

Form for Social Audit of Shelters for Urban Homeless

Form No. 1 - III

Name of U.L.B.	Banyanpura		Name of SUH	Banyanpura SH, 201A
Name of Institution/ Organization through which Social Audit is being conducted	Extra Club (Lovers)		Address of SUH	201A 201B, 201C, 201D, 201E, 201F, 201G, 201H, 201I, 201J, 201K, 201L, 201M, 201N, 201O, 201P, 201Q, 201R, 201S, 201T, 201U, 201V, 201W, 201X, 201Y, 201Z
Date of Social Audit	22/01/24	Capacity:	02	

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	-	
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	-	

Adjoining to me.
Banyanpura, MC

by
EKTA CLUB (RECD)
Dharamkot (Mogri)

xi	Piped water Supply	Yes/No		
xii	R.O/Purified water facility	Yes/No		
xiii	Washing Provisions	Yes/No		
xiv	Food Arrangements	Yes/No		
(B) Security Facilities				
i	CCTV camera installed	Yes/No		
ii	Fire Protection measures	Yes/No		
iii	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/News paper	Yes/No		
iii	Flex/Handings/Posters	Yes/No		
iv	Any other, please specify	-		
Additional (Services/entitlements/convergences) information's if any :		n/a		

has when requested from CHC Subpoena

At City level.
Please Specify the location
New stand & show kg.
etc.

Please Specify the location

n/a

REGD.

REGD.

Dh.

(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	No -	-	
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?	No.	-	
Is the night survey conducted in this month for identification of homeless? Yes/No	No -	-	
If yes mention the date & number of persons identified & rescued:	-	-	

REGD.
BKTA
Dharanik (Muz)

महाराष्ट्र
राज्य
सर्वकार
अर्थ
विभाग
मुंबई

(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	all.	✓	

Feedback/Suggestion: -

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

Signatures with Seal of the ~~Donation~~ Organization

