

## QUESTIONNAIRE

## PERSONAL INFORMATION ABOUT THE LABOUR OF THE KIRLOSKAR BROTHERS LIMITED, KIRLOSKARWADI

I)	Personal information:	
1)	Name of the worker:	
2)	Age:	
3)	Permanent address:	
4)	Designation:	
5)	Educational Qualification:	
6)	Sex: Male Female	
7)	Experience:	
8)	Nature of work: Permanent Temporary	
9)	Monthly Payment:	
10)	Marital status: Married Unmarried	
II) Health:		
1) Does the company provided hospital facilities? Yes No		
2) Does the company annually check up the health of the workers? Yes No		

3) Can you get safe and cool drinking water? Yes No		
4) Are you satisfied the hospital facilities which are provided by the Company: Yes No		
5) Company provided social amenities: Yes No		
6) Is there proper arrangement for seating and taking rest in the rest room? Yes No		
7) Are you satisfied by this rest-room? : Yes No		
8) Does the company make the first aid provision in the department: Yes No		
9) Are you satisfied by the first aid provision?: Yes No		
III) Safety:		
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III) Safety:  1) Company provided safety equipments: Yes No		
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<ol> <li>Company provided safety equipments: Yes No</li> <li>Are you satisfied with this safety equipment: Yes No</li> </ol>		
<ol> <li>Company provided safety equipments: Yes No</li> <li>Are you satisfied with this safety equipment: Yes No</li> <li>Company arranges the safety programmes: Yes No</li> </ol>		
<ol> <li>Company provided safety equipments: Yes No</li> <li>Are you satisfied with this safety equipment: Yes No</li> <li>Company arranges the safety programmes: Yes No</li> <li>Are you satisfied by the working of safety committee? Yes No</li> </ol>		

<ul><li>i. Negligence of workers</li><li>ii. Lack of safety equipment</li></ul>		
iii. Other reason		
IV) Canteen:		
1) Your opinion about the cleanliness of canteen and lunch room: Good Bad		
2) Your opinion about the quality of lunch in canteen: Good Bad		
V) Other:		
1) You are suggested that the welfare facilities which are provided by the		
company: Yes No		
2) Your opinion about the management of the company: Good Bad		
3) Which mode of conveyance are you used:		
i. On foot		
ii. By Bicycle		
iii. By motor cycle		
iv. By bus		
v. By railway		
4) Are you satisfied by the working hours of the company? Yes No		
5) Company provided Provident fund scheme: Yes No		
6) Are you satisfied by the Provident fund scheme: Yes No		

No

7) Company provided Provident Gratuity scheme: Yes

- 8) Are you satisfied by the Provident Gratuity scheme: Yes No
- 9) Company provided workers compensation act: Yes No
- 10) Are you satisfied by the workers compensation act: Yes No

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