

STUDY

**TO ASSESS AND ANALYZE STATUS OF
WATER PURIFICATION TECHNOLOGIES IN INDIA
2009**

QUESTIONNAIRE

Study Sponsored by:

**GOVERNMENT OF INDIA
WATER TECHNOLOGY INITIATIVE PROGRAMME (WTI)
DEPARTMENT OF SCIENCE & TECHNOLOGY,
TECHNOLOGY BHAWAN, NEW MEHRAULI ROAD,
NEW DELHI-110016**

Please read the instructions before filling the questionnaire

- 1. Please attach extra sheets wherever required.**
- 2. Please fill all details separately for each capacity and system designed by you.**
- 3. No inter R&D lab comparisons will be carried out. Analysis will be carried on the overall basis.**
- 4. Please note that the information will be kept secret and will not be disclosed to any one. Analysis will be carried out on over all basis industry wise**
- 5. If any particular item is not applicable in your case, please leave it blank.**

The completed Questionnaire should be returned to:



Prof. Dr. P.K. Gupta
Secretary General
National Foundation of Indian Engineers (NAFEN)
Shanti Chambers, 11/6B, Pusa Road
New Delhi-110 005 (INDIA)
Phone: +91-11- 2585 3104/ 4212/ 0446, 25815186
Fax: +91-11- 25789399
E-mail: nafenindia@nafenindia.com or cstnafen@eth.net
Web: www.nafenindia.com

QUESTIONNAIRE FOR R&D LABS

NOTE:- Please fill all details separately for each capacity and system designed by you.

1.	Name of the R&D Lab																		
2.	Name of the Respondent																		
3.	Designation of the Respondent																		
4.	Communication address of the R&D Lab																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">City</td> <td style="width: 25%;"></td> <td style="width: 25%;">State</td> <td style="width: 25%;"></td> </tr> <tr> <td>Pin Code</td> <td></td> <td>Phone</td> <td></td> </tr> <tr> <td>Mobile</td> <td></td> <td>Fax</td> <td></td> </tr> <tr> <td>E-mail</td> <td></td> <td>Website</td> <td></td> </tr> </table>				City		State		Pin Code		Phone		Mobile		Fax		E-mail		Website	
City		State																	
Pin Code		Phone																	
Mobile		Fax																	
E-mail		Website																	
5.	Year of Establishment of the R&D Lab	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																	
6.	Ownership of the R&D Lab	<input type="checkbox"/> Government <input type="checkbox"/> Private																	
		<input type="checkbox"/> Any other (Pl. specify) _____																	
7.	Usage of the Technology	<input type="checkbox"/> Community <input type="checkbox"/> Household <input type="checkbox"/> Both																	
8.	Capacity of the System Developed	<input type="checkbox"/> < 15 lph <input type="checkbox"/> >15 - <500 lph <input type="checkbox"/> >500-5000 lph																	
		<input type="checkbox"/> Any other (Pl. specify) _____																	
9.	Base of Technology Developed	<input type="checkbox"/> Membrane <input type="checkbox"/> Absorption <input type="checkbox"/> Chlorine																	
		<input type="checkbox"/> Gravity <input type="checkbox"/> Nano																	
		<input type="checkbox"/> Traditional Candle Filter Type																	
		<input type="checkbox"/> Any Other (Pl. Specify) _____																	
10.	Source of Power	Required <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes <input type="checkbox"/> Electric <input type="checkbox"/> Battery <input type="checkbox"/> Any Other (Pl. Specify) _____																	
11.	Type of Technology(s)/ System(s)	<input type="checkbox"/> Reverse Osmosis <input type="checkbox"/> Carbon Filters																	
		<input type="checkbox"/> Trickling Filters <input type="checkbox"/> Water Ozonator																	
		<input type="checkbox"/> Micron Filters <input type="checkbox"/> Traditional																	
		<input type="checkbox"/> Pressure Sand Filters <input type="checkbox"/> Iron removal Filters																	
		<input type="checkbox"/> Hydro Pneumatic <input type="checkbox"/> Demineralization																	
		<input type="checkbox"/> Water Softening <input type="checkbox"/> Ion Exchange																	
		<input type="checkbox"/> Magnetic Conditioning <input type="checkbox"/> Desalination																	
		<input type="checkbox"/> Any other (Pl. Specify) _____																	

12.	Spectrum of Contaminates covered that is type of Impurities treated		Input range of Concentration	Output range of Concentration
		<input type="checkbox"/> Chemical		
		<input type="checkbox"/> TDS		
		<input type="checkbox"/> Turbidity		
		<input type="checkbox"/> Bacteria		
		<input type="checkbox"/> Micro Organisms		
		<input type="checkbox"/> Physical		
		<input type="checkbox"/> Arsenic		
		<input type="checkbox"/> Fluorides		
		<input type="checkbox"/> Pathogens		
		<input type="checkbox"/> Pesticides		
		<input type="checkbox"/> Sulphate		
		<input type="checkbox"/> Nitrate		
		<input type="checkbox"/> Iron		
		<input type="checkbox"/> Virus		
<input type="checkbox"/> Heavy Metals				
<input type="checkbox"/> Cyst				
<input type="checkbox"/> Any others (Pl. specify) _____				
13.	Level of Development of Technology	<input type="checkbox"/> Design Stage		<input type="checkbox"/> Under Development
		<input type="checkbox"/> Prototype Developed		<input type="checkbox"/> Prototype Tested
		<input type="checkbox"/> Awaiting Commerlization		<input type="checkbox"/> Commerlized
14.	Water Quality Certification Agency	<input type="checkbox"/> BIS	<input type="checkbox"/> Self	<input type="checkbox"/> ISO
		<input type="checkbox"/> Any other (Pl. specify) _____		
15.	System of Water Testing (Methodology)	<input type="checkbox"/> At your Lab.		
		<input type="checkbox"/> At Customers' Premises		
16.	Cost Effectiveness of the System (Rs. / Litre).	Purification cost Rs. _____	Operation & Maintenance Cost Rs. _____	
17.	Patent Status of the Technology/ System	<input type="checkbox"/> Applied _____ Nos.	<input type="checkbox"/> Obtained _____ Nos.	
18.	Salient Features/ Strengths of your Technology	_____ _____ _____		
19.	Is there any wastage of water	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what % of input <input type="text"/> <input type="text"/>	
20.	What are your future plans of developing any new technology/ system? (Please give brief details)	_____ _____ _____		

21.	List of your major users/ customers of last two years i.e. (2006-07 & 2007-08) giving type of technology/ system used (if required, please use extra sheets)	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
22.	Any Other Information you would like to furnish	<hr/> <hr/> <hr/>

<p>Date:</p> <p>Place:</p> <p style="text-align: right;">Signature of the Respondent</p>
