


Performa for Social Audit of Shelters for Urban Homeless


ANNEXURE - III

Name of ULB:	NPA Ajnala		
Name of Institution/Organization through which Social Audit is being conducted	Kat mit Singh, Area level society	Name of SUH:	Shelters for Urban homeless
Date of Social Audit	14-2-2024	Address of SUH	N.P office
		Capacity:	4

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


 Executive Officer,
 Nagar Panchayat Ajnala

xi	Piped water Supply	Yes/No		Yes	
xii	RO/Purified water facility	Yes/No		Yes	
xiii	Washing Provisions	Yes/No		Yes	
xiv	Food Arrangements	Yes/No		Yes	
(B) Security Facilities					
i	CCTV camera installed	Yes/No		Yes	
ii	Fire Protection measures	Yes/No		Yes	
ii	Cloak room /Personal Lockers	Yes/No		No	
(C) Health Facilities					
i	First aid kit is with emergency medicines	Yes/No		Yes	
ii	Periodicity of Medical check ups	Yes/No		Yes	
(D) IEC Activities (Awareness)					
i	Display Board at entrance of shelter	Yes/No		Yes	
ii	Muradi/Newspaper	Yes/No		Please Specify the location	Yes
iii	Flex/Hoardings/Pamphlets	Yes/No		Please Specify the location	No
iv	Any other, please specify			Please Specify the location	—
Additional (Services/ entitlements/convergences) information's if any :					


 Executive Officer,
 Nagar Panchayat Ajmala.

(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 0 & M of SUH?	Yes		
	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,
Nagar Panchayat Ajmal

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

Feedback/Suggestion: -

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

Signature with Seal of the Institution/Organization
 Panchayat Ajnala

ਕੋਟ ਸਿੱਤ ਸਿੰਘ ਏਗੀਆ ਨਿਵਲ ਸੋਸਾਇਟੀ
 ਖਾਲਸਾ ਨਗਰ ਚਾਟੀਵਿੰਡ, ਤਹਿਲਕਾ ਤਹਿਲਕਾ ਰੋਡ, ਮੀਰਜ਼ਾਪੁਰ
 ਮਾਨਪ੍ਰਸ਼ਾਨਕ ਡਾਕਟਰ ਚੌਧਰੀ ਕੌਰ
 ਪੁਸ਼ਪ ਸਕੱਤਰ ਖਜ਼ਾਨਚੀ