



ਨਗਰ ਪੰਚਾਇਤ ਮਲੋਦ, ਜਿਲ੍ਹਾ ਲੁਧਿਆਣਾ

Nagar Panchayat Maloudh, Distt. Ludhiana

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Ref.No. 216

Dated: 22-03-2024

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 ਪੰਚਾਇਤ ਮਲੋਦ ਵੱਲੋਂ ਨਾਇਟ ਸਲਟਰ ਦਾ ਥਰਡ ਪਾਰਟੀ ਆਡਿਟ ਅਨੈਚਰ-IV ਅਨੁਸਾਰ ਰਿਪੋਰਟ ਨੱਥੀ ਕਰਕੇ ਆਪ ਜੀ ਭੇਜੀ ਜਾਂਦੀ ਹੈ ਜੀ।


ਕਾਰਜ ਸਾਧਕ ਅਫਸਰ,
ਨਗਰ ਪੰਚਾਇਤ ਮਲੋਦ।

ਪਿੱਠ ਅੰਕਣ ਨੰਬਰ

ਮਿਤੀ

ਇਸ ਦਾ ਉਤਾਰਾ:-

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


ਕਾਰਜ ਸਾਧਕ ਅਫਸਰ,
ਨਗਰ ਪੰਚਾਇਤ ਮਲੋਦ।

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

Name of ULB:	NP Maloudh	Name of SUH:	Night Shelter
Name of Agency through which 3 rd Party Quality Audit is being conducted	HOME DESIGN SOLUTIONS	Address of SUH	Ward No-01, Bus Stand, Maloudh
Date of Audit	13-03-2024	Capacity:	05

A) General

1	Type of Building	Residential	Commercial	Institute	Hospital	Other
						✓
2	Description	Convert Bus Stand Room to SUH Building				
3	Location	Ward No-1, Bus Stand Maloudh				
		Tehsil	Royal	Distt	Ludhiana	
4	General information of building /structure	Approximate overall dimensions	length	width	height	
Overall details of Building/structure						
	No. of story	symmetrical	Yes	Nonsymmetrical		
5	No. of Rooms	01				
	No. of Bathrooms	01				
	No. of Kitchen	No				

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

By-

History of failure in structure or part of it, if any		No	
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
1	Dr. Harmaninder Singh	NP Maloudh	E.O
2	Dr. Gurjeet Singh	NP Maloudh	J.A
3			
4			

B	Technical record		Reference	
	1 Year of construction	1995		
	2 Age of structure	years	Steel	Masonry
	3 Materials for construction	RCC	wall Tk	plastic/ fiber
	Grade of concrete	Yes	steel grade	Internal wall

By _____

Documents / records available		Yes	Yes	No	
	if yes, describe		plan	Yes	
			elevation	NA	
			cross section	NA	
			structural drawings	Yes	
		completion certificate		NA	
		Test reports of materials		NA	
		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 alongwith 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	

By

change of contractor	yes/No.		details				
stages of construction		No	if yes details				
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	
	Previous inspections done	yes/No	No				
if yes, details	reason						
document available	yes/No.	NA					
If, done when		name of authority					
Action taken then, yes/ No	No	if yes, details					

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Major repairs if any		NO		Type of repair with reason		NO		
Minor repair if any		NO		Type of repair with reason		NO		
16	Any structural defects observed like				Type			
	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	NO	
17	Signs of failure at Ground Floor				NO			
18	compound wall details							
19	Signs of failure in compound wall							

