

OFFICE OF THE

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

ਦਫਤਰ ਨਗਰ ਕੌਂਸਲ, ਡੇਰਾ ਬੱਸੀ(ਐਸ. ਏ. ਐਸ ਨਗਰ)

ਨੰਬਰ:- 191

ਮਿਤੀ:- 10/4/24

ਸੇਵਾ ਵਿਖੇ,

ਸੰਯੁਕਤ 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 ਨੁਲਮ ਅਤੇ ਨਾਨ ਡੇ-ਨੁਲਮ ਸ਼ੈਲਟਰਾਂ 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।

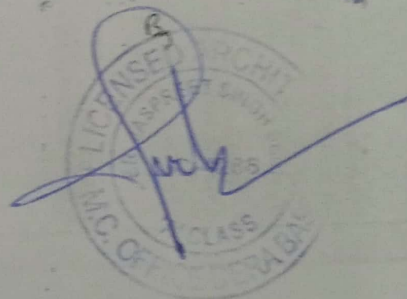
ਕਾਰਜ ਸਾਧਕ ਅਫਸਰ,
ਨਗਰ ਕੌਂਸਲ, ਡੇਰਾਬੱਸੀ।

Answer-IV

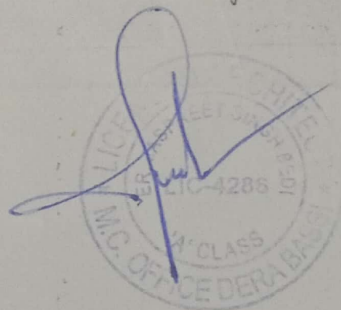
Performa for 3rd Party Quality Audit of Shelters for Urban Homeless

Name of ULB:	M.C. Derabassi	Name of SUH:	M.C. Derabassi
Name of Agency through which 3 rd Party Quality Audit is being conducted	M.C. Derabassi	Address of SUH	fire office Near Bus stand
Date of Audit	5/4/24	Capacity:	2

A) General								
1	Type of Building	Residential	Commercial	Institute	Hospital	Other		
2	Description	Near Bus stand						
3	Location				Tehsil	Derabassi	Distt	SAS NAGAR
4	General information of building /structure	Approximate overall dimensions		length		width	height	
Overall details of Building/structure								
5	No. of story	First floor		symmetrical		Nonsymmetrical		
	No. of Rooms	1						
	No. of Bathrooms	1						
	No. of Kitchen							



Starting year of construction		2017		Reference		Permission certificate			
year of completion of construction		2018		Reference		completion certificate			
structure is completed at one time or in stages				one time		under construction		stage	
6	Name of Architect			address				Contact No	742255110
7	Name of Engineer			address				Contact No	—
8	Name of Builder			address				Contact No	—
9	Name of contractor			address				Contact No	—
10	Competent Authority		M. B. Derabassi						
11	Existing use	yes	No	Fully	partly				
12	Adjoining structure if any								
13	court matter if any	yes/No	NO	if yes,	Report /undertaking				
	security facility	yes/No	YES	fencing	Yes/No	YES	NOC from Fire Brigade		
14	changes done in original structure/plan		yes/No	NO	if yes, details				
	If minor changes done, please specify								



15	History of failure in structure or part of it ,if any		Nill			
16	failure of adjoining structure, if any		Nill			
17	Maintenance details	structural	Routine maintained done by Mr Desai			
		Non-structural	— do —			
		water supply /sanitary	— do —			
		Electrification	— do —			
18	Any other information like use of solar energy		N/A			
19	Inspection done in presence of					
		Name of person	address	Position	Email	contact No
1						
2						
3						
4						

B	Technical record		Reference				
1	Year of construction						
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	

Bj

4	Documents / records available	Yes		No	
	if yes, describe	plan			
		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 alongwith this structure	yes/No			NO
9	Extension to existing structure			date	
	if yes , details thereof				
10	Delay in construction if any with reason		N.A		if yes , details thereof
11	change of Engineer	yes/No.		if yes	

By



				,details		
12	change of contractor	yes/No. <input checked="" type="checkbox"/>	NO	if yes ,details		
12	stages of construction					
13	Maintenance Type	water proofing	yes/No <input checked="" type="checkbox"/>	yes	If yes, frequency	yrs/month
		plastering	yes/No <input checked="" type="checkbox"/>	1	If yes, frequency	yrs/month
		coloring	yes/No <input checked="" type="checkbox"/>		If yes, frequency	yrs/month
		strengthenin g	yes/No <input checked="" type="checkbox"/>		If yes, frequency	yrs/month
		water supply	yes <input checked="" type="checkbox"/>			
		drainage	yes/No <input checked="" type="checkbox"/>		If yes, frequency	yrs/month
	14	Previous inspections done	yes/No <input checked="" type="checkbox"/>	NO		
if yes, details		reason				
document available		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 reason						
Minor repair if any		Type of repair with reason						
6	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	<div>Nil</div> <div>Nil</div> <div>No</div> <div>No</div>		
				leakage in slab	yes/No			
				seepage in slab	yes/No			
				spalling of plaster	yes/No			
	major/minor cracks in plaster			yes/No	roof slab	yes/No		
	Signs of failure at Ground Floor							
compound wall details								
Signs of failure in compound wall								

