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MUNICIPAL COUNCIL JAGRAON (LUDHIANA) ਦਫਤਰ ਨਗਰ ਕੌਂਸਲ ਜਗਰਾਉਂ (ਲੁਧਿਆਣਾ)

ਨੰਬਰ 398

ਮਿਤੀ 21/03/24

ਸੇਵਾ ਵਿਖੇ,

ਟੈਕਨੀਕਲ ਡਾਇਰੈਕਟਰ,
ਪੰਜਾਬ ਸਟੇਟ ਅਰਬਨ ਲਾਇਵਲੀਹੁੱਡ ਮਿਸ਼ਨ,
ਮਿਊਂਸਪਲ ਭਵਨ, ਪਲਾਟ ਨੰ.03 ਚੌਥੀ ਮੰਜਿਲ,
ਸੈਕਟਰ-35ਏ ਚੰਡੀਗੜ੍ਹ।

ਵਿਸ਼ਾ:-

Social and Third Party Audit of NULM and Non-NULM shelters in the
State in DAY-NULM under Shelter for Urban Homeless Component.

ਹਵਾਲਾ:-

ਆਪ ਜੀ ਦੇ ਦਫਤਰ ਦੇ ਪੱਤਰ ਨੰਬਰ PSULM/SUH-57/2023/1909 ਮਿਤੀ
22.12.2023 ਦੇ ਸਬੰਧ ਵਿੱਚ।

ਉਪਰੋਕਤ ਵਿਸ਼ੇ ਤੇ ਹਵਾਲੇ ਅਧੀਨ ਨਗਰ ਕੌਂਸਲ ਜਗਰਾਉਂ ਵੱਲੋਂ ਨਾਇਟ ਸਲਟਰ ਦਾ
ਥਰਡ ਪਾਰਟੀ ਆਡਿਟ ਅਨੈਚਰ-IV ਅਨੁਸਾਰ ਰਿਪੋਰਟ ਨੱਥੀ ਕਰਕੇ ਆਪ ਜੀ ਭੇਜੀ ਜਾਂਦੀ ਹੈ ਜੀ।

ਪਿੱਠ ਅੰਕਣ ਨੰਬਰ 398

ਮਿਤੀ 21/03/24

ਕਾਰਜ ਸਾਧਕ ਅਫਸਰ
ਨਗਰ ਕੌਂਸਲ ਜਗਰਾਉਂ

ਇਸ ਦਾ ਉਤਰਾ:-

- ਮਾਨਯੋਗ ਵਧੀਕ ਡਿਪਟੀ ਕਮਿਸ਼ਨਰ (ਸ਼ਹਿਰੀ ਵਿਕਾਸ) ਲੁਧਿਆਣਾ ਜੀ ਨੂੰ ਸੂਚਨਾ ਹਿੱਤ ਭੇਜਿਆ ਜਾਂਦਾ ਹੈ।

ਕਾਰਜ ਸਾਧਕ ਅਫਸਰ
ਨਗਰ ਕੌਂਸਲ ਜਗਰਾਉਂ

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

Name of ULB:	MC Jagraon	Name of SUH:	Night Shelter
Name of Agency through which 3 rd Party Quality Audit is being conducted	JOHN & ASSOCIATES (Jagraon)	Address of SUH	Raikat Road Chungi No. 5
Date of Audit	13-03-2024	Capacity:	05

A) General

		Residential	Commercial	Institute	Hospital	Other	
1	Type of Building					✓	
2	Description	Raikat Road Chungi No. 5 MC Jagraon					
3	Location	Night Shelter near Raikat Road Chungi No. 5 MC Jagraon					
4	General information of building /structure	Approximate overall dimensions		Tehsil	Jagraon	Distt	Ludhiana
				length	30 FT	width	15 FT
				height	11 FT		
Overall details of Building/structure							
No. of story				symmetrical		yes	
No. of Rooms		2				Nonsymmetrical	
No. of Bathrooms		1					
No. of Kitchen		1					

4	Documents / records available		Yes	Yes	No	
	if yes,	describe		plan	Yes	
				elevation	N/A	
				cross section	N/A	
				structural drawings	Yes	
				completion certificate	N/A	
				Test reports of materials	N/A	
			any other document			
5	Mode of construction contract		tender	Yes	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	
9	Extension to existing structure			date	No	
	if yes, details thereof					
10	Delay in construction if any with reason			No	if yes, details thereof	
11	change of Engineer	yes/No.	No	if yes		

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	NA	
		Non-structural	NA	
		water supply /sanitary	NA	
		Electrification	NA	
18	Any other information like use of solar energy		No.	
19	Inspection done in presence of		No.	

	Name of person	address	Position	Email	contact No
1	Smt. Bhupinder Kaer	Jagraon	C.D.P.O	cdpjaon@gmail.com	9779226208
2	Shyam Kumar	MC Jagraon	ST	some@gmail.com	8832765180
3					
4					

B		Technical record		Reference			
1	Year of construction	NA					
2	Age of structure	years	NA				
3	Materials for construction	RCC		Steel		Masonry	plastic/ fiber
	Grade of concrete	M28	steel grade	wall Tk	External wall	Internal wall	

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

12	change of contractor	yes/No.	No		if yes ,details				
12	stages of construction								

13	Maintenance Type	water proofing	yes/No	yes	If yes, frequency		yrs/month		
		plastering	yes/No	No	If yes, frequency		yrs/month		
		coloring	yes/No	No	If yes, frequency		yrs/month		
		strengthening	yes/No	No	If yes, frequency		yrs/month		
		water supply		No					
		drainage	yes/No	No	If yes, frequency		yrs/month		
14	Previous inspections done	yes/No	No						
	if yes, details								
	document available	yes/No.	NA						
	If, done when			name of authority					
15	Action taken then, yes/ No	No		if yes, details					

Major repairs if any		Type of repair with reason				No	
Minor repair if any		Type of repair with reason				No	
Any structural defects observed like		Type					
wing/flat	wing/flat	wing/flat	wing/flat	wing/flat	settlement	yes/No	No
					major/ minor cracks	yes/No	No
					leakage in slab	yes/No	No
					seepage in slab	yes/No	No
					spalling of plaster	yes/No	No
					major/minor cracks in plaster	yes/No	No
Signs of failure at Ground Floor		No					
compound wall details							
Signs of failure in compound wall							