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MUNICIPAL COUNCIL, MUKERIAN.

ਦਫਤਰ ਨਗਰ ਕੌਂਸਲ, ਮੁਕੇਰੀਆਂ।

Ref.No. 177

Date. 15-02-24

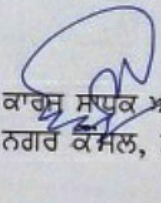
ਸੇਵਾ ਵਿਖੇ,

ਵਧੀਕ ਪ੍ਰੋਜੈਕਟ ਡਾਇਰੈਕਟਰ,
ਪੰਜਾਬ ਸਟੇਟ ਅਰਬਨ ਲਾਈਵਲੀਹੁੱਡਜ਼ ਮਿਸ਼ਨ,
ਮਿਊਂਸਪਲ ਭਵਨ, ਪਲਾਟ ਨੰ:3,
ਸੈਕਟਰ-35 ਏ, ਚੰਡੀਗੜ੍ਹ।

ਵਿਸ਼ਾ:-

Report of Social Audit of Shelters for Urban Homeless.

ਉਪਰੋਕਤ ਵਿਸ਼ੇ ਦੇ ਸਬੰਧ ਵਿੱਚ ਬੇਨਤੀ ਕੀਤੀ ਜਾਂਦੀ ਹੈ ਕਿ ਆਪ ਜੀ ਦੁਆਰਾ ਮੰਗੀ ਸੂਚਨਾ ਪੱਤਰ ਨਾਲ ਨੱਥੀ ਹੈ। ਸੂਚਨਾ ਆਪਜੀ ਨੂੰ ਅਗਲੇਰੀ ਕਾਰਵਾਈ ਹਿੱਤ ਭੇਜੀ ਜਾਂਦੀ ਹੈ ਜੀ।


ਕਾਰਜ ਸਾਧਕ ਅਫਸਰ,
ਨਗਰ ਕੌਂਸਲ, ਮੁਕੇਰੀਆਂ।

Performa for Social Audit of Shelters for Urban Homeless

ANNEXURE - III

Name of ULB:	Mukerian	Name of SUH:	Community hall Mukerian
Name of Institution/Organization through which Social Audit is being conducted	Bharat Vikas Parishad	Address of SUH	Opp. Bus Stand near Committee Park Mukerian.
Date of Social Audit		Capacity:	4 Persons (2M 2F)

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

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	Munadi in all wards Bus Stand, Railway station and All Chowks
iv	Any other, please specify		Please Specify the location	
Additional 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 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:	No person identified		

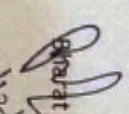
By

(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	Nil		

Feedback/Suggestion: -

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

Signatures with Seal of the Institution/Organization


 President
 Bharat Vikas Parishad
 22/12/22 Mukerian

