

# ਦਫਤਰ ਨਗਰ ਕੌਂਸਲ ਕੁਰਾਲੀ, ਐਸ.ਏ.ਐਸ. ਨਗਰ

## MUNICIPAL COUNCIL KURALI, SAS NAGAR

Ref.No. MCK-428

Dated 22/03/2024.

ਸੇਵਾ ਵਿਖੇ,

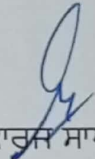
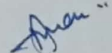
ਸੰਯੁਕਤ ਡਾਇਰੈਕਟਰ,  
ਪੰਜਾਬ ਸਟੇਟ ਅਰਥਨ ਲਾਈਵਲੀ ਹੁੱਡ ਮਿਸ਼ਨ,  
ਸਥਾਨਕ ਸਰਕਾਰ ਵਿਭਾਗ ਪੰਜਾਬ ਚੰਡੀਗੜ੍ਹ।

ਵਿਸ਼ਾ- ਡੇ-ਨੂਲਮ ਸਕੀਮ ਦੇ ਸ਼ੈਲਟਰ ਫਾਰ ਅਰਥਨ ਹੋਮਲੈਸ ਕੰਪੇਨੈਂਟ ਅਧੀਨ ਰਾਜ ਵਿੱਚ ਬਣੇ  
ਨੂਲਮ ਅਤੇ ਨਾਨ ਡੇ- ਨੂਲਮ ਸ਼ੈਲਟਰਾਂ 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  
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 ਜੀ।

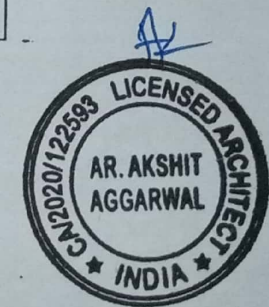
ਕਾਰਜ ਸਾਧਕ ਅਫਸਰ,  
ਨਗਰ ਕੌਂਸਲ ਕੁਰਾਲੀ।

Performa for 3<sup>rd</sup> Party Quality Audit of Shelters for Urban Homeless

Name of ULB:	Kurali	Name of SUH:	Night Shelter
Name of Agency through which 3 <sup>rd</sup> Party Quality Audit is being conducted	-	Address of SUH	MC office Near Govt Hospital, Ropar Road Kurali
Date of Audit	22-03-2024	Capacity:	10

A) General										
1	Type of Building	Residential	Commercial	Institute	Hospital	Other				
			-		-					
2	Description	MC office Near Govt Hospital, Ropar Road Kurali								
3	Location	MC office Kurali								
				Tehsil	Kharar	Distt	S.A.S. Nagar			
4	General information of building /structure	Approximate overall dimensions		length		width		height		
Overall details of Building/structure										
5	No. of story	1st	symmetrical	-	Nonsymmetrical	-				
	No. of Rooms	2.								
	No. of Bathrooms	2.								
	No. of Kitchen									





	Starting year of construction	—		Reference	Permission certificate	—	
	year of completion of construction	—		Reference	completion certificate	—	
	structure is completed at one time or in stages				under construction	—	stage —
6	Name of Architect	—		address	—		Contact No —
7	Name of Engineer	—		address	—		Contact No —
8	Name of Builder	—		address	—		Contact No —
9	Name of contractor	—		address	Kurali		Contact No —
10	Competent Authority	ULB Kurali					
11	Existing use	yes	No	Fully	partly		
12	Adjoining structure if any						
13	court matter if any	yes/No	NO	if yes,	Report /undertaking	—	
	security facility	yes/No	Yes	fencing	Yes/No	Yes	NOC from Fire Brigade
14	changes done in original structure/plan	yes/ No	NO		if yes, details		
	If minor changes done, please specify	NO					



By



15	History of failure in structure or part of it, if any		NIL		
16	failure of adjoining structure, if any		NIL		
17	Maintenance details	structural	Routine Maintained done by MC office Kurali		
		Non-structural	-		
		water supply /sanitary	Yes		
		Electrification	Yes		
18	Any other information like use of solar energy				
19	Inspection done in presence of				
	Name of person	address	Position	Email	contact No
1	Daljeet Singh	MC office Kurali	SI	Municipal Council Kurali Yahvo.in	9815451177
2					
3					
4					

B	Technical record				Reference			
1	Year of construction		-					
2	Age of structure		years	-				
3	Materials for construction		RCC	-	Steel	Masonry	plastic/ fiber	
	Grade of concrete		-	steel grade	-	wall Tk	External wall	Internal wa





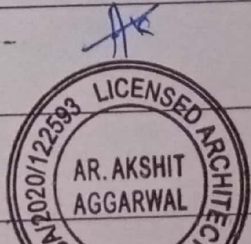
4	Documents / records available		Yes		No	—	
		if yes, describe	plan		—		
			elevation		—		
			cross section		—		
			structural drawings		—		
			completion certificate		—		
			Test reports of materials		—		
			any other document				
5	Mode of construction contract		tender	—	negotiation	—	If any other, please specify —
6	Changes made in construction as compared to structural design and drawings available						
7	Adjoining structures available before / during construction				yes/No	No	
	if yes, details thereof				—		
8	Additional structure constructed alongwith this structure				yes/No	No	
					—		
9	Extension to existing structure				date	—	
	if yes, details thereof						
10	Delay in construction if any with reason		N.A		if yes, details thereof —		
11	change of Engineer	yes/No.	—	if yes			

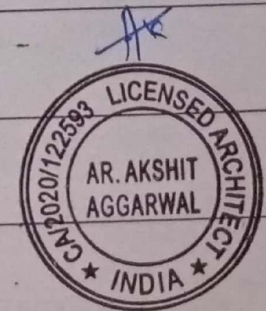
By



				,details			
12	change of contractor	yes/No.	NO	if yes ,details			
12	stages of construction	Completed					

13	Maintenance Type	water proofing	yés/No	Yes	If yes, frequency		yrs/month		
		plastering	yés/No	Yes	If yes, frequency		yrs/month		
		coloring	yés/No	Yes	If yes, frequency		yrs/month		
		strengthenin g	yes/No		If yes, frequency		yrs/month		
		water supply		Yes					
		drainage	yés/No	Yes	If yes, frequency		yrs/month		
	Previous inspections done		yés/No	Yes					
	if yes, details		reason						
14	document available		yes/No.	—					
	If, done when		—	name of authority	—				
	Action taken then, yes/ No		—	if yes, details					





By



Major repairs if any		—		Type of repair with reason						
Minor repair if any		—		Type of repair with reason		Windows Repair (Due to the dilapidated condition of the windows)				
16	Any structural defects observed like				Type					
	wing/flat	wing/flat	wing/flat	wing/flat	settlement	yes/No	Tilting yes/No			
					major/ minor cracks	yes/No	No			
					leakage in slab	yes/No	NO	roof slab	yes/No	Nil
					seepage in slab	yes/No		roof slab	yes/No	Nil
									spalling of plaster	yes/No
	major/minor cracks in plaster				yes/No	NO	roof slab	yes/No	NO	
	17		Signs of failure at Ground Floor		NO					
18		compound wall details		Compound walls are Strong						
19		Signs of failure in compound wall		NO						

Bay

