

MUNICIPAL COUNCIL GOBINDGARH

Fatehgarh Sahib (Punjab)

ਮਿਉ ਸਪਲ ਕੌਂਸਲ, ਗੋਬਿੰਦਗੜ੍ਹ (ਫਤਿਹਗੜ੍ਹ ਸਾਹਿਬ)

Ref. no.1330.....

Dated02/06/2023.....

ਸੇਵਾ ਵਿਖੇ,

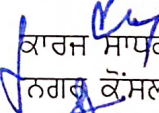
ਵਧੀਕ ਡਿਪਟੀ ਕਮਿਸ਼ਨਰ (ਜ),
ਫਤਿਹਗੜ੍ਹ ਸਾਹਿਬ।

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

ਹਵਾਲਾ:- ਆਪ ਜੀ ਦੇ ਪਿ.ਅੰ.ਨੰ: ਏ.ਡੀ.ਸੀ (ਯੂ.ਡੀ)/2023/1504 ਮਿਤੀ 22/05/2023 ਸਬੰਧੀ।

ਉਪਰੋਕਤ ਵਿਸ਼ੇ ਅਤੇ ਹਵਾਲੇ ਅਧੀਨ ਪੱਤਰ ਰਾਹੀਂ ਮੰਗੀ ਗਈ ਸੂਚਨਾ ਪੱਤਰ ਨਾਲ ਨੱਥੀ ਅਨੈਕਚਰ-3 ਵਿੱਚ ਭਰਕੇ ਆਪ ਜੀ ਨੂੰ ਭੇਜੀ ਜਾਂਦੀ ਹੈ।

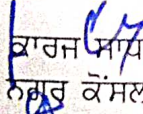
ਨਾਲ ਨੱਥੀ :- ਅਨੈਕਚਰ-3


ਕਾਰਜ ਸਾਧਕ ਅਫਸਰ,
ਨਗਰ ਕੌਂਸਲ ਗੋਬਿੰਦਗੜ੍ਹ।

ਪਿਠ.ਅੰ.ਨੰ 1331.....

ਮਿਤੀ02/06/2023.....

ਉਪਰੋਕਤ ਦਾ ਉਤਾਰਾ ਟੈਕਨੀਕਲ ਡਾਇਰੈਕਟਰ, ਪੰਜਾਬ ਸਟੇਟ ਅਰਬਨ ਲਾਈਵਲੀਹੁਡ ਮਿਸ਼ਨ, ਚੰਡੀਗੜ੍ਹ ਜੀ ਨੂੰ ਸੂਚਨਾ ਹਿੱਤ ਭੇਜਿਆ ਜਾਂਦਾ ਹੈ।


ਕਾਰਜ ਸਾਧਕ ਅਫਸਰ,
ਨਗਰ ਕੌਂਸਲ ਗੋਬਿੰਦਗੜ੍ਹ।

Performance for Social Audit of Shelters for Urban Homeless

ANNEXURE - III

Name of ULB:	Godhaguda		
Name of Institution/Organization through which Social Audit is being conducted	VISHVAS ET UMEED	Name of SUH:	Dr. B. Ambekar Bhawan.
Date of Social Audit	03/03/22	Address of SUH	Near Bus Stand.
		Capacity:	10

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	No
iii	Toilets/Bath Rooms	Yes/No	Yes
iv	Hot water- Geyser/ Solar device	Yes/No	Yes
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
		Suggestion/Feedback given by Staff for improvement	

By _____

xj	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	NO	
(B) Security Facilities				
i	CCTV camera installed	Yes/No	NO	
ii	Fire Protection measures	Yes/No	yes	
ii	Cloak room /Personal Lockers	Yes/No	NO	
(C) Health Facilities				
i	First aid kit is with emergency medicines	Yes/No	yes	
ii	Periodicity of Medical check ups	Yes/No	hospital in only 400meter	Near
(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 : N/A				

By

(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		YES	
	If yes mention the date & number of persons identified & rescued:		13/2/23 1	

(C)	Physical Verification of Utilization of SUH	Report	Remarks	Suggestion/Feedback given by Staff for improvement
1	Condition of Shelter:		Shelter 18 well maintained	
2	Number of inmates at present		NIL	

Feedback/Suggestion: -

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

For VISHVAAS EK UNIFIED


PRESIDENT

Signatures with Seal of the Institution/Organization

