MUNICIPAL COUNCIL GORAYA
ਨਗਰ ਕੌਂਸਲ ਗੁਰਾਇਆ
Email:- manchesterofpunjab@gmail.com Ph. 01826-262175

ਪੱਤਰ ਨੰ. 306

ਮਿਤੀ: 13-03-2024

ਸੇਵਾਵਿਖੇ,

ਸੰਯੁਕਤ ਡਾਇਰੈਕਟਰ,
ਪੰਜਾਬ ਸਟੇਟ ਅਰਬਨ ਲਾਈਵਲੀਹੂਡਸ ਮਿਸ਼ਨ,
ਸਥਾਨਕ ਸਰਕਾਰ ਵਿਭਾਗ ਪੰਜਾਬ,
ਚੰਡੀਗੜ੍ਹ।

ਵਿਸ਼ਾ:- ਡੇ-ਨੁਲਮ ਸਕੀਮ ਦੇ ਸ਼ੈਲਟਰ ਫਾਰ ਅਰਬਨ ਹੋਮਲੈਸ ਕੰਪਨੈਂਟ ਅਧੀਨ ਰਾਜ ਵਿੱਚ ਬਣੇ ਨੁਲਮ ਅਤੇ ਨਾਨ ਡੇ-ਨੁਲਮ ਸ਼ੈਲਟਰ ਦਾ ਸੋਸ਼ਲ ਆਡਿਟ ਅਤੇ ਤੀਜੀ ਧਿਰ ਦਾ ਕੁਆਲਟੀ ਆਡਿਟ ਕਰਵਾਉਣ ਸਬੰਧੀ।

ਹਵਾਲਾ:- ਆਪ ਜੀ ਦੇ ਦਫਤਰ ਦੇ ਪੱਤਰ ਨੰ: ਪਸੂਲਮ/Such/57/2022/562 ਮਿਤੀ 17.05.2023 ਦੇ ਸਬੰਧੀ ।

ਉਪਰੋਕਤ ਵਿਸ਼ੇ ਅਤੇ ਹਵਾਲੇ ਅਧੀਨ ਪੱਤਰ ਦੇ ਸਬੰਧ ਵਿੱਚ ਆਪ ਜੀ ਵੱਲੋਂ ਮੰਗੀ ਗਈ ਰਿਪੋਰਟ ਨਾਲ ਨੱਥੀ ਪ੍ਰੋਫਾਰਮੇ ਵਿੱਚ ਆਪ ਜੀ ਨੂੰ ਭੇਜੀ ਜਾਂਦੀ ਹੈ ।

ਕਾਰਜ ਸਾਧਕ ਅਫਸਰ,
ਨਗਰ ਕੌਂਸਲ, ਗੁਰਾਇਆ।

ANNEXURE - III

Performa for Social Audit of Shelters for Urban Homeless

Name of ULB:	MC Goraya	Name of SUH:	Nagar Council, Goraya, Near
Name of Institution/Organization through which Social Audit is being conducted	NGO, Goraya.	Address of SUH	Near, Karam Petrol Pump, Goraya.
Date of Social Audit	13-3-2024	Capacity:	2.

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

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

Scanned with ACE Scanner

(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.	Yes. well	
2	Attendance Register	Yes.	Yes. mountained	
3	Complaints and suggestions register	Yes	Yes. mountained	
B)	**Work Verification of SUH Staff**	Report	Remarks	Suggestion/Feedback given by Staff for improvement
	Have all the staff aware about their duty?	Yes.	Yes. all the staff aware, about their duty.	
	Have all the staff received the capacity building training for 0 & M of SUH?	No.	No. training Conducted.	
	Is the night survey conducted in this month for identification of homeless? Yes/No	No.	No.	
	If yes mention the date & number of persons identified & rescued:	—	—	

Beja

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

Feedback/Suggestion: -

1. Good Condition
2. well maintained
3. All facilities are aware
4. to the Shelter

Goraya Blood Sewa
Welfare Society (R

Signatures with Seal of the Institution/Organization

Goraya Blood Sewa
Welfare Society (Regd.)
President