

APPENDIX QUESTIONNAIRE

I PERSONAL AND FAMILY INFORMATION :

1. Name in Full :
2. Address :
3. Age-group (in years) :
(a) 20 to 30 (b) 30 to 40
(c) 40 to 50 (d) 50 to 60
4. Religion :
Caste :
5. Residential Place :
(a) Owned (b) Rented
(Construction, Area & Facilities)
6. Educational Levels
(a) Illiterate (b) Primary (c) Secondary
(d) Higher Secondary (e) Graduate
7. Do you your Family members know about Adult Education programme? Yes/No
8. Marital Status :
(a) Married (b) Unmarried (c) Widow (d) Divorcee
9. How many member are there in your Family?
(a) 2 to 3 (b) 4 to 7 (c) 8 to 13 (d) More than 13
10. What is your Family pattern?
(a) Joint (b) Nuclear

II BUSINESS INFORMATION :

1. a) What was your previous occupation?
b) What are the reasons to enter in this business?
Reasons _____

2. a) Which is your place of business?
b) How many years have you been in this business?
c) Have you changed the place of business? If Yes
Why _____

3. How many months in year you carry on your business?
4. Do you attend the fairs of festival? Yes/No
5. a) How many hours do you work in a day?
b) do you get assistance from others?
It Yes state the nature.
6. Do you feel that your children should also undertake the same occupation? Yes/No
Reasons _____
1. _____
2. _____
3. _____

III SOURCES OF FINANCE :

1. Have you taken the loan? If Yes, from whom?
i) a) Bank b) Co-operative Bank c) From Friends
d) Relatives e) Money lenders etc.
ii) a) Tenure of loan _____
b) Rate of interest _____
c) Mode of repayment _____
2. Do you need additional Credit? Yes/No
3. What type of Difficulties have you faced at the time of getting the loan?
4. Have you got any assistance from Government/ Municipal Council/Corporation/ any other institutions
5. Capital Investment :

Sr. No.	Particulars	Cost	No.of years of use
1.	Stall		
2.	Furniture		
3.	Other Business Items		
	a) Stove		
	b) Pots & Vessels		
	c) Glasses & Saucers		
	d) Other		
TOTAL.			

6. Working Capital (Business Expenses)

Sr. No.	Particulars	Expenses Rs. Per Day	Particulars	Expenses Rs. Weekly, Monthly, Yearly
I	1. Kerosene		II 1. Wages	
	2. Sugar		2. Carriage Inward	
	3. Tea Powder		3. Municipal Land Rent	
	4. Milk		4. Licence fee	
	5. Spices of Tea			
	6. Gram flour			
	7. edible Oil			
	8. Onions			
	9. Potatos			
	10. Other			

TOTAL.

IV TURNOVER :

1. SALES PER DAY :

Sr. No.	Name of the Item	Qty	Rate	Amount
1.	Tea			
2.	Coffee			
3.	Green Chilli Bhaji			
4.	Onions Bhaji			
5.	Potatos Bhaji			
6.	Wada Sambar			
7.	and Other			

TOTAL.

2. Credit :

1. Proportion of credit sales to total sales
2. No. of days of recovery
3. Proportion of baddebts to credit-sales.

3. Do you have any regular customer? Yes/No

4. What is the margin of profit in your business?
5. Do you have any other subsidiary sources of Income?
6. How many earning members there in your family?
7. How much do you save from your income for future?