ANNEXURE-IV

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

Name of ULB:	Makhu	Name of SUH	Night Shelter
Name of Agency through which 3rd Party Quality Audit is being conducted	PWD, BdR	Address of SUH	old NP office Makhu
Date of Audit	26-12-2023	Capacity:	02 Beds

A) General										
1	Type of Building	Residential	Commercial	Institute	Hospital	Other				
		-	-	-	-	old NP office				
2	Description	-								
3	Location	old NP office Makhu								
			Tehsil	Zira		Distt	Ferozepur			
4	General information of building /structure	Approximate overall dimensions	length	-	width	-	height	-		
5	Overall details of Building/structure									
	No. of story	Double	symmetrical	Yes	Nonsymmetrical	-				
	No. of Rooms	1								
	No. of Bathrooms	1								
	No. of Kitchen	1								

	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	—		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	—								
11	Existing use	yes	—	No	—	Fully	—	partly	—	
12	Adjoining structure if any									
13	court matter if any	yes/No	—	if yes,	Report /undertaking					
	security facility	yes/No	Yes	fencing	Yes/No	—	NOC from Fire Brigade		Yes	
14	changes done in original structure/plan	yes/ No	if yes, details							
	If minor changes done, please specify	—								

15	History of failure in structure or part of it ,if any		—	
16	failure of adjoining structure, if any		—	
17	Maintenance details	structural	Regular	
		Non-structural		
		water supply /sanitary	Available	
		Electrification	Available	
18	Any other information like use of solar energy		—	
19	Inspection done in presence of		—	

	Name of person	address	Position	Email	contact No
1	—	—	—	—	—
2	—	—	—	—	—
3	—	—	—	—	—
4	—	—	—	—	—

B	Technical record								
1	Year of construction	—			Reference	—			
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	—

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	—			

				,details				
12	change of contractor	yes/No.	—	if yes ,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		—				—		
		drainage	yes/No	—	If yes, frequency	—	yrs/month	—		
14	Previous inspections done	yes/No	—							
	if yes, details	reason								
	document available	yes/No.	—							
	If, done when	—	name of authority	—						
15	Action taken then, yes/ No	—	if yes, details	—						

	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	—		
					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	—											

Sub Divisional Engineer
Electrical Sub Division
TAO 262 Ferozepur

Executive Officer
Nagar Panchayat Mandi

E-Mail:- npmakhu@yahoo.co.in Phone&Fax:01682-271357

ਦਫਤਰ ਨਗਰ ਪੰਚਾਇਤ,ਮੱਖੂ (ਫਿਰੋਜ਼ਪੁਰ)

OFFICE OF THE NAGAR PANCHAYAT,MAKHU (FEROZEPUR)

ਨੰਬਰ:1134 ਮਿਤੀ:-09-01-2024

ਸੇਵਾ ਵਿਖੇ,

ਵਧੀਕ ਡਿਪਟੀ ਕਮਿਸ਼ਨਰ (ਜ),
ਫਿਰੋਜਪੁਰ।

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

ਹਵਾਲਾ:- ਸਰਕਾਰ ਦੇ ਪਿੱਠ ਅੰਕਣ ਪੱਤਰ ਨੰ: ਪਸੂਲਮ/SUH/57/2022/270 ਮਿਤੀ 27-02-2023 ਅਤੇ ਦਫਤਰ ਨਗਰ ਪੰਚਾਇਤ ਮੱਖੂ ਦੇ ਪੱਤਰ ਨੰਬਰ 1101 ਮਿਤੀ 02-01-2024 ਦੇ ਸਬੰਧ ਵਿੱਚ।

ਉਪਰੋਕਤ ਵਿਸ਼ੇ ਅਤੇ ਹਵਾਲੇ ਦੇ ਸਬੰਧ ਵਿੱਚ ਡੇ- ਨੂਲਮ ਸਕੀਮ ਦੇ ਸ਼ੈਲਟਰ ਫਾਰ ਅਰਬਨ ਹੋਮਲੈਸ ਕੰਪੋਨੈਂਟ ਅਧੀਨ ਨਗਰ ਪੰਚਾਇਤ ਮੱਖੂ ਦੀ ਮੰਗੀ ਗਈ ਸੂਚਨਾ ਹੇਠ ਲਿਖੇ ਪ੍ਰਫਾਰਮੇ ਵਿੱਚ ਭਰ ਕੇ ਆਪ ਜੀ ਦੀ ਸੇਵਾ ਵਿੱਚ ਭੇਜੀ ਜਾਦੀ ਹੈ ਜੀ :-

ਕਾਰਜ ਸਾਧਕ ਅਫਸਰ
ਨਗਰ ਪੰਚਾਇਤ ਮੱਖੂ।