

**Initial Socio – Economic and Demographic Profile of Trainees of
MANAS**

Name of the Trainee: _____

Father's/Husband Name: _____

Mother's Name: _____

Date of Birth:

DD	MM	YYYY
----	----	------

Postal Address: _____

_____ PinCode _____

Mobile No.:

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Guardian's Contact No.

0											
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Email Address: _____

Religion: Muslim Christian Sikh Jain Parsi
Budhist

Cast: SC ST OBC General

Aadhar No.:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Gender: Male Female

Bank Account Details (If Any)

Account No. _____

Bank Name _____

Account Type _____

Age Group of Respondent

18 to 25

26 to 35

Above 35

Occupation of the respondent Instruction:

- | | | |
|--|---|--|
| 1. Farmer <input type="checkbox"/> | 2. Wage labourer <input type="checkbox"/> | 3. Skilled worker <input type="checkbox"/> |
| 4. Petty Trader (shop keeper) <input type="checkbox"/> | 5. Self-employed <input type="checkbox"/> | 6. Service – Government <input type="checkbox"/> |
| 7. Service Private <input type="checkbox"/> | 8. Homemaker <input type="checkbox"/> | 9. Student <input type="checkbox"/> |
| 10. Retired <input type="checkbox"/> | 11. Unemployed <input type="checkbox"/> | 12. Others <input type="checkbox"/> |

Education of the respondent:

- | | | | |
|--------------------------------------|--------------------------|--|--------------------------|
| 1. Illiterate | <input type="checkbox"/> | 2. Literate but no formal education | <input type="checkbox"/> |
| 3. School up to 5 years (Class1-5) | <input type="checkbox"/> | 4. School up to 6-9 years (Class 6-9) | <input type="checkbox"/> |
| 5. SSC/HSC | <input type="checkbox"/> | 6. Under Graduate | <input type="checkbox"/> |
| 7. Graduate /Post Graduate (General) | <input type="checkbox"/> | 8. Professional (Doctor, Engg, LLB, MBA) | <input type="checkbox"/> |
| 9. Technical (Diploma/IT) | <input type="checkbox"/> | 10. Others (Specify) _____ | |

Annual Family Income:

- | | | |
|--------------------------------|------------------|------------------|
| 1. Respondent | Rs. _____ | per annum |
| 2. Parents/Guardians | Rs. _____ | per annum |
| 3. Children | Rs. _____ | per annum |
| 4. Others (Living with Family) | Rs. _____ | per annum |
| Total | Rs. _____ | per annum |

Does respondents have own house? Yes No

Type of House:

- | | | | |
|--|--|-----------------------------------|---------------------------------------|
| 1. Hut <input type="checkbox"/> | 2. Semi Pucca <input type="checkbox"/> | 3. Pucca <input type="checkbox"/> | 4. Apartment <input type="checkbox"/> |
| 5. Independent house/Bungalow <input type="checkbox"/> | | | |

Does the respondent's house have electricity? Yes No

What type of cooking fuel do you use?

- | | | | |
|-------------------------------------|--------------------------------------|--------------------------------------|---|
| 1. LPG/Gas <input type="checkbox"/> | 2. Kerosene <input type="checkbox"/> | 3. Firewood <input type="checkbox"/> | 4. Gobar gas/bio fuels <input type="checkbox"/> |
| 5. Others: Specify _____ | | | |

What toilet arrangements do you have?

- | | | |
|---|---|---|
| 1. Private (in your own house) <input type="checkbox"/> | 2. Common (shared by others) <input type="checkbox"/> | 3. Open fields <input type="checkbox"/> |
| 4. Others: Specify _____ | | |

Currently are you member of a Self Help Group? Yes No

If yes indicate name _____

Indicate your economic status: 1. BPL 2. APL 3. Red Card

S. No.	MEDIA PROFILE	Yes	No
1	Do you receive a newspaper at home		
2	Do you receive magazines at home		
3	Do you own a TV?		
4	If yes, is it colour or black & white?	Black	White
5	If yes, do you have a cable or DTH connection?		
6	Do you own a Radio?		
7	If yes, does it have FM/MW/SW Band?		
8	Do you have Internet Connection?		

Assets owned by the Household:

- | | | |
|---|--|--|
| 1. Tape Recorder <input type="checkbox"/> | 2. CD player <input type="checkbox"/> | 3. Two wheeler <input type="checkbox"/> |
| 4. Electric Mixer/Grinder/Food Processor <input type="checkbox"/> | 5. Air cooler <input type="checkbox"/> | 6. Computer <input type="checkbox"/> |
| 6. Washing Machine <input type="checkbox"/> | 7. Car/jeep <input type="checkbox"/> | 8. Refrigerator <input type="checkbox"/> |
| 9. Air conditioner <input type="checkbox"/> | 10. Geysers <input type="checkbox"/> | 11. Any Other _____ <input type="checkbox"/> |

Did you attended any skill training before? Yes No

Impact of training on you. (Multiple answers)

- | | |
|--|--|
| 1. Nothing, <input type="checkbox"/> | 2. Increase in family income <input type="checkbox"/> |
| 3. Acquired new skills <input type="checkbox"/> | 4. Development of vocational skills, <input type="checkbox"/> |
| 5 - Improve in social status, <input type="checkbox"/> | 6 - Knowledge and information on developmental Schemes & Programmes <input type="checkbox"/> |

Do you want further training? Yes No

In which sector/trade you want to attend the training program? -

Name of Sector _____ Trade Name _____

Date:

Name of the investigator: