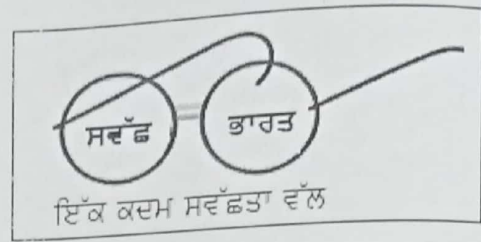


Office of the  
Municipal Council, Nurmahal (Jalandhar)  
ਦਫਤਰ ਨਗਰ ਕੌਂਸਲ, ਨੂਰਮਹਿਲ (ਜਲੰਧਰ)

e-mail : [eomc\\_nurmahal@yahoo.in](mailto:eomc_nurmahal@yahoo.in)

Ph : 01826-242046



ਨੰਬਰ : 365

ਮਿਤੀ: 15/3/24

ਸੇਵਾ ਵਿਖੇ

ਸੰਯੁਕਤ ਡਾਇਰੈਕਟਰ,  
ਪੰਜਾਬ ਸਟੇਟ ਅਰਬੂਜ਼ ਲਾਈਵਲੀਹੁਡਸ ਮਿਸ਼ਨ,  
ਸਥਾਨਕ ਸਰਕਾਰ ਵਿਭਾਗ ਪੰਜਾਬ,  
ਚੰਡੀਗੜ੍ਹ।

ਵਿਸ਼ਾ:- ਡੇ-ਨੂਲਮ ਸਕੀਮ ਦੇ ਸ਼ੈਲਟਰ ਫਾਰ ਅਰਬਨ ਹੋਮਲੈਸ ਕੰਪਲੈਕਸ ਅਧੀਨ ਰਾਜ ਵਿੱਚ ਬਣੇ ਨੂਲਮ  
ਅਤੇ ਨਾਲ-ਡੇ ਨੂਲਮ ਸ਼ੈਲਟਰ 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 ਦੇ  
ਸਬੰਧੀ।

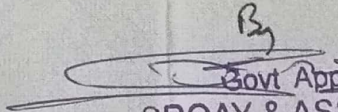
ਉਪਰੋਕਤ ਵਿਸ਼ੇ ਸਬੰਧੀ ਅਤੇ ਹਵਾਲੇ ਅਧੀਨ ਪੱਤਰ ਦੇ ਸਬੰਧ ਵਿੱਚ ਆਪ ਜੀ ਵਲੋਂ ਮੰਗੀ ਗਈ ਰਿਪੋਰਟ  
ਨਾਲ ਨੱਥੀ ਪ੍ਰੋਫਾਰਮੇ ਵਿੱਚ ਆਪ ਜੀ ਨੂੰ ਭੇਜੀ ਜਾਦੀ ਹੈ ਜੀ।

ਕਾਰਜ ਸਾਧਕ ਅਫਸਰ,  
ਨਗਰ ਕੌਂਸਲ, ਨੂਰਮਹਿਲ।

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

Name of ULB:	M.C NURMAHAL	Name of SUH:	KACHEPAKKAWEHRA
Name of Agency through which 3 <sup>rd</sup> Party Quality Audit is being conducted		Address of SUH	M.C NURMAHAL
Date of Audit		Capacity:	02 Person

A) General										
1	Type of Building	Residential	Commercial	Institute	Hospital	Other				
		—	—	—	—	—				
2	Description	KACHEPAKKAWEHRA M.C NURMAHAL								
3	Location									
				Tehsil	PHILLAUR	Distt	Jalandhar			
4	General information of building /structure	Approximate overall dimensions		length	20	width	12	height	12	
Overall details of Building/structure										
5	No. of story	1st	symmetrical			Nonsymmetrical				
	No. of Rooms	02								
	No. of Bathrooms	01								
	No. of Kitchen	0								

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 Nurmahal (Jalandhar)  
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	Starting year of construction	2010	Reference	Permission certificate			
	year of completion of construction	2011	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	—	Contact No	—	
10	Competent Authority	ULB M.C. NURMAHAL					
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	NOC from Fire Brigade	
14	changes done in original structure/plan	yes/No	NO	if yes, details			
	If minor changes done, please specify						

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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 MAINTENANCE Done BY MC NURMAHAL	
		Non-structural	Do	
		water supply /sanitary	Do	
		Electrification	Do	
18	Any other information like use of solar energy			
19	Inspection done in presence of			

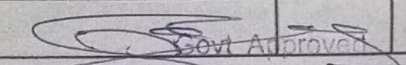
	Name of person	address	Position	Email	contact No
1	MAKIT Sim 24	M.C. NURMAHAL	S. R.	ECMC-NURMAHAL	9885850305
2	CHAN DAMOHAN	M.C. NURMAHAL	S. R.	@ 24000.COM	
3					
4					

B	Technical record					
1	Year of construction	14 years (2010)	Reference			
2	Age of structure	8 years	Steel	plastic/ fiber		
3	Materials for construction	RCC	steel grade	Masonry	Internal wall	
	Grade of concrete	—	—	External 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	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
	if yes , details thereof				No
8	Additional structure constructed alongwith this structure				yes/No
	if yes , details thereof				No
9	Extension to existing structure				date
	if yes , details thereof				
10	Delay in construction if any with reason		if yes , details thereof		
11	change of Engineer	yes/No.		if yes	

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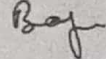
					,details		
12	change of contractor	yes/No. <input checked="" type="checkbox"/>	No		if yes ,details		
12	stages of construction	Comblate					
13	Maintenance Type	water proofing	<input checked="" type="checkbox"/> yes/No		If yes, frequency		yrs/month
		plastering	<input checked="" type="checkbox"/> yes/No		If yes, frequency		yrs/month
		coloring	<input checked="" type="checkbox"/> yes/No		If yes, frequency		yrs/month
		strengthenin g	<input checked="" type="checkbox"/> yes/No		If yes, frequency		yrs/month
		water supply	yes				
		drainage	<input checked="" type="checkbox"/> yes/No		If yes, frequency		yrs/month
14	Previous inspections done	<input checked="" type="checkbox"/> yes/No	yes				
	if yes, details	reason					
	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				Type of repair with reason					
	Minor repair if any				Type of repair with reason					
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				
					leakage in slab	yes/No		roof slab	yes/No	NIL
					seepage in slab	yes/No		roof slab	yes/No	NIL
					spalling of plaster	yes/No		roof slab	yes/No	NIL
	major/minor cracks in plaster				yes/No		roof slab	yes/No	NIL	
	17	Signs of failure at Ground Floor								
18	compound wall details									
19	Signs of failure in compound wall									

  
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