ਨਗਰ ਕੌਂਸਲ, ਬੰਗਾ, ਸ਼.ਭ.ਸ. ਨਗਰ
MUNICIPAL COUNCIL, BANGA, S.B.S. Nagar

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ਸਵੱਛ ਸਿਟੀ

ਨੰਬਰ:- 238 ਮਿਤੀ:- 15/2/24

ਸੇਵਾ ਵਿਖੇ,

ਤਕਨੀਕੀ ਡਾਇਰੈਕਟਰ,
ਸਥਾਨਕ ਸਰਕਾਰ ਵਿਭਾਗ,
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 Homless Component.

ਵਿਸ਼ਾ:- ਆਪ ਜੀ ਦੇ ਦਫਤਰ ਦੇ ਪੱਤਰ ਨੰ:PSULM/SUH-57/2023/1909 Dated 22/12/2023 ਦੇ ਸਬੰਧ ਵਿੱਚ।

ਉਪਰੋਕਤ ਵਿਸ਼ੇ ਅਤੇ ਹਵਾਲੇ ਅਧੀਨ ਪੱਤਰ ਦੇ ਸਬੰਧ ਵਿੱਚ ਆਪ ਜੀ ਵਲੋ ਮੰਗੀ ਗਈ ਸੂਚਨਾ ਨਾਲ ਨੱਥੀ ਪ੍ਰੋਫਾਰਮੇ ਵਿੱਚ ਭਰ ਕੇ ਅਗਲੇਰੀ ਕਾਰਵਾਈ ਲਈ ਆਪ ਜੀ ਨੂੰ ਭੇਜੀ ਜਾਂਦੀ ਹੈ।

ਕਾਰਜ ਸਾਧਕ ਅਫਸਰ,
ਨਗਰ ਕੌਂਸਲ ਬੰਗਾ।

ANNEXURE - III

Performa for Social Audit of Shelters for Urban Homeless

Name of ULB:	Bangg	Name of SUH:	Shelter for Urban Homeless
Name of Institution/Organization through which Social Audit is being conducted	Asha Bred Welfare Society	Address of SUH	Near Bus stand, Bangg
Date of Social Audit	15/02/2023	Capacity:	10

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	01	
iv	Hot water- Geyser/ Solar device	Yes/No		
v	Heater	Yes/No		
vi	Beds	Yes/No	06	
vii	Beddings	Yes/No		
viii	Blankets	Yes/No		
ix	Lighting/Fans	Yes/No		
x	Kitchen with vessels and Gas connectivity	Yes/No		

(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	Avaiable		
2	Attendance Register	Yes		
3	Complaints and suggestions register	Not Avaiable		
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~~ No		
	If yes mention the date & number of persons identified & rescued:	–		

xi	Piped water Supply	Yes/No		
xii	RO/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		
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	Munadi/Newspaper	Yes/No	Please Specify the location	
iii	Flex/Hoardings/Pamphlets	Yes/No	Please Specify the location	
iv	Any other, please specify		Please Specify the location	
Additional (Services/ entitlements/convergences) information's if any :				

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

Feedback/Suggestion: -

1.
2.
3.
4.

Signatures with Seal of the Institution/Organization