Bay

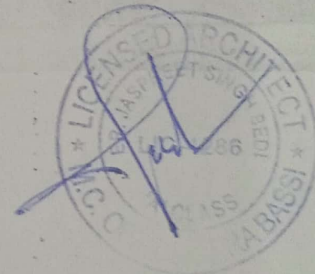
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Performa for 3rd Party Quality Audit of Shelters for Urban Homeless

Name of ULB:	M.C Derabassi	Name of SUH:	M.C Derabassi
Name of Agency through which 3 rd Party Quality Audit is being conducted	M.C Derabassi	Address of SUH	Community Centre Near: Tehsil
Date of Audit	5/4/24	Capacity:	2

A) General							
1	Type of Building	Residential	Commercial	Institute	Hospital	Other	
2	Description	Near: Tehsil					
3	Location			Tehsil	Derabassi	Distt	S. AS Nagar
4	General information of building /structure	Approximate overall dimensions		length		width	height
Overall details of Building/structure							
5	No. of story	Ground Floor		symmetrical		Nonsymmetrical	
	No. of Rooms	1					
	No. of Bathrooms	1					
	No. of Kitchen						

	Starting year of construction	1998	Reference	Permission certificate	
	year of completion of construction	1999	Reference	completion certificate	
	structure is completed at one time or in stages		one time	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 M.C. Derabassi				
11	Existing use	yes	No	Fully	partly
12	Adjoining structure if any				
13	court matter if any	yes/No	NO	if yes, Report undertaking	
	security facility	yes/No	Yes	fencing Yes/No	Yes
					NOC from Fire Brigade
14	changes done in original structure/plan	yes/No	NO	if yes, details	
	If minor changes done, please specify				



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 me regularly		
		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	Tara chand	Dera Baw	JE	emcdero@gmail.com	9876099689
2					
3					
4					

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

4	Documents / records available	Yes		No	
	if yes, describe	plan			
		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			
	if yes, details thereof				
8	Additional structure constructed alongwith this structure	yes/No			
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	

	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	Will
					seepage in slab	yes/No		roof slab	yes/No	Will
					spalling of plaster	yes/No		roof slab	yes/No	No
	major/minor cracks in plaster					yes/No	roof slab	yes/No		
17	Signs of failure at Ground Floor									
18	compound wall details									
19	Signs of failure in compound wall									

Bay

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ANNEXURE-IV

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

Name of ULB:	M.C. Derabassi	Name of SUH:	M.C. Derabassi
Name of Agency through which 3 rd Party Quality Audit is being conducted	M.C. Derabassi	Address of SUH	Library Near Gurur Hari Krishan school
Date of Audit	5/4/24	Capacity:	2

A) General							
1	Type of Building	Residential	Commercial	Institute	Hospital	Other	
2	Description	Near Gurur Hari Krishan Public school					
3	Location	Tehsil Derabassi			Distt	S.A.S Nagar	
4	General information of building /structure	Approximate overall dimensions		length	width	height	
Overall details of Building/structure							
5	No. of story	Ground floor		symmetrical	Nonsymmetrical		
	No. of Rooms	1					
	No. of Bathrooms	1					
	No. of Kitchen						



Starting year of construction		2005		Reference		Permission certificate			
year of completion of construction		2006		Reference		completion certificate			
structure is completed at one time or in stages				one time		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		M. E. Desai						
11	Existing use	yes	No	Fully	partly				
12	Adjoining structure if any								
13	court matter if any	yes/No	NO	if yes,	Report /undertaking				
	security facility	yes/No	YES	fencing	Yes/No	YES	NOC from Fire Brigade		
14	changes done in original structure/plan		yes/ No	NO if yes, details					
	If minor changes done, please specify								

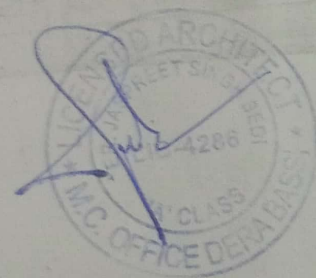
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15	History of failure in structure or part of it, if any		Nil		
16	failure of adjoining structure, if any		Nil		
17	Maintenance details	structural	Routine maintained done by ne Desabari		
		Non-structural	do		
		water supply /sanitary	do		
		Electrification	do		
18	Any other information like use of solar energy		N/A		
19	Inspection done in presence of				
	Name of person	address	Position	Email	contact No
1	Tsachand	Dera Bassi	JE	comdara@gmail.com	9876099829
2					
3					
4					

B	Technical record		Reference					
1	Year of construction							
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

Documents / records available		Yes	No
	if yes, describe	plan	
		elevation	
		cross section	
		structural drawings	
		completion certificate	
		Test reports of materials	
		any other document	
5	Made 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	yes/No	NO
8	Additional structure constructed along with this structure		
	Extension to existing structure	date	
	if yes, details thereof		if yes, details thereof
10	Delay in construction if any with reason	N.A	
11	change of Engineer	yes/No	if yes



