

ANNEXURE - III

Form for Social Audit of Shelters for Urban Homeless

Name of ULB:	Urwar Tanda Vigyan Care Welfare Society Tanda, Distt HSP	Name of SUH:	Non - NULM
Name of Institution/Organization through which Social Audit is being conducted		Address of SUH	MC Urwar Tanda, Near Bus Stand
Date of Social Audit	23-2-2024	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		

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Vigyan Care Welfare Society (Regd.)

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 :				


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(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?			
	Is the night survey conducted in this month for identification of homeless? Yes/No	No		
	If yes mention the date & number of persons identified & rescued:			

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Vision Care Welfare Society (Regd.)
Tanda

Beja

(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			

Feedback/Suggestion: -

- 1.
- 2.
- 3.
- 4.


 Signatures with Seal of the Institution/Organization
 General/Joint Secretary Cashier
 Vision Care Welfare Society (Regd.)
 Tanda