

Form for 3rd Party Quality Audit of Shelters for Urban Homeless

Name of ULB:	M.C. Nalga	Name of SHH:	Non-Mukh
Name of Agency through which 3rd Party Quality Audit is being conducted	Govt. T.T.D (W) Nalga	Address of SHH	M.C. office Nalga
Date of Audit	28-03-24	Capacity:	8

A) General									
1	Type of Building	Residential	Commercial	Institute	Hospital	Other			
2	Description								
3	Location	M.C. Office Nalga			Tehsil	Nalga	Dist	Paliada	
4	General information of building structure.	Approximate overall dimensions		length	20	width	24	height	12
Overall details of Building/structure									
No. of story		1		Symmetrical		Non-symmetrical			
No. of Rooms		2							
No. of Bathrooms		2							
No. of Kitchens		1							

15	History of failure in structure or part of it, if any		N/A		
16	failure of adjoining structure, if any		N/A		
17	structural	Maintained			
	Non-structural				
	water supply	Yes			
	sanitary	Yes			
	Electrification	Yes			
18	Any other information like use of solar energy		No		
19	Inspection done in presence of:				
1	Name of person	address	Position	Email	contact No
2	S.A. Parvinder Singh	M.C. Office Noida	I.E	esmc6216@yahoo.com	94178-52954
3	Smt. Anu Bala	M.S. Office Noida	CO	esmc6216@yahoo.com	82888-57300
4					

8	Technical record		Reference			
1	Year of construction	N/A				
2	Age of structure	years				
3	Materials for construction	RCC	Steel	Masonry	Plastic/fiber	
	Grade of concrete		steel grade	External wall	Internal wall	

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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			NA
7	Adding structures available before / during construction	yes/No		NO
	if yes, details thereof			
8	Additional structure constructed along with this structure	yes/No		NO
9	Extension to existing structure	date		NO
	if yes, details thereof			
10	Delay in construction if any with reason	NA		If yes, details thereof
11	change of Engineer	yes/No	if yes	

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				details					
12	change of contractor	yes/No		if yes, details					
13	stages of construction								

13	Maintenance Type	water proofing	yes/No		if yes, frequency		yes/month		
		plastering	yes/No		if yes, frequency		yes/month		
		coloring	yes/No		if yes, frequency		yes/month		
		strengthening	yes/No		if yes, frequency		yes/month		
		wires supply	Yes						
		drainage	yes/No		if yes, frequency		yes/month		
14	Previous inspections done	yes/No			reason				
	if yes, details								
	document available	yes/No							
	if, done when			name of authority					
15	Action taken then, yes/ No			if yes, details					

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Major repairs if any		N.A.		Type of repair with reason			
Minor repair if any				Type of repair with reason			
16 Any structural defects observed like				Type			
wing/floor	wing/floor	wing/floor	wing/floor	settlement	yes/No	tilting	yes/No
				major/minor cracks	yes/No		
				leakage in slab	yes/No		
				seepage in slab	yes/No		
				spalling of plaster	yes/No		
				major/minor cracks in plaster	yes/No		
17 Signs of failure at Ground Floor				N.A.			
18 compound wall details				= 3: Good			
19 Signs of failure in compound wall				No			

Ref.

Rajwant Kaur
 Head Master
 Govt. Industrial Training
 Institute (W), Nabha

Phone no. 01765-220621

ਦਫਤਰ ਨਗਰ ਕੌਂਸਲ ਨਾਭਾ (ਜਿਲ੍ਹਾ ਪਟਿਆਲਾ)

Office of Municipal Council Nabha (Distt. Patiala)

No. 105 to 106 LMD (email id: comc621@yahoo.com)

Date 28/03/23

ਸੇਵਾ ਵਿਖੇ,

ਟੈਕਨੀਕਲ ਡਾਇਰੈਕਟਰ,
ਸਥਾਨਕ ਸਰਕਾਰ ਵਿਭਾਗ, ਪੰਜਾਬ,
ਚੰਡੀਗੜ੍ਹ।

ਵਿਸ਼ਾ:- Third party Audit of NULM and Non-NULM shelters in the state in DAY-NULM
under shelter for URBAN Homeless Component.

ਹਵਾਲਾ:- ਆਪ ਜੀ ਦੇ ਦਫਤਰ ਦੇ ਪੱਤਰ ਨੰ: SUH/57/2022/269-270 ਮਿਤੀ: 27-02-2023 ਸੰਬੰਧੀ।

ਉਪਰੋਕਤ ਵਿਸ਼ੇ ਤੇ ਹਵਾਲੇ ਅਧੀਨ ਪੱਤਰ ਸੰਬੰਧੀ ਬੇਨਤੀ ਹੈ ਕਿ ਨਗਰ ਕੌਂਸਲ ਨਾਭਾ ਵਿਖੇ ਹੋਏ
Third Party Quality ਆਡਿਟ ਸੰਬੰਧੀ ਰਿਪੋਰਟ ਇਸ ਪੱਤਰ ਨਾਲ ਨੱਥੀ ਕਰਕੇ ਆਪ ਜੀ ਨੂੰ ਸੂਚਨਾ ਅਤੇ ਅਗਲੇਰੀ
ਕਾਰਵਾਈ ਹਿੱਤ ਭੇਜੀ ਜਾਂਦੀ ਹੈ।

ਨੱਥੀ: Third Party Quality ਆਡਿਟ ਪ੍ਰੋਗਰਾਮ।

ਕਾਰਜ ਸਾਧਕ ਅਫਸਰ
ਨਗਰ ਕੌਂਸਲ, ਨਾਭਾ।

ਪਿੱਠ ਅੰਕਣ ਨੰ:

ਮਿਤੀ:

ਉਕਤ ਦਾ ਇੱਤ ਉਤਾਰਾ ਮਾਨਯੋਗ ਵਧੀਕ ਡਿਪਟੀ ਕਮਿਸ਼ਨਰ (ਸਹਿ:ਵਿ.) ਪਟਿਆਲਾ ਜੀ ਨੂੰ ਸੂਚਨਾ
ਹਿੱਤ ਭੇਜਿਆ ਜਾਂਦਾ ਹੈ।

ਕਾਰਜ ਸਾਧਕ ਅਫਸਰ
ਨਗਰ ਕੌਂਸਲ, ਨਾਭਾ।

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