

Office of the

MUNICIPAL COUNCIL RAIKOT (LUDHIANA)

Clean City
Green CITY

ਨਗਰ ਕੌਂਸਲ ਰਾਏਕੋਟ (ਲੁਧਿਆਣਾ)



ਪੱਤਰ ਨੰਬਰ: 315

ਮਿਤੀ: 22/03/2024

ਸੇਵਾ ਵਿਖੇ,

ਟੈਕਨੀਕਲ ਡਾਇਰੈਕਟਰ,
ਪੰਜਾਬ ਸਟੇਟ ਅਰਬਨ ਲਾਇਵਲੀਹੁੱਡ ਮਿਸ਼ਨ,
ਮਿਊਂਸਪਲ ਭਵਨ, ਪਲਾਟ ਨੰ.03 ਚੌਥੀ ਮੰਜਿਲ,
ਸੈਕਟਰ-35 ਏ 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 ਰਾਏਕੋਟ ਵੱਲੋਂ ਨਾਇਟ ਸਲਟਰ ਦਾ ਥਰਡ
ਪਾਰਟੀ ਆਡਿਟ ਅਨੈਚਰ-IV ਅਨੁਸਾਰ ਰਿਪੋਰਟ ਨੱਥੀ ਕਰਕੇ ਆਪ ਜੀ ਭੇਜੀ ਜਾਂਦੀ ਹੈ ਜੀ।

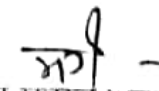

ਕਾਰਜ ਸਾਧਕ ਅਫਸਰ,
ਨਗਰ ਕੌਂਸਲ, ਰਾਏਕੋਟ

ਠ ਅੰਕਣ ਨੰਬਰ

ਮਿਤੀ

ਸ ਦਾ ਉਤਾਰਾ:-

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


ਕਾਰਜ ਸਾਧਕ ਅਫਸਰ,
ਨਗਰ ਕੌਂਸਲ, ਰਾਏਕੋਟ

Performance for 3rd Party Quality Audit of Shelter for Urban Homeless

Annexure - IV

Name of ULB:	m.c. Raikot	Name of SUH:	Rohin basera
Name of Agency through which 3 rd Party Quality Audit is being conducted	Gupta Architects & Associates	Address of SUH	Municipal Council Raikot
Date of Audit	11/03/2024	Capacity:	5 person

A) General							
1	Type of Building	Residential	Commercial	Institute	Hospital	Other	
2	Description	Connect MC office room to Building SUH.					
3	Location	Municipal Council Raikot					
		Tehsil	Raikot	Distt	Ludhiana		
4	General information of building /structure	Approximate overall dimensions	length	16 feet	width	14 feet	height 12 feet
Overall details of Building/structure							
5	No. of story	01	symmetrical	Yes	Nonsymmetrical		
	No. of Rooms	01					
	No. of Bathrooms	01					
	No. of Kitchen	01					



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



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	Sh. Charnat Singh	MC Rajkot	B.O.	com4181@gmail.com	9646080771
2	Sh. Harpreet Singh	MC Rajkot	(Sanitation Supervisor)	emvireet@gmail.com	96463-17004
3					
4					

B		Technical record		Reference	
1	Year of construction	13-05-2007			
2	Age of structure	years	24		
3	Materials for construction	RCC	Steel	Masonry	plastic/fiber
	Grade of concrete	Yes	steel grade	wall Tk	External wall
				Internal wall	9 inch

Signature



4	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 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	

Red



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

13	Maintenance Type	water proofing	yes/No	NA	If yes, frequency	yrs/month			
		plastering	yes/No	yes	If yes, frequency	yrs/month			
			coloring	yes/No	yes	If yes, frequency	yrs/month		
			strengthening	yes/No	yes	If yes, frequency	yrs/month		
			water supply		yes				
			drainage	yes/No	yes	If yes, frequency	yrs/month		
14	Previous inspections done	yes/No	No	reason					
	if yes, details								
	document available	yes/No.	NA						
	If, done when		name of authority						
15	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	Tiling yes/No	
major/minor cracks				major/minor cracks	yes/No	No		
				leakage in slab	yes/No	No	roof slab yes/No	No
				seepage in slab	yes/No	No	roof slab yes/No	No
				spalling of plaster	yes/No	No	roof slab yes/No	No
major/minor cracks in plaster				yes/No	No	roof slab yes/No	No	
17 Signs of failure at Ground Floor				No				
18 compound wall details								
19 Signs of failure in compound wall				No				

Ref

