

RURAL	*
URBAN	

**GOVERNMENT OF INDIA
NATIONAL SAMPLE SURVEY OFFICE
SOCIO-ECONOMIC SURVEY**

CENTRAL	*
STATE	

SEVENTY-SIXTH ROUND: JULY, 2018 - DECEMBER, 2018

SCHEDULE 26: SURVEY OF PERSONS WITH DISABILITIES

[0] descriptive identification of sample household			
1. state/u.t.:		5. investigator unit number /block number:	
2. district:		6. sample sub-unit (SU) number	
3. sub-district/tehsil/town*:		7. name of head of household:	
4. village name:		8. name of informant:	

[1] identification of sample household								
item no.	item	code				item no.	item	code
1.	srl. no. of sample FSU					6.	serial number of informant # (as in column 1 of block 3)	
2.	round number	7		6		7.	response code	
3.	schedule number	2		6		8.	survey code	
4.	second-stage stratum number					9.	reason for substitution of original household (code)	
5.	sample household number							

CODES FOR BLOCK 1

item 7: response code: informant: co-operative and capable -1, co-operative but not capable -2, busy -3, reluctant -4, others -9.

item 8: survey code: original -1, substitute -2, casualty -3.

item 9: reason for substitution of original household: informant busy -1, members away from home -2, informant non-cooperative -3, others -9.

* tick mark (✓) may be put in the appropriate place.

if the informant is not a household member, code 99 will be recorded.

[4] household characteristics			
1.	household size		
2.	religion (code)		
3.	social group (code)		
4.	land possessed as on date of survey (code)		
household's usual monthly consumer expenditure (Rs.)			
5.	usual consumer expenditure in a month for household purposes out of purchase (A)		
6.	imputed value of usual consumption in a month from home grown stock (B)		
7.	imputed value of usual consumption in a month from wages in kind, free collection, gifts, etc. (C)		
8.	expenditure on purchase of household durables during last 365 days (D)		
9.	usual monthly consumer expenditure [A + B + C +(D/12)]		
Note:			
1. For recording information in items 5, 6 and 7, usual monthly consumption will mean expenditure is incurred/consumption took place with a monthly regularity.			
2. Ensure that the figures reported in item 5 are not reported again in any of the items 6, 7 or 8.			

CODES FOR BLOCK 4

item 2: religion : Hinduism-1, Islam-2, Christianity –3, Sikhism-4, Jainism-5, Buddhism-6, Zoroastrianism-7, others-9

item 3: social group : scheduled tribe-1, scheduled caste-2, other backward class-3, others-9

item 4: land possessed:

area in hectare	code	area in hectare	code
less than 0.005	01	2.01 – 3.01	07
0.005 - 0.02	02	3.01 - 4.01	08
0.02 - 0.21	03	4.01 - 6.01	10
0.21 - 0.41.....	04	6.01 - 8.01	11
0.41 - 1.01	05	greater than or equal to 8.01.....	12
1.01 – 2.01	06		

Note: 1 acre = 0.4047 hectare, 1 hectare=10,000 square metre

[If the sample household does not possess any land, code '99' will be recorded in item 4.]

[5] identification of disabilities for each of the members of the household														
srl. no. as in col.1 of bl. 3	age (years) as in col.6 of bl.3	type of disability												for persons of age 12 to 59 years with code 1 in any of the columns 3 to 14, whether receiving/received any vocational/technical training (code)
		locomotor		visual	hearing	speech and language	mental retardation/intellectual disability#		mental illness#			other		
		whether having difficulty in using hands, fingers, toes, in body movement (yes-1, no-2)	whether having loss of sensation in the body due to paralysis, leprosy, other reasons (yes-1, no-2)	whether having deformity of the body part (s) like hunch back, dwarfism, deformity due to leprosy, acid attack, etc., (yes-1, no-2)	whether having difficulty in seeing, counting fingers of hand from a distance of 10 feet (with spectacles, if using, and both eyes taken together) (yes-1, no-2)	whether having difficulty in hearing day to day conversational speech (without hearing aid, if using, and both ears taken together) (yes-1, no-2)	whether having difficulty in speech (unable to speak like normal person/speech not comprehensible, including laryngectomy, aphasia) (yes-1, no-2)	whether having difficulty in understanding/comprehension or communicating	whether having difficulty in doing daily activities (yes-1, no-2)	required in reasoning, making decision, remembering, learning, problem solving (yes-1, no-2)	whether having unnecessary and excessive worry and anxiety, repetitive behaviour/ thoughts, changes of mood or mood swings, talking/ laughing to self, staring in space (yes-1, no-2)	whether having unusual experiences of hearing voices, seeing visions, strange smell or sensation or strange taste (yes-1, no-2)	whether having unusual behaviour or difficulty in social interactions and adaptability (yes-1, no-2)	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)

#: (i) if entry is 1 in any of the cols. 9 or 10, record code 2 in all the cols. 11, 12 and 13. (ii) if entry is 1 in any of the cols. 11, 12 and 13., record code 2 in both the cols. 9 and 10.

