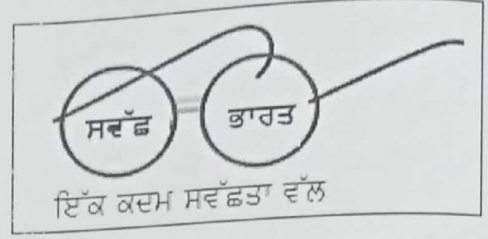


Office of the
Municipal Council, Nurmahal (Jalandhar)
ਦਫ਼ਤਰ ਨਗਰ ਕੌਂਸਲ, ਨੂਰਮਹਿਲ (ਜਲੰਧਰ)
e-mail : eomc_nurmahal@yahoo.in
Ph : 01826-242046



ਨੰਬਰ : 365

ਮਿਤੀ: 15/3/24

ਸੇਵਾ ਵਿਖੇ

ਸੰਯੁਕਤ ਡਾਇਰੈਕਟਰ,
ਪੰਜਾਬ ਸਟੇਟ ਅਰਬਨ 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 ਦਫ਼ਤਰ ਦੇ ਪੱਤਰ ਨੰ. ਪਸੂਲਮ/Such/57/2022/562 ਮਿਤੀ 17.05.2023 ਦੇ ਸਬੰਧੀ।

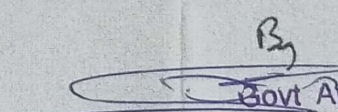
ਉਪਰੋਕਤ ਵਿਸ਼ੇ ਸਬੰਧੀ ਅਤੇ ਹਵਾਲੇ ਅਧੀਨ ਪੱਤਰ ਦੇ ਸਬੰਧ ਵਿੱਚ ਆਪ ਜੀ ਵਲੋਂ ਮੰਗੀ ਗਈ ਰਿਪੋਰਟ ਨਾਲ ਨੱਥੀ ਪ੍ਰੋਫਾਰਮੇ ਵਿੱਚ ਆਪ ਜੀ ਨੂੰ ਭੇਜੀ ਜਾਦੀ ਹੈ ਜੀ।

ਕਾਰਜ ਸਾਧਕ ਅਫਸਰ,
ਨਗਰ ਕੌਂਸਲ, ਨੂਰਮਹਿਲ।

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

Name of ULB:	M.C NURMAHAL	Name of SUH:	KACHEPAKKAWEHRA
Name of Agency through which 3 rd Party Quality Audit is being conducted	SROAY & ASSOCIATES Teg Nurmahal	Address of SUH	M:C NURMAHAL
Date of Audit	15-3-2024	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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 No. CSE/27

	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	—	No	Fully	partly
12	Adjoining structure if any				
13	court matter if any	yes/No	if yes, fencing	Report /undertaking	—
	security facility	yes/No	yes/No	Yes/No	NOC from Fire Brigade
14	changes done in original structure/plan	yes/No	N/O	if yes, details	
	If minor changes done, please specify	—			

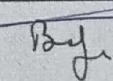
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 M/S 08/2024

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 M.C. NURMAHAL			
		Non-structural	————	Do	————	
		water supply /sanitary	————	Do	————	
		Electrification	————	Do	————	
18	Any other information like use of solar energy		N.A			
19	Inspection done in presence of					
		Name of person	address	Position	Email	contact No
1		MALIKIT SIM GA	M.C. NURMAHAL	S. R	EOMC-NURMAHAL	
2		CHANDAMOHAN	M.C. NURMAHAL	S. R.	@36100.COM	9885850305
3						
4						

B	Technical record				Reference			
1	Year of construction	14 Years (2010)						
2	Age of structure	years	8 Years					
3	Materials for construction	RCC	—	Steel	Masonry	plastic/ fiber	Internal wall	————
	Grade of concrete	—	steel grade	—	wall Tk	External wall	————	————

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 Numahal (Jalandhar)

4	Documents / records available	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	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	<i>Tender</i>	negotiation	<input checked="" type="checkbox"/>	If any other, please specify	
6	Changes made in construction as compared to structural design and drawings available						No
7	Adjoining structures available before / during construction	yes/No	<input checked="" type="checkbox"/>			No	
	if yes , details thereof						
8	Additional structure constructed alongwith this structure	yes/No	<input checked="" type="checkbox"/>			No	
9	Extension to existing structure	date				—	
	if yes , details thereof						—
10	Delay in construction if any with reason	<i>N.A</i>		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	Complete						
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	—
		strengthening	<input checked="" type="checkbox"/> yes/No		If yes, frequency	—	yrs/month	—
		water supply	<input checked="" type="checkbox"/> 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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 Nurmahal (Jalandhar)
 No. 650/2

	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	YES	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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 Opp. Punjab Gramin Bank
 Nurmahal (Jalandhar)
 No. 65/77

Performa for Social Audit of Shelters for Urban Homeless

ANNEXURE - III

Name of ULB: MC NURMAHAL	MC NURMAHAL	Name of SUH:	MC NURMAHAL
Name of Institution/Organization through which Social Audit is being conducted	VALMIKI WELFARE SOCIETY	Address of SUH	NIGHT SHELTER NAGAR COUNCIL NURMAHAL - 9780363155
Date of Social Audit	15-3-2024	Capacity:	2

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

By

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	No	
(C) Health Facilities				
i	First aid kit is with emergency medicines	Yes/No	yes	
ii	Periodicity of Medical check ups	Yes/No	yes	
(D) IEC Activities (Awareness)				
i	Display Board at entrance of shelter	Yes/No		
ii	Munadi/Newspaper	Yes/No	Please Specify the location	M.C NURMAHAL
iii	Flex/Hoardings/Pamphlets	Yes/No	Please Specify the location	M.C NURMAHAL
iv	Any other, please specify		Please Specify the location	
Additional (Services/entitlements/convergences) information's if any :		No		

Bej

(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	Yes		
	If yes mention the date & number of persons identified & rescued:	No		

Bejn

(C)	Physical Verification of Utilization of SUH	Report	Remarks	Suggestion/Feedback given by Staff for improvement
1	Condition of Shelter:	Good condition	Good maintenance	
2	Number of inmates at present	at the time no present	—	Do —

Feedback/Suggestion: -

1. Good condition
2. Good maintenance
3. All facilities are
4. always in the shelter

Signatures with Seal of the Institution/Organization

[Handwritten Signature]

President Cashier Secretary
 Bhagwan Valmiki Welfare Society (Regd.)
 Moh. Phlaiwala, Numahal (Jalandhar)