ਦਫ਼ਤਰ ਨਗਰ ਕੌਂਸਲ, ਮਾਨਸਾ।

ਮਿਤੀ.....7/11/2024

ਪੱਤਰ ਨੰਬਰ.....745

ਸੇਵਾ ਵਿਖੇ

ਟੈਕਨੀਕਲ ਡਾਇਰੈਕਟਰ
ਸਥਾਨਕ ਸਰਕਾਰ ਵਿਭਾਗ, ਪੰਜਾਬ
ਚੰਡੀਗੜ੍ਹ।

ਵਿਸ਼ਾ:- **ਨਾਈਟ ਸ਼ੈਲਟਰ ਦਾ ਸ਼ੋਸ਼ਲ ਆਡਿਟ ਰਿਪੋਰਟ ਪੇਸ਼ ਕਰਨ ਸਬੰਧੀ।**

ਉਪਰੋਕਤ ਵਿਸ਼ੇ ਦੇ ਸਬੰਧ ਵਿੱਚ ਬੇਨਤੀ ਹੈ ਕਿ ਆਪ ਜੀ ਦੇ ਪੱਤਰ ਨੰਬਰ 270 ਦੇ ਅਨੁਸਾਰ ਸਮਾਜ ਸੇਵੀ ਸੰਸਥਾ ਵੱਲੋਂ ਸ਼ੋਸ਼ਲ ਆਡਿਟ ਕਰਵਾਇਆ ਗਿਆ ਹੈ। ਉਸ ਸਬੰਧੀ ਦਸਤਾਵੇਜ ਇਸ ਪੱਤਰ ਦੇ ਨਾਲ ਨੱਥੀ ਹਨ।

ਕਾਰਜ ਸਾਧਕ ਅਫ਼ਸਰ
ਨਗਰ ਕੌਂਸਲ, ਮਾਨਸਾ।

ANNEXURE - III

Performa for Social Audit of Shelters for Urban Homeless

Name of ULB: Mansa		Name of SUH:	Night Shelter, Mc Mansa Bustand
Name of Institution/Organization through which Social Audit is being conducted	Mansa Cycle Group Mansa	Address of SUH	Night Shelter, Mc Mansa
Date of Social Audit	21/02/24	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		
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		
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		

CamScanner

xi	Piped water Supply	Yes/No		
xii	RO/Purified water facility	Yes/No		
xiii	Washing Provisions	Yes/No		
xiv	Food Arrangements	Yes/No		
	(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	Please Specify the location	
iii	Flex/Hoardings/Pamphlets	Yes/No	Please Specify the location	
iv	Any other, please specify	Bus Stand	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:	No		

Beh

(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	5		

Feedback/Suggestion: -

1.
2.
3.
4.

Signatures with Seal of the Institution/Organization

MANSA CYCLE GROUP (REGD.) MANSA