Note: An additional sheet of Block 5 is given in the next page

CODES FOR BLOCK 5

col. (15): whether receiving/received any vocational/technical training:

yes:

receiving formal vocational/technical training: 1;

received vocational/technical training:

formal: 2,

other than formal: hereditary-3, self-learning-4,

learning on the job-5, others -6;

did not receive any vocational/technical training -7.

[5.1] particulars of locomotor disability of the household members: fill up this block for all household members with entry 1 in any of the columns 3 to 5 of block 5											
item	item description		details of the household members								
1.	srl. no. [as in col.1,block 5]										
2.	age (years) [as in col. 2, block 5]										
locomotor disabilities[#]			L1	L2	L3	L1	L2	L3	L1	L2	L3
3.	cause of disability (code)										
4.	category of disability (code)										
5.	disability area (code)										
6.	whether having the disability from birth* (yes – 1, no – 2, not known-3)										
7.	if	age (years) at onset of the disability									
8.	code 2 in	whether the disability commenced during last 365 days (yes – 1, no – 2)									
9.	item 6, if 2 or 3 in item 3,	place of occurrence (code)									
10.	whether treatment taken / undergoing treatment (code)										
11.	whether aid / appliance advised (code)										
12.	if code	type of aid / appliance (code)									
13.	1 in	how aid / appliance acquired? (code)									
14.	item 11,	whether aid / appliance regularly used (yes – 1, no – 2)									
15.	extent of personal assistance required in doing daily activities (code)										
<i>Note: #for each household member report at most three categories of disabilities in columns L1, L2 and L3 for which the household member faced more difficulties *for entry 1 and 5 in item 4, entry in item 6 will be 2.</i>											

CODES FOR BLOCK 5.1:

Item 3: cause of disability: disease-1, other than disease due to: burn-2, injury other than burn -3; others -9

Item 4: category of disability: leprosy cured person-1, cerebral palsy-2, dwarfism-3, muscular dystrophy-4, acid attack victim-5, polio-6, other locomotor disability -7.

Item 5: disability area: both the hands-1, one of the hands-2, both the legs-3, one of the legs-4, hands and legs-5, other body parts-9

Item 9: place of occurrence: at workplace-1, on road-2, at home-3, at other places-9

Item 10: whether treatment taken / undergoing treatment: yes: taken: consulting doctor – 1, otherwise – 2; yes: undergoing treatment: consulting doctor – 3, otherwise – 4; attending special school/special therapy – 5, no: cannot afford- 6, not available-7, not required-8; not known-9.

Item 11: whether aid / appliance advised: yes: acquired-1, not acquired: cannot afford-2, not available-3, others -4; no – 5.

Item 12: type of aid / appliance: electric wheelchair -1, manual wheelchair – 2, artificial limb – 3, crutch – 4, splint – 5, tricycle – 6, callipers – 7, spinal brace-8, others – 9.

Item 13: how aid/appliance acquired: purchased – 1, assistance from: government – 2, non-government organisation – 3, others – 9

Item 15: extent of personal assistance required in doing daily activities: always -1, sometimes-2, not required-3

[5.2] particulars of visual disability of the household members: fill up this block for all household members with entry 1 in column 6 of block 5								
item	item description		details of the household members					
1.	srl. no. [as in col.1, block 5]							
2.	age (years) [as in col. 2, block 5]							
3.	cause of disability (code)							
4.	category of disability (code)							
5.	disability area (code)							
6.	whether having the disability from birth (yes – 1, no – 2, not known-3)							
7.	if code 2 in item 6, if 2 or 3 in item 3,	age (years) at onset of the disability						
8.		whether the disability commenced during last 365 days (yes – 1, no – 2)						
9.		if 2 or 3 in item 3, place of occurrence (code)						
10.	whether treatment taken / undergoing treatment (code)							
11.	whether aid / appliance advised (code)							
12.	if code 1 in item 11,	type of aid / appliance (code)						
13.		how aid / appliance acquired? (code)						
14.		whether aid / appliance regularly used (yes – 1, no – 2)						
15.	extent of personal assistance required in doing daily activities (code)							

CODES FOR BLOCK 5.2:

Item 3: cause of disability: disease-1, other than disease due to: burn-2, injury other than burn -3; others -9

Item 4: category of disability: no light perception – 1; has light perception but cannot count fingers even with spectacles upto a distance of 3 feet : normally uses spectacles – 2, normally does not use spectacles – 3; has light perception but cannot count fingers even with spectacles upto a distance of 3 feet to 10 feet : normally uses spectacles – 4, normally does not use spectacles – 5.

Item 9: place of occurrence: at workplace-1, on road-2, at home-3, at other places-9

Item 10: whether treatment taken / undergoing treatment: yes: taken: consulting doctor – 1, otherwise – 2; yes: undergoing treatment: consulting doctor – 3, otherwise – 4; attending special school/special therapy – 5, no: cannot afford- 6, not available-7, not required-8; not known-9.

