

# ਦਫਤਰ ਨਗਰ ਨਿਗਮ ਜਲੰਧਰ

ਵੱਲੇ

ਨਿਗਰਾਨ ਇੰਜੀਨੀਅਰ  
ਨਗਰ ਨਿਗਮ ਜਲੰਧਰ।

ਵੱਲ

ਟੈਕਨੀਕਲ ਡਾਇਰੈਕਟਰ,  
ਪੰਜਾਬ ਸਟੇਟ ਅਰਬਨ ਲਾਈਵਲੀਹੁਡ ਮਿਸ਼ਨ, ਅਰਬਨ।  
ਚੰਡੀਗੜ੍ਹ।

ਨੰਬਰ :

ਮਿਤੀ :

ਵਿਸ਼ਾ :

ਡੇ-ਨੂਲਮ ਸਕੀਮ ਦੇ ਸ਼ੈਲਟਰ ਫਾਰ ਅਰਬਨ ਹੋਮਲੈਸ ਕੰਪੋਨੈਂਟ ਅਧੀਨ ਰਾਜ ਵਿੱਚ ਬਣੇ ਨੂਲਮ  
ਅਤੇ ਨਾਨ-ਨੂਲਮ ਸ਼ੈਲਟਰਾਂ ਦਾ ਸੇਸ਼ਲ ਆਡਿਟ ਅਤੇ ਤੀਜੀ ਧਿਰ ਦਾ ਕੁਆਲਿਟੀ ਆਡਿਟ  
ਕਰਵਾਉਣ ਸਬੰਧੀ।

ਹਵਾਲਾ :

ਆਪ ਦੇ ਦਫਤਰ ਦੇ ਪੱਤਰ ਨੰ NULM/SUH/57/2022/269 ਮਿਤੀ 27.02.2024 ਦੇ ਸਬੰਧ  
ਵਿੱਚ।

ਉਪਰੋਕਤ ਵਿਸ਼ੇ ਅਤੇ ਹਵਾਲੇ ਅਧੀਨ ਪੱਤਰ ਦੇ ਸਬੰਧ ਵਿੱਚ ਮੰਗੀ ਗਈ ਸੂਚਨਾ  
ਨਾਲ ਨੱਥੀ ਪ੍ਰੋਫਾਰਮੇ ਵਿੱਚ ਪੁਰ ਕਰਕੇ ਅਗਲੇਰੀ ਕਾਰਵਾਈ ਹਿੱਤ ਭੇਜੀ ਜਾਂਦੀ ਹੈ-

ਨਿਗਰਾਨ ਇੰਜੀਨੀਅਰ।  
ਨਗਰ ਨਿਗਮ ਜਲੰਧਰ।

Performa for Social Audit of Shelters for Urban Homeless

ANNEXURE - III

Name of ULB:	M.C. Jalandhar	Name of SUH:	
Name of Institution/Organization through which Social Audit is being conducted		Address of SUH	Near Central Bus Stand Jalandhar
Date of Social Audit	14/01/2024	Capacity:	20

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	Yes	
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	Yes	

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>(B) Security Facilities</b>				
i	CCTV camera installed	Yes/No	No	
ii	Fire Protection measures	Yes/No	Yes	
ii	Cloak room /Personal Lockers	Yes/No	Yes	
<b>(C) Health Facilities</b>				
i	First aid kit is with emergency medicines	Yes/No	Yes	
ii	Periodicity of Medical check ups	Yes/No		
<b>(D) IEC Activities (Awareness)</b>				
i	Display Board at entrance of shelter	Yes/No	Yes	
ii	Munadi/Newspaper	Yes/No	Please Specify the location	
iii	Flex/Hoardings/Pamphlets	Yes/No	Please Specify the location	Yes All points near shelters
iv	Any other, please specify		Please Specify the location	
Additional (Services/entitlements/convergences) information's if any :		<div style="text-align: right;">Ref</div>		

(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			
	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	N		
	If yes mention the date & number of persons identified & rescued:			

By

(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	4		

Feedback/Suggestion: -

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

For Nai Udaan Welfare Society (Regd.)

Authorised Signatory

Signatures with Seal of the Institution/Organization

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Performa for Social Audit of Shelters for Urban Homeless

ANNEXURE - III

Name of ULB:	M. C. Jalandhar	Name of SUH:	
Name of Institution/Organization through which Social Audit is being conducted		Address of SUH	Babrib Chowk, Basti Sheikh Jalandhar
Date of Social Audit	1	Capacity:	24

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	Yes	
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	Yes	



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>(B) Security Facilities</b>				
i	CCTV camera installed	Yes/No	No	
ii	Fire Protection measures	Yes/No	Yes	
ii	Cloak room /Personal Lockers	Yes/No	Yes	
<b>(C) Health Facilities</b>				
i	First aid kit is with emergency medicines	Yes/No	Yes	
ii	Periodicity of Medical check ups	Yes/No		
<b>(D) IEC Activities (Awareness)</b>				
i	Display Board at entrance of shelter	Yes/No	Yes	
ii	Munadi/Newspaper	Yes/No	Please Specify the location	Yes
iii	Flex/Hoardings/Pamphlets	Yes/No	Please Specify the location	Yes Near shelter
iv	Any other, please specify		Please Specify the location	
Additional (Services/ entitlements/convergences) information's if any :				

(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 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:	-		

Befn



(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	3		

Feedback/Suggestion: -

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

For Nai Udaan Welfare Society (Regd.)

Author's Signatory

Signatures with Seal of the Institution/Organization

Performa for Social Audit of Shelters for Urban Homeless

ANNEXURE - III

Name of ULB: <u>M.C. Jalandhar</u>	Name of SUH:
Name of Institution/Organization through which Social Audit is being conducted	Address of SUH <u>Under R.O.B DAMORIA Pull Jalandhar</u>
Date of Social Audit <u>14/01/2024</u>	Capacity: <u>40</u>

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

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>(B) Security Facilities</b>				
i	CCTV camera installed	Yes/No	Yes	
ii	Fire Protection measures	Yes/No	Yes	
ii	Cloak room /Personal Lockers	Yes/No	Yes	
<b>(C) Health Facilities</b>				
i	First aid kit is with emergency medicines	Yes/No	Yes	
ii	Periodicity of Medical check ups	Yes/No		
<b>(D) IEC Activities (Awareness)</b>				
i	Display Board at entrance of shelter	Yes/No	Yes	
ii	Munadi/Newspaper	Yes/No	Please Specify the location	
iii	Flex/Hoardings/Pamphlets	Yes/No	Please Specify the location	Yes Near points of shelter
iv	Any other, please specify	✓	Please Specify the location	
Additional (Services/entitlements/convergences) information's if any :		✓		

Ref

(C) 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			
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:			

Befr

(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.

For Nai Udaan Welfare Society (Regd.)

Authorized Signatory

Signatures with Seal of the Institution/Organization