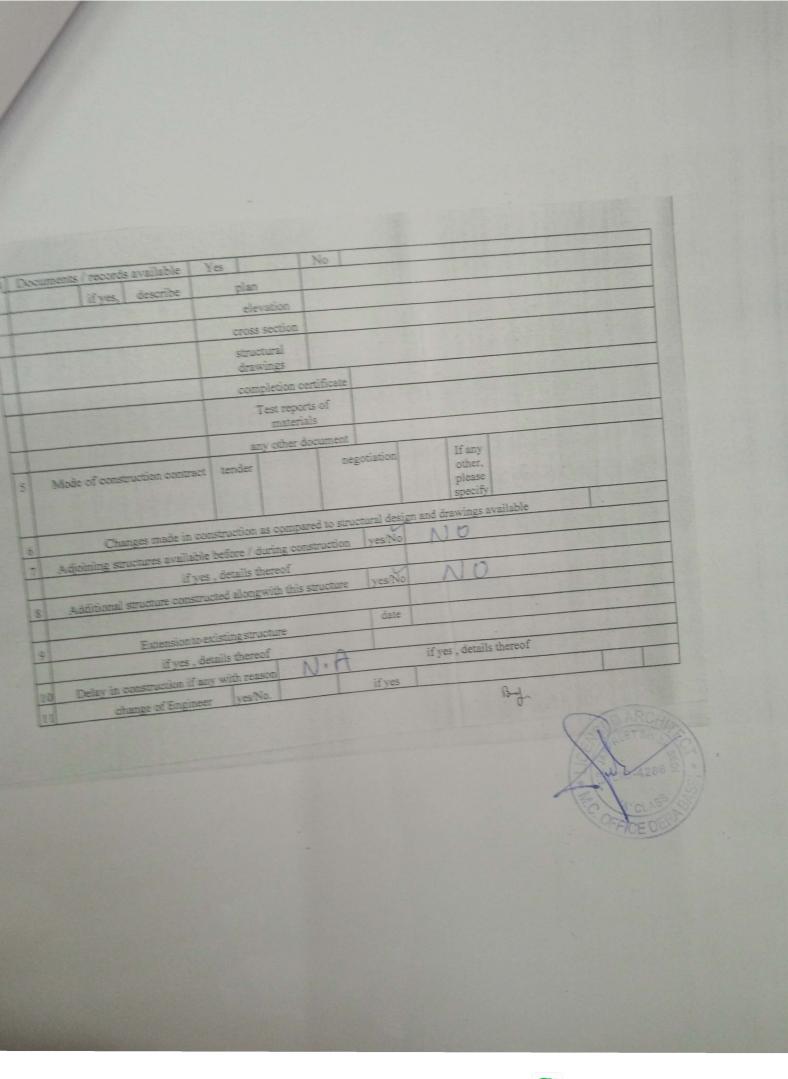
change of contractor stages of construction Maintenance Type		NO proofing	if yes ,details	If yes,	yrs/month
Maintenance			yes/No		yrs/month
			yes/No		yrs/month
			yes/No		yrs/month
Туре	pla	. Continue		frequency	
		stering	yes/No	If yes, frequency	yrs/month
		coloring	yes/No	If yes, frequency	yrs/month
	sti	rengthenir g	yes/No	If yes, frequency	yrs/month
		water supply	Yes		
		drainage		If yes, frequency	yrs/month
14 Previous inspection	s done	yes/No	No		
if yes, details				reason	
document available	е	yes/No			
If, done when			name of authority		
15 Action taken then, yes/	No		if yes, details		
					By

Major repairs if any		Type of	repair with reas	son		
Minor repair if any		Ty	ype of repair wit reason	th		
Any structural defects observed like			Туре			
wing/flat wing/flat wing/flat wing/flat	settlement	BIRT	yes/No	Tilting	yes/No	
Wing ring	major	/ minor	yes/No			
	leakage		yes/No	roof slab	yes/No	Will
	seepage	in slab	yes/No	roof slab	yes/No	Nill
		lling of	yes/No	roof slab	yes/No	NO
major/minor cracks in			yes/No	roof slab	yes/No	NO
17 Signs of failure at Ground Floor						
18 compound wall details	Name of					
19 Signs of failure in compound wall		No. of Lot				

ne of Qual	Date of A	being conduct	od Derabassi	Address of	SUH	Y.C. [Liabs News G	WICE			But and the same	
Quali Type o	Date of A	being conduct	Devabassi			N10-00 (4.24	noke!	shor &	chool	
			DIMAL	Capaci	ty:	2					
								7			
		Residential	A) Ger Commercial	Institute		Hospital	Other				
Des	of Building				1011	1 2 0	bool				
	scription	Nean G	work Hand	rushan	Publ	IC XC	hool				
L	ocation			Tehsil	Derab	assi	Distt	S.A.S	Nagas	1	
0	General infor	mation of buil	ding Approxi	imate overall nensions	length		width		height		
	/s	tructure	Ove	rall details of B	uilding/struc	cture					
-	No. of s	story (n is	Aflon symmetr		No	nsymmetrica				78	
-	No. of R	ooms	1			B	5				
-	No. of Ba		1				((0)			
	No. of K	Litchen					13	X	138		
							1	the	153	1	
							16	Egy :	Che S		
								2701	COC		

