ਦਫਤਰ ਨਗਰ ਨਿਗਮ ਜਲੰਧਰ

ਵੱਲੋ

ਨਿਗਰਾਨ ਇੰਜੀਨੀਅਰ

ਨਗਰ ਨਿਗਮ ਜਲੰਧਰ।

ਵੱਲ

ਟੈਕਨੀਕਲ ਡਾਇਰੈਕਟਰ.

ਪੰਜਾਬ ਸਟੇਟ ਅਰਬਨ ਲਾਈਵਲੀਹੂਡ 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 ਸੋਸ਼ਲ 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 ਸੂਚਨਾਂ ਨਾਲ ਨੱਥੀ ਪ੍ਰੌਫਾਰਮੇ ਵਿੱਚ ਪੁਰ ਕਰਕੇ ਅਗਲੇਰੀ ਕਾਰਵਾਈ ਹਿੱਤ ਭੇਜੀ ਜਾਂਦੀ ਹੈ-

> ਨਿਗਰਾਨ ਇੰਜੀਨੀਅਰ ਨਗਰ ਨਿਗਮ ਜਲੰਧਰ।

Performa for Social Audit of Shelters for Urban Homeless

Name of ULB: Mic. Jalen dues	Name of SUH:	
Name of Institution/Organization through which Social Audit is being conducted		News Germal Bus Stand Jalandhast
Date of Social Audit 14/01/2024	Capacity:	. Lo

	(A) Facilities	Facility Available in SUH	Remarks	Suggestion/Feedback given by Staff for improvement
i	Well ventilated rooms/dormitories	Yes/No	Yes	
i	Adequate space for each inmate (@ 50 Sq.ft.)	Yes/No	Yes	
ii	Toilets/Bath Rooms	Yes/No	Yes	
v	Hot water- Geyser/ Solar device	Yes/No	Yes	
	Heater	Yes/No	Yes	
		Yes/No	Yes	
i ii	Beds Beddings	Yes/No	Yes	
		Yes/No	Yes	
ii	Blankets	Yes/No	Kes	
-	Lighting/Fans Kitchen with vessels and Gas connectivity	Yes/No	Yel	By

					K L
xi ~	Piped water Supply	Yes/No	Yes		(E) R.
xii	RO/Purified water facility	Yes/No	Yes		
xiii	Washing Provisions	Yes/No	Yes		Andrew Control of the
xiv	Food Arrangements	Yes/No	Yes		
(B) Security Facilities			1.	
i	CCTV camera installed	Yes/No	10	,	
ii	Fire Protection measures	Yes/No	734		
ii	Cloak room /Personal Lockers	Yes/No	Ye		
(C) Health Facilities				
i	First aid kit is with emergency medicines	Yes/No	Yes		
ii	Periodicity of Medical check ups	Yes/No			
(D) IEC Activities (Awareness)			· .	
i	Display Board at entrance of shelter	Yes/No	Yus		
ii	Munadi/Newspaper	Yes/No	Please Specify the location		10 1000
iii	Flex/Hoardings/Pamphlets	Yes/No	Please Specify the location	Yes	Att frinds near Shelfeld
iv	Any other, please specify		Please Specify the location		
enti	litional (Services/ tlements/convergences) rmation's if any:				Bol

Cannad with Cambanan

(E) Registers as mentioned below maintained properly in the shelter? Checked - (Yes/ No):

A	Documents	Report	Remarks	Suggestion/Feedback given by Staff for
<u> </u>	Register of inmates	Yes.		improvement
2	Attendance Register	Yes		
3	Complaints and suggestions register	100		
B)	Work Verification of SUH Staff	Report	Remarks	Suggestion/Feedback given by Staff for improvement
	Have all the staff aware about their duty?	res		
	Have all the staff received the capacity building training for 0 & 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:			

(C)	Physical Verification of Utilization of SUH	Report	Remarks	Suggestion/Feedback given l	oy Staff for
1	Condition of Shelter:	gwd		improvement	
2	Number of inmates at present	. 4			

Feedback/Suggestion:

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Signatures with Seal of the Institution/Organization

Performa for Social Audit of Shelters for Urban Homeless

Name of ULB:	Ar a Jeland	Name of SUH:	
Name of Institution/Organization through which Social Audit is being conducted		Address of SUH	Babolik Chowb, Bash Sheikh Jalandhas
Date of Social Audit	C4 /01 /2001	Capacity:	24

