



Office of the
NAGAR PANCHAYAT,
MAHILPUR,
Distt. Hoshiarpur

Ph No. 01884-245289,
E-mail:
nongmpur@yahoo.com



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Date: 12-02-2024

ਮੇਰਾਵਿਖੇ,

ਵਧੀਕ ਪ੍ਰੋਜੈਕਟ ਡਾਇਰੈਕਟਰ,
ਪੰਜਾਬ ਸਟੇਟ ਅਰਬਨ ਲਾਈਵਲੀਹੁੱਡਜ਼ ਮਿਸ਼ਨ,
ਮਿਊਂਸਪਲ ਓਵਨ, ਪਲਾਟ ਨੰ:3,
ਸੈਕਟਰ-35 ਏ, ਚੰਡੀਗੜ੍ਹ।

ਵਿਸ਼ਾ:- Report of Social Audit of Shelters for Urban Homeless.

ਉਪਰੋਕਤ ਵਿਸ਼ੇ ਦੇ ਸਬੰਧ ਵਿੱਚ ਬੇਨਤੀ ਕੀਤੀ ਜਾਂਦੀ ਹੈ ਕਿ ਆਪ ਜੀ ਦੁਆਰਾ ਮੰਗੀ ਸੂਚਨਾ ਪੱਤਰ ਨਾਲ ਨੱਥੀ ਹੈ। ਸੂਚਨਾ ਆਪਜੀ ਨੂੰ ਅਗਲੇਰੀ ਕਾਰਵਾਈ ਹਿੱਤ ਭੇਜੀ ਜਾਂਦੀ ਹੈ ਜੀ।


ਕਾਰਜ ਸਾਧਕ ਅਫਸਰ,
ਨਗਰ ਪੰਚਾਇਤ, ਮਾਹਿਲਪੁਰ।

Performa for Social Audit of Shelters for Urban Homeless

ANNEXURE - III

Name of ULB:	<u>Mahipura</u>	Name of SUH:	<u>Non-Night Shelter</u>
Name of Institution/Organization through which Social Audit is being conducted	<u>C M C Mahipura</u>	Address of SUH	<u>Bus Stand.</u>
Date of Social Audit	<u>21-12-2023</u>	Capacity:	<u>6</u>

Physically Verification of facilities/amenities is being given in the SUH			
(A) Facilities	Facility Available in SUH	Remarks	Suggestion/Feedback given by Staff for improvement
i Well rooms/dormitories ventilated	<input checked="" type="checkbox"/> Yes/No		
ii Adequate space for each inmate (@ 50 Sq.ft.)	<input checked="" type="checkbox"/> Yes/No	<u>50 sq ft available</u>	
iii Toilets/Bath Rooms	<input checked="" type="checkbox"/> Yes/No		
iv Hot water- Geyser/ Solar device	<input checked="" type="checkbox"/> Yes/No		
v Heater	<input checked="" type="checkbox"/> Yes/No		
vi Beds	<input checked="" type="checkbox"/> Yes/No		
vii Beddings	<input checked="" type="checkbox"/> Yes/No		
viii Blankets	<input checked="" type="checkbox"/> Yes/No		
ix Lighting/Fans	<input checked="" type="checkbox"/> Yes/No		
x Kitchen with vessels and Gas connectivity	<input checked="" type="checkbox"/> Yes/No		<u>Not</u>

xi	Piped water Supply	Yes/No			
xii	RO/Purified water facility	Yes/No			
xiii	Washing Provisions	Yes/No			
xiv	Food Arrangements	Yes/No			
(B) Security Facilities					
i	CCTV camera installed	Yes/No			
ii	Fire Protection measures	Yes/No			
ii	Cloak room /Personal Lockers	Yes/No			
(C) Health Facilities					
i	First aid kit is with emergency medicines	Yes/No			
ii	Periodicity of Medical check ups	Yes/No			
(D) IEC Activities (Awareness)					
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 :					

Ref

(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?			
	Is the night survey conducted in this month for identification of homeless? Yes/No	No		
	If yes mention the date & number of persons identified & rescued:			

Beja

(C)	Physical Verification of Utilization of SUIH	Report	Remarks	Suggestion/Feedback given by Staff for improvement
1	Condition of Shelter:	good		
2	Number of inmates at present			

Feedback/Suggestion: -

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

Senior Medical Officer

C.H.C. Mahipur

Distt. Hoshangabad

Seal of the Institution/Organization