

Section
Account
15:17 PM
22/3/24

Office of the
MUNICIPAL COUNCIL SAMRALA (LUDHIANA)
E-mail ncsamrala@gmail.com Ph.01628-262439

Ref 2433

Dated 24/3/24

ਸੇਵਾ ਵਿਖੇ,

ਟੈਕਨੀਕਲ ਡਾਇਰੈਕਟਰ,
ਪੰਜਾਬ ਸਟੇਟ ਅਰਬਨ ਲਾਇਵਲੀਹੁੱਡ ਮਿਸ਼ਨ,
ਮਿਊਂਸਪਲ ਭਵਨ, ਪਲਾਟ ਨੰ.03 ਚੌਥੀ ਮੰਜਿਲ,
ਸੈਕਟਰ-35 ਚੰਡੀਗੜ੍ਹ।

ਵਿਸ਼ਾ:- Social and 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 ਨੰਬਰ PSULM/SUH-57/2023/1909 ਮਿਤੀ
22.12.2023 ਦੇ ਸਬੰਧ ਵਿੱਚ।

ਉਪਰੋਕਤ ਵਿਸ਼ੇ ਤੇ ਹਵਾਲੇ ਅਧੀਨ ਨਗਰ ਕੌਂਸਲ ਪਾਇਲ ਵੱਲੋਂ ਨਾਇਟ ਸਲਟਰ ਦਾ ਥਰਡ
ਪਾਰਟੀ ਆਡਿਟ ਅਨੈਚਰ-IV ਅਨੁਸਾਰ ਰਿਪੋਰਟ ਨੱਥੀ ਕਰਕੇ ਆਪ ਜੀ ਭੇਜੀ ਜਾਂਦੀ ਹੈ ਜੀ।

ਕਾਰਜ ਸਾਧਕ ਅਫਸਰ,
ਨਗਰ ਕੌਂਸਲ ਸਮਰਲਾ

ਪਿੱਠ ਅੰਕਣ ਨੰਬਰ

ਮਿਤੀ

ਇਸ ਦਾ ਉਤਾਰਾ:-

1. ਮਾਨਯੋਗ ਵਧੀਕ ਡਿਪਟੀ ਕਮਿਸ਼ਨਰ (ਸ਼ਹਿਰੀ ਵਿਕਾਸ) ਲੁਧਿਆਣਾ ਜੀ ਨੂੰ ਸੂਚਨਾ ਹਿੱਤ ਭੇਜਿਆ ਜਾਂਦਾ ਹੈ।

ਕਾਰਜ ਸਾਧਕ ਅਫਸਰ,
ਨਗਰ ਕੌਂਸਲ ਸਮਰਲਾ

ANNEXURE-IV

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

Name of ULB:	MC Samrala	Name of SUH:	Night Shelters
Name of Agency through which 3 rd Party Quality Audit is being conducted	Sharma's Associates	Address of SUH	Ludhiana road, ward no. 14 Bus stand Samrala (Ludhiana)
Date of Audit	13/3/2024	Capacity:	4

A) General									
1	Type of Building	Residential	Commercial	Institute	Hospital	Other			
						Night shelter			
2	Description	Covert Bus Stand into SUH Building							
3	Location	Ludhiana Road ward no. 14 Samrala							
		Samrala	Tehsil	Samrala	Distt	Ludhiana			
4	General information of building /structure	Approximate overall dimensions		length	15	width	8	height	11'
Overall details of Building/structure									
5	No. of story	symmetrical		Yes.	Nonsymmetrical				
	No. of Rooms			01					
	No. of Bathrooms			02					
	No. of Kitchen			—					



	Starting year of construction	NA	Reference	Permission certificate			
	year of completion of construction	NA	Reference	completion certificate			
	structure is completed at one time or in stages			under construction		stage	
6	Name of Architect	NA	address			Contact No	
7	Name of Engineer	NA	address			Contact No	
8	Name of Builder	NA	address			Contact No	
9	Name of contractor	NA	address			Contact No	
10	Competent Authority		NA				
11	Existing use	yes	No	NO	Fully	partly	
12	Adjoining structure if any		NA				
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		N.P				

By

15	History of failure in structure or part of it, if any		NO			
16	failure of adjoining structure, if any		NO.			
17	Maintenance details	structural	NA			
		Non-structural	NA.			
		water supply /sanitary	NA			
		Electrification	NA			
18	Any other information like use of solar energy		NO			
19	Inspection done in presence of		NO.			
		Name of person	address	Position	Email	contact No
1		Pushbinder Kumar	M.C Samal	En	mcSamal@gmail.com	7508913448
2		Jagtar Singh	M.C Samal	Inspector	mc Samal@gmail.com	98557-31700
3						
4						

B	Technical record							
1	Year of construction	1996		Reference				
2	Age of structure	years	60 years					
3	Materials for construction	RCC		Steel		Masonry	plastic/ fiber	
	Grade of concrete	yes	steel grade		wall Tk	External wall	9 Inch	Internal wall
							9 Inch.	

By

4	Documents / records available		Yes	Yes	No		
	if yes,	describe	plan		Yes		
			elevation		NA		
			cross section		NA		
			structural drawings		Yes		
			completion certificate		N.A		
			Test reports of materials		N.A		
			any other document				
5	Mode of construction contract		tender	Yes	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	NO	
	if yes , details thereof						
8	Additional structure constructed alongwith this structure				yes/No	NO	
9	Extension to existing structure				date	NO.	
	if yes , details thereof						
10	Delay in construction if any with reason			if yes , details thereof			
11	change of Engineer	yes/No.	NO	if yes			

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

13	Maintenance Type	water proofing	yes/No	Yes	If yes, frequency		yrs/month			
		plastering	yes/No	NO	If yes, frequency		yrs/month			
		coloring	yes/No	NO	If yes, frequency		yrs/month			
		strengthenin g	yes/No	NO	If yes, frequency		yrs/month			
		water supply		NO						
		drainage	yes/No	NO	If yes, frequency		yrs/month			
	14	Previous inspections done	yes/No	NO						
		if yes, details	reason							
document available		yes/No.	NP							
If, done when			name of authority							
15	Action taken then, yes/ No	NO	if yes, details							

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Major repairs if any		NO		Type of repair with reason		NO	
Minor repair if any		NO		Type of repair with reason		NO	
16	Any structural defects observed like				Type		
	wing/flat	wing/flat	wing/flat	wing/flat	settlement	yes/No	NO
					major/ minor cracks	yes/No	NO
					leakage in slab	yes/No	NO
					seepage in slab	yes/No	NO
					spalling of plaster	yes/No	NO
					major/minor cracks in plaster	yes/No	NO
17	Signs of failure at Ground Floor				NO		
18	compound wall details						
19	Signs of failure in compound wall						

Boj