	Starting : constru		200.	5	Re	ference	Permi				
	year of comp construc		20	06	Re	eference	comp	letion			
	structure is	completed in stages		ne or	one t	ime.	un	der ruction		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 A	uthority	M	161	Desia	bala	1				
11	Existing use	yes		No		Fully		partly			
12	Adjoining ar	structure if									
13	court matter	r if any	yes/No	NO	if yes,		eport ertaking				
	security	facility	yes/No	YES	fencing	1/	11-0	N	OC from	Fire Brigade	
14		done in originature/plan	Charles and the second	yes/No		NO			es, detail		
	If minor chan		lease								
100									By		1

	History of	failure in structure or part of it, if any		N				4	
5	failure of a	adjoining structure, if		Ni	W	, ,		000 600	
		structural Ro	tine	Monte	MAC	9 90	ve by u	c Openbar	
		Non-structural		William Control	d	0			
7 M	details	water supply /sanitary		Control Married	- 4	0-			
		Electrification		-	-	90.			
18 A	ny other in	formation like use of solar e	nergy		NI	A			
19		spection done in presence of	Control of the latest and the latest			-			
		Name of person		nddr		Sand Supremit State of State of	Position	Email	contact No
	,	Taxachand	(1	leral	Rom		JE COM	deroparella	x 48 160 786
	2								
	3								
	4								
	*			440.00					
В		Technical record							
LB	1	Year of construction				R	eference		
	2	Age of structure	years						
	3 M	aterials for construction	RCC		Steel		Masonry	plastic/ fiber	
		Grade of concrete		steel grade		wall Tk	External wall	Internal wall	
							AND THE RESIDENCE OF THE PARTY	de la	
								9	

