

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 manufactured by you.**
- 3. No inter organization 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 MANUFACTURING ORGANIZATIONS

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

1.	Name of the Organization																			
2.	Name of the Respondent																			
3.	Designation of the Respondent																			
4.	Communication address of the manufacturer																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">City</td> <td style="width: 30%;"></td> <td style="width: 20%;">State</td> <td style="width: 30%;"></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 Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
6.	Usage of the Technology	<input type="checkbox"/> Household	<input type="checkbox"/> Community	<input type="checkbox"/> Both																
7.	Capacity of the System Manufactured	<input type="checkbox"/> < 15 lph	<input type="checkbox"/> >15 – <500 lph	<input type="checkbox"/> >500-5000 lph																
		<input type="checkbox"/> Any other (Pl. specify) _____																		
8.	Base of Technology you are Manufacturing	<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																		
		Any Other (Pl. Specify) _____																		
9.	Source of Power	Required <input type="checkbox"/> Yes <input type="checkbox"/> No <u>If Yes</u> <input type="checkbox"/> Electric <input type="checkbox"/> Battery <input type="checkbox"/> Any Other (Pl. Specify) _____																		
10.	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"/> Any recognized Lab.	
		<input type="checkbox"/> Self	<input type="checkbox"/> International	<input type="checkbox"/> National
15.	System of Water Testing (Methodology)	<input type="checkbox"/> At your works _____ _____		
		<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="checkbox"/> <input type="checkbox"/>	

20.	What are your future plans of developing any new technology/ system? (Please give brief details)	<hr/> <hr/> <hr/> <hr/>
21.	Any Other Information you would like to furnish	<hr/> <hr/> <hr/> <hr/>
Date: Place:		Signature of the Respondent

Thanks for sparing your valuable time and filling the questionnaire. Your data will definitely help us to prepare the report in time.

Please send the filled in Questionnaire to the following address:



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