ANNEXURE - III

Performa for Social Audit of Shelters for Urban Homeless

Name of ULB: RAYYA	NP Rayya	Name of SUH:	Shelter for urban Homeless
Name of Institution/Organization through which Social Audit is being conducted	Kot mit singh Area level Society, Asr	Address of SUH	Near MC office
Date of Social Audit	14-2-2024	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		

S.I.
N.P. Rayya

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 :				

S.I.
N.P. Rayya

(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:	–		

Beh

S.I.
N.P. Rayya

(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 ਚਾਟੀਵਿੰਡ, ਤਰਨ ਤਾਰਨ ਰੋਡ, ਅੰਮ੍ਰਿਤਸਰ

manpreet Darshan K ਹਰਪਿੰਦਰ ਕੌਰ

ਪ੍ਰਧਾਨ ਸਕੱਤਰ ਖਜਾਨਚੀ

S.I.
N.P. Rayya

Signatures with Seal of the Institution/Organization