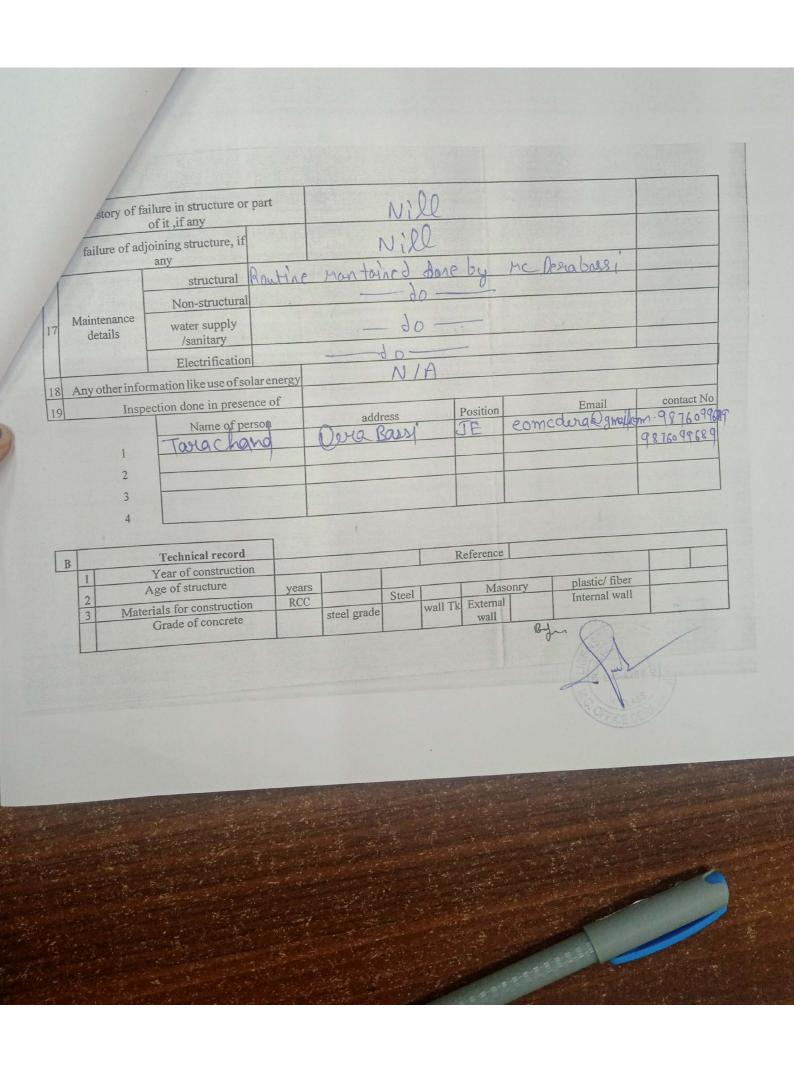


				,(details		
	change of contractor	yes/No.	NO		if yes details		
	stages of construction						
	Maintenance	water proofing plastering		yes/No Veg		If yes, frequency	yrs/month
	Туре			yes/No	Yes	If yes, frequency	yrs/month
			coloring	yes/No	YPS	If yes, frequency	yrs/month
		SI	rengthenin	yes/No	YAS	If yes, frequency	yrs/month
			water supply	Yes	YES		
			drainage	yes/No	YPS	If yes, frequency	yrs/month
14	Previous inspection	ns done	yes/No	1	VO		
	if yes, details				reason		
	document availab	le	yes/No.				
	If, done when			THE PARTY OF THE P	ne of hority		
15	Action taken then, yes,	'No			f yes, letails		
							By

Tara and if any		Type of	repair with reason	n e		
Major repairs if any Minor repair if any		Type of repair w				
A nex ofmotives de	fects observed like		Type			
Any structural de wing/flat wing/flat	wing/flat wing/flat	settlement	yes/No	Tilting	wes/No	
Willig Hay Willig 220		major/ minor cracks	yes/No			2.7
		leakage in slab	yes/No	lison dale	wesiNo	Nill
		seepage in slab	yes/No	fiscer diale	Besilve	Nill
		spalling of plaster	yes/No	food dule	nesiMo	No
m	ajor/minor cracks in 1		yes/No	noof dala	Nes Mo	No
17 Signs of failure	at Ground Floor					
18 compoun	d wall details					
				Bal		
					+	
					*	

		Perf		or 3rd Party Qua	ility Audit o	f Shelters					
	Name of	ULB:		c Derg 69881	Name of	SUH:	mc a	ffice.	Dese tarks		
A	ame of Agency the	rough which 3 s being conduction	cted 1	1.c DeraBasi	Address	of SUH	Med	efice d	no basi		
Date of Audit				14/24	Capac	Capacity:		Porger			
				A) Gene	ral				7		
T	co di	Residential	C	Commercial	Institute	:	Hospital	Other			
Type of t	Type of Building							~			
1	Description	Near	soi	ni towes	4						
-	Location	Bazw	ele	200d D	Tehsil	Don	5ees'	Distt	5: A 5 Nege		
1		ormation of bui	lding	Approxima		length	161	width	10' height	10	
				Overall	details of B	uilding/stru	icture				
	No. of	story	1	symmetrica	d	N	onsymmetrical				
5	No. of I	Rooms)				By				
	No. of Ba	throoms						(%)	MARCA		
	No. of F	Citchen						1	A STATE OF THE PARTY OF THE PAR		
								- A	W.		
								12/	POLAS (S)		

	Starting ye	ear of	1998		Refe	erence	Permissi certifica						
	construct year of comple constructi	etion of	1889.		Ref	erence	complet certific						
1	structure is 0	completed a	at one time of	or	one t	ine.	unde constru			stage			
6	Name of Architect				address					Contact No	98-	1640623	P
7	Name of Engineer				address					Contact No			
8	Name of Builder				address					Contact No			
9	Name of contractor				address	1				Contact No			
10		Authority	Ma	= Q1	na bu			41	T				
11		yes	1	No		Fully		partly					
12		g structure any	if										
1:			yes/No	Chillian Strategic	if yes	10	Report						
1	secu	rity facility	yes/No	XES	fencir	ng Yes/I	No YES			rom Fire Brigad	e		
1	14	ges done in structure/p	lan	yes/ N	To	No		i	f yes, de	etails			
1	If minor o	changes dor specify	ne, please						0			- /	
									B	M	Sharry		



mas revorts available	Yes	No		
street and	plan			
They arrest	elevation			
	cross section			
	structural drawings			
	completion ce	rtificate		
	Test report material	s of		
	any other do	cument	If any	
Made of construction contract	tender	negotiation	other, please specify	
		as amorninal design	and drawings availa	ble
Changes made in con	before / during consu.	action yes/No	NO	
if yes	Ciciality direct	1.0	NO	
		date		
Extension to exi	sting structure			
If wes, deta	with reason N	A	if yes, details thereo	f
change of Engineer	yes/No.	if yes		

