

Performa for Social Audit of Shelters for Urban Homeless

ANNEXURE - III

Name of ULB:	Nº Kot lse Khan		
Name of Institution/Organization through which Social Audit is being conducted	Jaigam Pathi Shakti Welfare Society Ltd	Name of SUH:	Nagar Panchayat Kot lse Khan
Date of Social Audit	.	Address of SUH	Nagar Panchayat Kot lse Khan (SunderNagar, Kot lse Khan)
		Capacity:	

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

Signed  
 Sanjay Shakti Welfare Society (Regd. No. 1074)  
 Kot lse Khan (Jaigam)

By

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

Pamphlets and Flex

City Kotise/Man

— No —

— No —

Ref

Jaswinder RL



(E) Registers as mentioned below maintained properly in the shelter? Checked - (Yes/ No) :

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	No		
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:	Yes Jan 15/24		

Beta

Sanwade Pk

(C)	Physical Verification of Utilization of SUH	Report	Remarks	Suggestion/Feedback given by Staff for improvement
1	Condition of Shelter:	Average		
2	Number of inmates at present	No		

Feedback/Suggestion: -

1. Proper display of Night Shelter plan
- 2.
- 3.
- 4.

Signatures with Seal of the Institution/Organization

President  
Jai Ganga Sports Club (Regd.)  
Kot-Lee-Khan (Moga)

Sawinder Pal Singh

97800049301