Phy	sically Verification of	facilities/amenities is being g	iven in the SUH
(A) Facilities	Facility Available in SUH	Remarks	Suggestion/Feedback given by Staff for improvement
Well ventilated rooms/dormitories	Yes/No	Yes	
Adequate space for each inmate (@ 50 Sq.ft.)	Yes/No	Yes	
Toilets/Bath Rooms	Yes/No	Yes	
	Yes/No	yes !	
Heater	Yes/No	Yes	
Beds	Yes/No	y.es	
	Yes/No	Yel	
	Yes/No	Yes	
	Yes/No	4.23	
Kitchen with vessels and	Yes/No	Yes	BA_
	Well ventilated rooms/dormitories Adequate space for each inmate (@ 50 Sq.ft.) Toilets/Bath Rooms Hot water- Geyser/ Solar device Heater Beds Beddings Blankets Lighting/Fans	(A) Facilities Facility Available in SUH Well ventilated rooms/dormitories Adequate space for each inmate (@ 50 Sq.ft.) Toilets/Bath Rooms Hot water- Geyser/ Solar Yes/No device Heater Beds Beddings Blankets Lighting/Fans Kitchen with vessels and Yes/No	Well ventilated rooms/dormitories Adequate space for each inmate (@ 50 Sq.ft.) Toilets/Bath Rooms Hot water- Geyser/ Solar device Heater Beds Beddings Pes/No Yes/No Yes/No

Χį –		Yes/No	V	
vii	POD :a	Yes/No	Yes	
xiii	Mart:	Yes/No	Yus	
xiv	Food Arrangements		Yes	
(B) Security Facilities	Yes/No	yes	
i				
ii	CCTV camera installed	Yes/No	NO	
	Fire Protection measures Closk room /Personal	Yes/No	Les .	
ii	Cloak room /Personal Lockers	Yes/No	43)	
	(C) Health Facilities			
i	First aid kit is with emergency medicines	Yes/No	Yes	
ii	Periodicity of Medical check ups	Yes/No		
•	(D) IEC Activities (Awareness)			
i	Display Board at entrance of shelter	Yes/No	Yes	
ii	Munadi/Newspaper	Yes/No	Please Specify the location	
iii	Flex/Hoardings/Pamphlet	s Yes/No	Please Specify the location Yes	Near Shelter festion
iv	Any other, please specify	,	Please Specify the location	
enti	ditional (Service (stlements/convergences) ormation's if any:	5/		0

(E) Registers as mentioned below maintained properly in the shelter? Checked - (Yes/No):

I		Report	Remarks	er? Checked - (Yes/ No): Suggestion/Feedback given by Staff for
	Register of inmates	None	The state of the s	improvement
2	Attendance Register	Y-48 .		
3	Complaints	Yes	,	
	suggestions register	Y-es		
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?	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:	,		

(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: -

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For Nai Udaan Welfare Society (Regd.)

Signatures with Seal of the Institution/Organization

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Performa for Social Audit of Shelters for Urban Homeless

Name of ULB: M.c. Jalanahar	Name of SUH:	
Name of Institution/Organization through which Social Audit is being conducted	Address of SUH	Under R.O.B DAMORIA PULL Jalandhar
Date of Social Audit 11 01 2009	Capacity:	ko

	(A) Facilities	Facility Available in SUH	Remarks	Suggestion/Feedback given by Staff for improvement
i	Well ventilated rooms/dormitories	Yes/No	Yes	
i	Adequate space for each inmate (@ 50 Sq.ft.)	Yes/No	Yes	
ii	Toilets/Bath Rooms	Yes/No	Yes	
v	Hot water- Geyser/ Solar device	Yes/No	V-es	
	Heater	Yes/No	Yes	
i	Beds	Yes/No	Yes	
i	Beddings	Yes/No	Yes	
ii	Blankets	Yes/No	Yes	
11	Lighting/Fans	Yes/No	Yes	
	Kitchen with vessels and Gas connectivity	Yes/No	Yes	Baz

			B) Regarder
xi Piped water Supply	Yes/No	Yes	The state of the s
xii RO/Purified water facility	Yes/No	Yes	A.
xiii Washing Provisions	Yes/No	Ves	
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	Yes	Y
(C) Health Facilities			
First aid kit is with emergency medicines	Yes/No	Xes	
Periodicity of Medical check ups	Yes/No		
(D) IEC Activities (Awareness)			
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	Near points of shates
Any other, please specify		Please Specify the location	
Additional (Services/ entitlements/convergences) information's if any:			
1			C.J.

Attendance

Caannad with Campannar

	Registers as mentioned be Documents	Report			
Register of inmates			Remarks	Suggestion/Feedback given by Staff for improvement	
	Attendance Register	(ds)			
	Complaints	Yes			
	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?	45			
	Have all the staff received the capacity building training for 0 & M of SUH?				
	Is the night survey conducted in this month for identification o homeless? Yes/No	n No			
	If yes mention the date & number of person identified & rescued:				
	,	,	,	Befo	

(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	4		

Feedback/Suggestion: -

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Signatures with Seal of the Institution/Organization

For Nai Udaan Weffare Society (Regd.)