				,details				
12	change of contractor	yes/No. <input checked="" type="checkbox"/>	NO	if yes ,details				
12	stages of construction							
13	Maintenance Type	water proofing	<input checked="" type="checkbox"/> yes/No	YES	If yes, frequency		yrs/month	
		plastering	<input checked="" type="checkbox"/> yes/No	YES	If yes, frequency		yrs/month	
		coloring	<input checked="" type="checkbox"/> yes/No	YES	If yes, frequency		yrs/month	
		strengthenin g	<input checked="" type="checkbox"/> yes/No	YES	If yes, frequency		yrs/month	
		water supply	YES	YES				
		drainage	<input checked="" type="checkbox"/> yes/No	YES	If yes, frequency		yrs/month	
14	Previous inspections done	<input checked="" type="checkbox"/> yes/No	NO					
	if yes, details	reason						
	document available	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 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	No
	major/minor cracks in plaster				yes/No	roof slab	yes/No		
17	Signs of failure at Ground Floor								
18	compound wall details								
19	Signs of failure in compound wall								

Ref

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ANNEXURE-IV

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

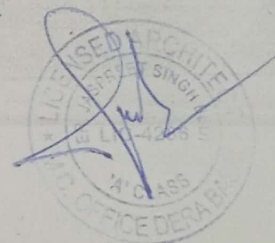
Name of ULB:	MC Dera Bassi	Name of SUH:	MC office, Dera Bassi
Name of Agency through which 3 rd Party Quality Audit is being conducted	M.C Dera Bassi	Address of SUH	MC office dera bass
Date of Audit	5/4/24	Capacity:	2. Person.

A) General										
1	Type of Building	Residential	Commercial	Institute	Hospital	Other				
						✓				
2	Description	Near Saini tower								
3	Location	Baswale Road Dera Bassi				Tehsil	Dera Bassi	Distt	SAS Nagar	
									Mohali	
4	General information of building /structure	Approximate overall dimensions		length	10'	width	10'	height	10'	
Overall details of Building/structure										
5	No. of story	1	symmetrical			Nonsymmetrical				
	No. of Rooms	1								
	No. of Bathrooms	1								
	No. of Kitchen	1								



Starting year of construction	1998	Reference	Permission certificate	
year of completion of construction	1999	Reference	completion certificate	
structure is completed at one time or in stages	one time	under construction		stage
6 Name of Architect		address		Contact No 9876406237
7 Name of Engineer		address		Contact No
8 Name of Builder		address		Contact No
9 Name of contractor		address		Contact No
10 Competent Authority	Mc Dara bussi			
11 Existing use	yes	No	Fully	partly
12 Adjoining structure if any				
13 court matter if any	yes/No	No	if yes, Report /undertaking	
security facility	yes/No	YES	fencing Yes/No YES	NOC from Fire Brigade
14 changes done in original structure/plan	yes/ No	No	if yes, details	
If minor changes done, please specify				

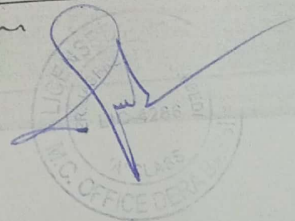
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story of failure in structure or part of it, if any		Nill	
failure of adjoining structure, if any		Nill	
17	Maintenance details	structural	Routine maintained done by MC Derabassi
		Non-structural	— do —
		water supply /sanitary	— do —
		Electrification	— do —
18	Any other information like use of solar energy		
19	N/A		
Inspection done in presence of		address	Position
Name of person			Email
1	Tarachand	Dera Bassi	JE
2			
3			
4			
			contact No
			9876099689

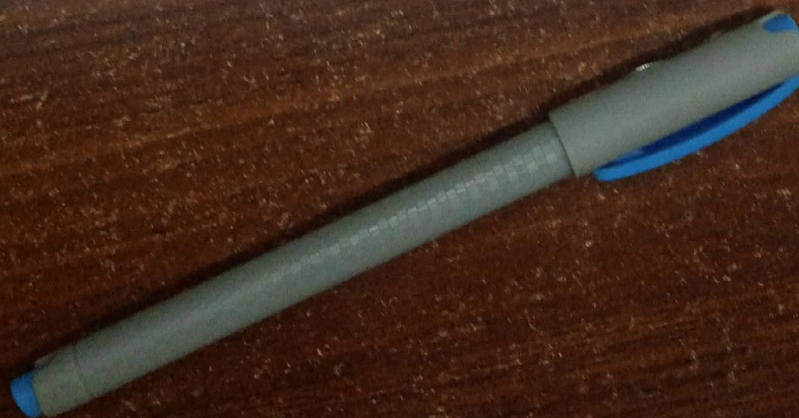
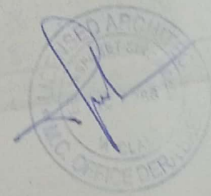
B	Technical record		Reference			
	1	Year of construction				
	2	Age of structure	years			
	3	Materials for construction	RCC	Steel	Masonry	plastic/ fiber
	Grade of concrete		steel grade	wall Tk	External wall	Internal wall

By



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

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



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

Bay

