ਦਫਤਰ ਨਗਰ ਕੌਂਸਲ ਜੀਰਕਪੁਰ

Email ID:- eomczirakpur@yahoo.in

ਨੰ: 57 ਮਿਤੀ: 19/02/2024

ਸੇਵਾ ਵਿਖੇ,

ਟੈਕਨੀਕਲ ਡਾਇਰੈਕਟਰ,
ਸਟੇਟ ਅਰਬਨ ਡਿਵਲਪਮੈਟ ਅਥਾਰਟੀ,
ਸਥਾਨਕ ਸਰਕਾਰ ਵਿਭਾਗ, ਪੰਜਾਬ,
ਚੰਡੀਗੜ੍ਹ ।

ਵਿਸ਼ਾ- ਡੇ-ਨੂਲਮ ਸਕੀਮ ਦੇ ਸ਼ੈਲਟਰ ਫਾਰ ਅਰਬਨ ਹੋਮਲੈਸ ਕੰਪੋਨੈਟ ਅਧੀਨ ਰਾਜ ਵਿੱਚ ਬਣੇ ਨੂਲਮ ਅਤੇ ਨਾਨ-ਨੂਲਮ ਸੈਲਟਰਾਂ ਦਾ ਸੋਸ਼ਲ ਆਡਿਟ ਅਤੇ ਤੀਜੀ ਧਿਰ ਦਾ ਕੁਆਲਿਟੀ ਆਡਿਟ ਕਰਵਾਉਣ ਸਬੰਧੀ ।

ਹਵਾਲਾ- ਆਪ ਜੀ ਦੇ ਦਫਤਰ ਪੱਤਰ ਨੰ. PSULM/SUH-57/2022/269 ਮਿਤੀ 27.02.2023. ਦੇ ਸਬੰਧ ਵਿੱਚ ।

ਉਪਰੋਕਤ ਵਿਸ਼ੇ ਅਤੇ ਹਵਾਲਾ ਦੇ ਸਬੰਧ ਵਿੱਚ ਬੇਨਤੀ ਹੈ ਕਿ ਆਪ ਜੀ ਵੱਲੋ ਮੰਗੀ ਗਈ ਸੂਚਨਾ ਨਿਰਧਾਰਿਤ ਪ੍ਰੋਫਾਰਮੇ ਵਿੱਚ ਭਰ ਕੇ ਨਾਲ ਨੱਥੀ ਕਰਦੇ ਹੋਏ ਆਪ ਜੀ ਨੂੰ ਸੂਚਨਾ ਹਿੱਤ ਭੇਜੀ ਜਾਂਦੀ ਹੈ ਜੀ।

ਨਾਲ ਨੱਥੀ: ਪ੍ਰੋਫਾਰਮੇ ਦੀ ਕਾਪੀ

19/2/24

ਕਾਰਜ ਸਾਧਕ ਅਫਸਰ,
ਨਗਰ ਕੌਂਸਲ ਜ਼ੀਰਕਪੁਰ।

ANNEXURE - II

Performa for Social Audit of Shelters for Urban Homeless

Name of ULB:	ZIRAKPUR	Name of SUH	LOHGARH NIGHT SHELTERS
Name of Institution/Organization through which Social Audit is being conducted	THE PUKAAR	Address of SUH	NEAR PARK LOHGARH, ZIRAKPUR
Date of Social Audit	14/2/2024	Capacity:	10

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	YES	
ii	Adequate space for each inmate (@ 50 Sq.ft.)	Yes/No	YES	
iii	Toilets/Bath Rooms	Yes/No	YES	
iv	Hot water Geyser/ Solar device	Yes/No	NO	
v	Heater	Yes/No	YES	
vi	Beds	Yes/No	YES	
vii	Beddings	Yes/No	YES	
viii	Blankets	Yes/No	YES	
ix	Lighting/Fans	Yes/No	YES	
x	Kitchen with vessels and Gas connectivity	Yes/No	YES	

xi	Piped water Supply	Yes/No	YES
xii	RO/Purified water facility	Yes/No	YES
xiii	Washing Provisions	Yes/No	YES
xiv	Food Arrangements	Yes/No	NO
	(B) Security Facilities		
i	CCTV camera installed	Yes/No	YES
ii	Fire Protection measures	Yes/No	YES
ii	Cloak room Personal Lockers	Yes/No	NO
	(C) Health Facilities		
i	First aid kit is with emergency medicines	Yes/No	YES
ii	Periodicity of Medical check ups	Yes/No	YES
	(D) IEC Activities (Awareness)		
i	Display Board at entrance of shelter	Yes/No	YES
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 improvement**
	Have all the staff aware about their duty?	YES		
	Have all the staff received the capacity building training for O & 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:	10/1/2024 PERSON = 2		

Beh

(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	10		

Feedback/Suggestion: -

1.
2.
3.
4.

For Pukaar-The Voice of Humanity

Authorised Signatory

Signatures with Seal of Institution/Organization

ANNEXURE - III

Performa for Social Audit of Shelters for Urban Homeless

Name of ULB:	ZIRAKPUR	Name of SUH:	DHAKOLI NIGHT SHELTERS
Name of Institution/Organization through which Social Audit is being conducted	THE PUKAAR	Address of SUH	NEAR COMMUNITY CENTER DHAKALI
Date of Social Audit	14/8/2024	Capacity:	10

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	YES	
ii	Adequate space for each inmate (@ 50 Sq.ft.)	Yes/No	YES	
iii	Toilets/Bath Rooms	Yes/No	YES	
iv	Hot water- Geyser/ Solar device	Yes/No	NO	
v	Heater	Yes/No	YES	
vi	Beds	Yes/No	YES	
vii	Beddings	Yes/No	YES	
viii	Blankets	Yes/No	YES	
ix	Lighting/Fans	Yes/No	YES	
x	Kitchen with vessels and Gas connectivity	Yes/No	YES	

xi	Piped water Supply	Yes/No	YES	
xii	RO/Purified water facility	Yes/No	YES	
xiii	Washing Provisions	Yes/No	YES	
xiv	Food Arrangements	Yes/No	NO	
(B) Security Facilities				
i	CCTV camera installed	Yes/No	YES	
ii	Fire Protection measures	Yes/No	YES	
ii	Cloak room /Personal Lockers	Yes/No	NO	
(C) Health Facilities				
i	First aid kit is with emergency medicines	Yes/No	YES	
ii	Periodicity of Medical check ups	Yes/No	YES	
(D) IEC Activities (Awareness)				
i	Display Board at entrance of shelter	Yes/No	YES	
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:	10/1/2024 PERSON = 3		

(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	10		

Feedback/Suggestion: -

1.
2.
3.
4.

For Pukaar-The Voice of Humanity

Authorised Signatory

Signatures with Seal of Institution/Organization