

ਦਫਤਰ ਨਗਰ ਕੌਂਸਲ ਜੀਰਕਪੁਰ

Email ID:- eomczirakpur@yahoo.in

ਨੰ: 198

ਮਿਤੀ: 5/04/2024

ਸੇਵਾ ਵਿਖੇ,

ਸੰਯੁਕਤ ਡਾਇਰੈਕਟਰ,
ਪੰਜਾਬ ਸਟੇਟ ਅਰਬਨ ਲਾਈਵਲੀਹੁੱਡਜ਼ ਮਿਸ਼ਨ,
ਸਥਾਨਕ ਸਰਕਾਰ ਵਿਭਾਗ ਪੰਜਾਬ,
ਚੰਡੀਗੜ੍ਹ।

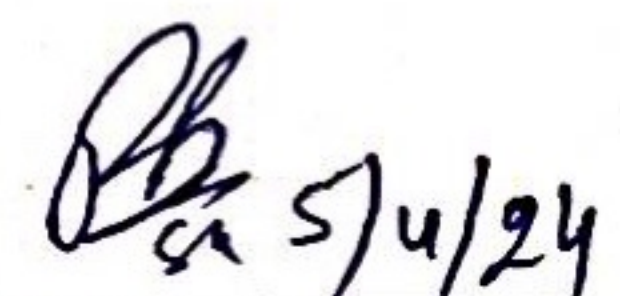
ਵਿਸਾ:- ਡੇ-ਨੂਲਮ ਸਕੀਤ ਦੇ ਸੈਲਟਰ ਫਾਰ ਅਰਬਨ ਹੋਮਲੈਂਸ ਕੰਪੋਨੈਂਟ ਅਧੀਨ ਰਾਜ ਵਿੱਚ ਬਣੇ ਨੂਲਮ ਅਤੇ ਨਾਨ ਡੇ ਨੂਲਮ ਸੈਲਟਰਾਂ ਦਾ ਸ਼ੁੱਧ ਆਡਿਟ ਅਤੇ ਤੀਜੀ ਧਿਰ ਦਾ ਕੁਆਲਟੀ ਆਡਿਟ ਕਰਵਾਉਣ ਸਬੰਧੀ।

ਹਵਾਲਾ:- ਆਪ ਜੀ ਦੇ ਦਫਤਰ ਦੇ ਪੱਤਰ ਨੰ: ਪਸੂਲਮ/SUH/57/202/269 ਮਿਤੀ: 27/02/2023 ਦੇ ਸਬੰਧ ਵਿੱਚ।

ਉਪਰੋਕਤ ਵਿਸ਼ੇ ਸਬੰਧੀ ਅਤੇ ਹਵਾਲੇ ਸਬੰਧੀ ਆਪ ਜੀ ਵੱਲੋਂ ਮੰਗੀ ਗਈ ਸੂਚਨਾ ਨੱਥੀ ਪ੍ਰਾਫਰਮੇ ਵਿੱਚ ਭਰ ਕੇ ਭੇਜੀ ਜਾਂਦੀ ਹੈ ਜੀ।

ਇਹ ਆਪ ਦੀ ਸੂਚਨਾ ਹਿੱਤ ਹੈ ਜੀ।

ਨੱਥੀ:ਉਕਤ ਅਨੁਸਾਰ।


ਕਾਰਜ ਸਾਧਕ ਅਫਸਰ,
ਨਗਰ ਕੌਂਸਲ ਜੀਰਕਪੁਰ।

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

Name of ULB:	ZIRAKPUR	Name of SUH:	LOHGARA NIGHT SHELTERS.
Name of Agency through which 3 rd Party Quality Audit is being conducted	ARCH. SANJEEV SAINI	Address of SUH	NEAR PARK LOHGARA, ZIRAKPUR
Date of Audit	05-04-2024	Capacity:	10

