

ਦਫ਼ਤਰ ਨਗਰ ਕੌਂਸਲ, ਜੀਰਾ (ਫਿਰੋਜਪੁਰ)

Email-ID:- eomc_zira@yahoo.co.in

Ph.01682-250769

Ref.No: 3646

Date: 20-12-2023

ਸੇਵਾ ਵਿਖੇ,

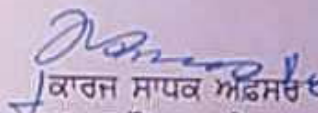
ਵਧੀਕ ਡਿਪਟੀ ਕਮਿਸ਼ਨਰ (ਜ),
ਫਿਰੋਜਪੁਰ।

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

ਹਵਾਲਾ:- ਸਰਕਾਰ ਦੇ ਪਿੱਠ ਅੰਕਣ ਨੰ:ਪਸੂਲਮ/SUH/57/2022/270 ਮਿਤੀ 27-02-2023 ਦੇ ਸਬੰਧ ਵਿੱਚ।

ਅੰਕਿਤ ਵਿਸ਼ੇ ਅਤੇ ਹਵਾਲੇ ਅਧੀਨ ਪੱਤਰ ਦੇ ਸਬੰਧ ਵਿੱਚ ਬੇਨਤੀ ਹੈ ਕਿ ਨਗਰ ਕੌਂਸਲ ਜੀਰਾ ਵੱਲੋਂ ਸੂਚਨਾ ਨਾਲ ਨੱਥੀ ਪ੍ਰੋਫਾਰਮੇ ਵਿੱਚ ਭਰ ਕੇ ਆਪ ਜੀ ਦੀ ਸੇਵਾ ਵਿੱਚ ਭੇਜੀ ਜਾਂਦੀ ਹੈ ਜੀ:-

- ਨੱਥੀ:- 1. Annexure - III
2. Annexure - IV


ਕਾਰਜ ਸਾਧਕ ਅਫ਼ਸਰ
ਨਗਰ ਕੌਂਸਲ, ਜੀਰਾ।



Harscot Singh
ਜ਼ਿਲ੍ਹਾ ਮੰਤਰੀ
ਜ਼ਿਲ੍ਹਾ ਜੀਰਾ

Performa for Social Audit of Shelters for Urban Homeless

ANNEXURE - III

Name of ULB:	21RA	Name of SUH:	RIGHT SHELTER OFFICE HOANGK PENG NGI BANG PARK.
Name of Institution/Organization through which Social Audit is being conducted	HEALTHY HAND WELFARE SOCIETY 21RA	Address of SUH	SHAN LOKLA ROAD 21RA
Date of Social Audit	20.12.2023	Capacity:	02

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




 EXECUTIVE OFFICER
 MUNICIPAL COUNCIL, ZIRA

i	Piped water Supply	Yes/No		
ii	RO/Purified water facility	Yes/No		
iii	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	Mural/ Newspaper	Yes/No	Please Specify the location	
iii	Flex/Postings/Pamphlets	Yes/No	Please Specify the location	
iv	Any other, please specify		Please Specify the location	
Additional (Services/entitlements/convergences) information's if any :				

By

EXECUTIVE OFFICERS
MUNICIPAL COUNCIL ZIRA

Habibul Ghani



(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			
2	Attendance Register			
3	Complaints and suggestions register			
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	YES		
	If yes mention the date & number of persons identified & rescued:	-		

By

EXECUTIVE OFFICER
MUNICIPAL COUNCIL, ZIRA

Handwritten signature and stamp of the Executive Officer, Municipal Council, Zira.

(C)	Physical Verification of Utilization of SUIH	Report	Remarks	Suggestion/Feedback given by Staff for Improvement
1	Condition of Shelter:	100		
2	Number of inmates at present	100		

Feedback/Suggestion:-

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

Signature with Seal of the Institution/Organization

EXECUTIVE OFFICER

MUNICIPAL COUNCIL, ZIRA

