ANNEXURE - III

Performa for Social Audit of Shelters for Urban Homeless

Name of ULB:	NP Rajasansi	Name of SUH:	Shelter for Urban Homeless
Name of Institution/Organization through which Social Audit is being conducted	Kot Mit Singh Area level society, Ajr	Address of SUH	Near Nagar Panchayat
Date of Social Audit	14-02-2024	Capacity:	4

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		

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		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 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:			

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ANNEXURE – III

(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

ਕੋਟ ਮਿੱਤ ਸਿੰਘ ਏਰੀਆ ਲੈਵਲ ਸੋਸਾਇਟੀ
ਖਾਲਸਾ ਨਗਰ ਸਾਹੀਬਿ, ਤਲਾ ਤਾਰਨ ਏਰ, ਅੰਮ੍ਰਿਤਸਰ
Darshank ਗੁਰਿਰ ਕੋਰ
ਸਕੱਤਰ ਖਜਾਨਚੀ
Singh manpreet
ਪ੍ਰਧਾਨ

Executive Officer
Nagar Panchayat
Rajasansi

Signatures with Name of Representation/Organization