A) General									
1 Type of Building	Residential	Commercial	Institute	Hospital	Other				
2 Description	NEAR PERO ROAD, ZIRAKPUR								
3 Location	OPP. PARK NEAR SEWA KENDER								
4 General information of building /structure	Approximate overall dimensions		Tehsil	length	width	height	Distt		
Overall details of Building/structure									
No. of story		GROUND FLOOR	symmetrical		Nonsymmetrical				
5 No. of Rooms		1 HALL							
No. of Bathrooms		1							
No. of Kitchen		1							

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Starting year of construction		01-02-2021		Reference		Permission certificate			
year of completion of construction		06-07-2021		Reference		completion certificate		-	
structure is completed at one time or in stages						under construction		stage	
6	Name of Architect	Sanjeev Saini		address		—		Contact No 9855816532	
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 ZIRAKPUR							
11	Existing use	yes	No	Fully	partly				
12	Adjoining structure if any								
13	court matter if any	yes/No	No	if yes, fencing	Report /undertaking	YES	NOC from Fire Brigade	YES.	
security facility		yes/No	YES	if yes, details					
14	changes done in original structure/plan		yes/No	No					
If minor changes done, please specify		←							


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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 Zioarkpur		
Non-structural		Do			
water supply /sanitary		Do			
Electrification		Do			
18	Any other information like use of solar energy		No		
19	Inspection done in presence of				

1	Name of person	address	Position	Email	contact No
2	Ranjit Kumar	Zioarkpur	S.T.		9646900483
3					
4					

B	Technical record		Reference	
1	Year of construction	2023		
2	Age of structure	years		
3	Materials for construction	RCC	Steel	Masonry
	Grade of concrete	steel grade	wall Tk	External wall
				plastic/ fiber Internal wall


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4	Documents / records available	Yes	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	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 along with this structure	yes/No	No
9	Extension to existing structure	date	
	if yes, details thereof		
10	Delay in construction if any with reason		if yes, details thereof
11	change of Engineer	yes/No.	No

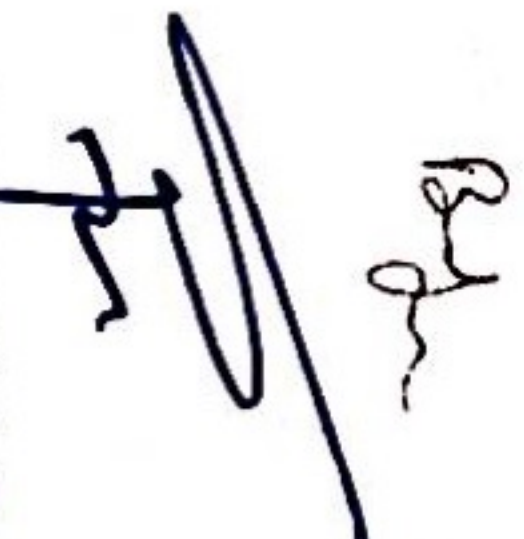
Red

Red

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

13	Maintenance Type	water proofing	yes/No	Yes	If yes, frequency	3.	yrs/month	2
		plastering	yes/No	Yes	If yes, frequency	3.	yrs/month	2
		coloring	yes/No	Yes	If yes, frequency	3.	yrs/month	2
		strengthening	yes/No	Yes	If yes, frequency	3	yrs/month	2
		water supply	Yes	Yes				
14	Previous inspections done if yes, details document available	drainage	yes/No	Yes	If yes, frequency	3	yrs/month	2
		M.C. Team						
		reason						
		M.C. Team						
15	Action taken then, yes/ No	name of authority		if yes, details				


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		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	No				
					leakage in slab	yes/No					
					seepage in slab	yes/No					
					spalling of plaster	yes/No					
					major/minor cracks in plaster	yes/No					
						No	roof slab	yes/No	Nil		
						No	roof slab	yes/No			
						No	roof slab	yes/No			
17	Signs of failure at Ground Floor										
18	compound wall details										
19	Signs of failure in compound wall										

Boat

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