



No: 2957

Date: 9-1-24

ਸੇਵਾ ਵਿਖੇ,

ਤਕਨੀਕੀ ਡਾਇਰੈਕਟਰ,
ਪੰਜਾਬ ਸਟੇਟ ਅਰਬਨ ਲਾਈਵਲੀਹੁਡ ਮਿਸ਼ਨ
ਸਥਾਨਕ ਸਰਕਾਰ ਵਿਭਾਗ,
ਪੰਜਾਬ, ਚੰਡੀਗੜ੍ਹ।

ਵਿਸ਼ਾ:-

ਡੇ-ਨੂਲਮ ਸਕੀਮ ਦੇ ਸ਼ੈਲਟਰ ਫਾਰ ਅਰਬਨ ਹੋਮਲੈਸ ਕੰਪੋਨੈਂਟ ਅਧੀਨ ਰਾਜ ਵਿਚ ਬਣੇ
ਨੂਲਮ ਅਤੇ ਨਾਨ-ਨੂਲਮ ਸ਼ੈਲਟਰਾਂ ਦਾ ਸ਼ੋਸਲ ਆਡਿਟ ਅਤੇ ਤੀਜੀ ਪਿਰ ਵਲੋਂ ਕੁਆਲਿਟੀ
ਆਡਿਟ ਕਰਵਾਉਣ ਸਬੰਧੀ।

ਹਵਾਲਾ:-

ਆਪ ਜੀ ਦੇ ਦਫਤਰ ਦੇ ਪੱਤਰ ਨੰ: ਪਸੂਲਮ/SUH/57/2022-562 ਮਿਤੀ: 17-05-
2023 ਸਬੰਧੀ।

ਉਪਰੋਕਤ ਵਿਸ਼ੇ ਦੇ ਸਬੰਧ ਵਿਚ ਹਵਾਲਾ ਅਧੀਨ ਪੱਤਰ ਰਾਹੀਂ ਮੰਗੀ ਗਈ ਸੂਚਨਾ ਹੇਠ

ਲਿਖੇ ਅਨੁਸਾਰ ਹੈ ਜੀ:-

ਨਗਰ ਕੌਂਸਲ ਦਾ ਨਾਮ	ਸ਼ੋਸਲ ਆਡਿਟ ਕਰਨ ਵਾਲੀ ਏਜੰਸੀ ਦਾ ਨਾਮ
ਨਗਰ ਕੌਂਸਲ ਮਾਲੇਰਕੋਟਲਾ	ਸਹਾਰਾ ਮੁਸਿਲਮ ਵੈਲਫੇਅਰ ਸੋਸਾਇਟੀ ਰਜਿ: ਮਾਲੇਰਕੋਟਲਾ

ਕਾਰਜ ਸਾਧਕ ਅਫਸਰ
ਨਗਰ ਕੌਂਸਲ ਮਾਲੇਰਕੋਟਲਾ

ANNEXURE - III

Performa for Social Audit of Shelters for Urban Homeless

Name of ULB:	Malerkotla	Name of SUH:	NULM MALERKOTLA
Name of Institution/Organization through which Social Audit is being conducted	Sahara Muslim Welfare Society (Regd.) M.K.	Address of SUH	NEAR TRUCK STATION MALERKOTLA.
Date of Social Audit		Capacity:	40.

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 rooms/dormitories ventilated	Yes/No	—	—
ii Adequate space for each inmate (@ 50 Sq.ft.)	Yes/No	—	—
iii Toilets/Bath Rooms	Yes/No	—	—
iv Hot water- Geyser/ Solar device	Yes/No	—	—
v Heater	Yes/No	—	Oil burner should be fixed and safe & effective
vi Beds	Yes/No	—	
vii Beddings	Yes/No	—	
viii Blankets	Yes/No	—	
ix Lighting/Fans	Yes/No	—	—
x Kitchen with vessels and Gas connectivity	Yes/No	—	—

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O MALER-KOTLA

xi	Piped water Supply	Yes/No	—	—	—
xii	RO/Purified water facility	Yes/No	—	—	—
xiii	Washing Provisions	Yes/No	—	—	—
xiv	Food Arrangements	Yes/No	Fix up within a week.	—	—
(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	—	—	—
iii	Flex/Hoardings/Pamphlets	Yes/No	—	—	—
iv	Any other, please specify		Please Specify the location	—	—
Additional (Services/entitlements/convergences) information's if any :		Marked within a week. college. Malekudla.			

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M. Ashraf

(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 0 & M of SUH?	Yes	—	—
	Is the night survey conducted in this month for identification of homeless? Yes/No	Yes	—	—
	If yes mention the date & number of persons identified & rescued:	4 Identified & 2 rescued.	—	—

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(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.

President
Sahara Muslim Welfare Society (Regd.)
Signatures with Seal of the Institution/Organization