Item 11: whether aid / appliance advised: yes: acquired-1, not acquired: cannot afford-2, not available– 3, others -4; no – 5.

Item 12: type of aid / appliance: high powered glasses – 1, contact lens-2, cane: smart cane-3, regular cane (like, white cane)-4, other cane-5; others – 9

Item 13: how aid/appliance acquired: purchased – 1, assistance from: government – 2, non-government organisation – 3, others – 9

Item 15: extent of personal assistance required in doing daily activities: always -1, sometimes-2, not required-3

[5.3] particulars of hearing disability of the household members: fill up this block for all household members with entry 1 in column 7 of block 5								
item	item description		details of the household members					
1.	srl. no. [as in col.1, block 5]							
2.	age (years) [as in col. 2, block 5]							
3.	cause of disability (code)							
4.	category of disability (code)							
5.	disability area (code)							
6.	whether having the disability from birth (yes – 1, no – 2, not known-3)							
7.	if code 2 in item 6, if 2 or 3 in item 3,	age (years) at onset of the disability						
8.		whether the disability commenced during last 365 days (yes – 1, no – 2)						
9.		if 2 or 3 in item 3, place of occurrence (code)						
10.	whether treatment taken / undergoing treatment (code)							
11.	whether aid / appliance advised (code)							
12.	if code 1 in item 11,	type of aid / appliance (code)						
13.		how aid / appliance acquired? (code)						
14.		whether aid / appliance regularly used (yes – 1, no – 2)						
15.	extent of hearing disability (code)							

CODES FOR BLOCK 5.3:

Item 3: cause of disability: disease-1, other than disease due to: burn-2, injury other than burn -3; others -9

Item 9: place of occurrence: at workplace-1, on road-2, at home-3, at other places-9

Item 10: whether treatment taken / undergoing treatment: yes: taken: consulting doctor – 1, otherwise – 2; yes: undergoing treatment: consulting doctor – 3, otherwise – 4; attending special school/special therapy – 5, no: cannot afford- 6, not available-7, not required-8; not known-9.

Item 11: whether aid / appliance advised: yes: acquired-1, not acquired: cannot afford-2, not available- 3, others -4; no – 5.

Item 12: type of aid / appliance: hearing aid – 1, others – 9

Item 13: how aid/appliance acquired: purchased – 1, assistance from: government – 2, non-government organisation – 3, others – 9

Item 15: extent of hearing disability: cannot hear or can only hear loud sounds -1, can hear only shouted words -2, have hearing difficulty other than those in codes 1 or 2 -3.

[5.4] particulars of speech and language disability of the household members: fill up this block for all household members with entry 1 in column 8 of block 5

item	item description	details of the household members						
1.	srl. no. [as in col.1, block 5]							
2.	age (years) [as in col. 2, block 5]							
3.	cause of disability (code)							
4.	category of disability (code)							
5.	disability area (code)							
6.	whether having the disability from birth (yes – 1, no – 2, not known-3)							
7.	if	age (years) at onset of the disability						
8.	code 2	whether the disability commenced during last 365 days (yes – 1, no – 2)						
9.	in item 6,	if 2 or 3 in item 3, place of occurrence (code)						
10.	whether treatment taken / undergoing treatment (code)							
11.	whether aid / appliance advised (code)							
12.	if code	type of aid / appliance (code)						
13.	1 in	how aid / appliance acquired? (code)						
14.	item 11,	whether aid / appliance regularly used (yes – 1, no – 2)						
15.	extent of speech and language disability (code)							

CODES FOR BLOCK 5.4

Item 3: cause of disability: disease-1, other than disease due to: burn-2, injury other than burn -3; others -9

Item 9: place of occurrence: at workplace-1, on road-2, at home-3, at other places-9

Item 10: whether treatment taken / undergoing treatment: yes: taken: consulting doctor – 1, otherwise – 2; yes: undergoing treatment: consulting doctor – 3, otherwise – 4; attending special school/special therapy – 5, no: cannot afford- 6, not available-7, not required-8; not known-9.

Item 15: extent of speech and language disability: cannot speak-1, can speak only single words or speaks unintelligibly-2, have speech and language difficulty other than those in codes 1 or 2 -3.

[5.5] particulars of mental retardation/intellectual disability of the household members: fill up this block for all household members with entry 1 in any of columns 9 or 10 of block 5											
item	item description		details of the household members								
1.	srl. no. [as in col.1, block 5]										
2.	age (years) [as in col. 2, block 5]										
mental retardation/intellectual disabilities[#]			M1	M2	M3	M1	M2	M3	M1	M2	M3
3.	cause of disability (code)										
4.	category of disability (code)										
5.	disability area (code)										
6.	whether having the disability from birth (yes – 1, no – 2, not known-3)										
7.	if code 2 in item 6,	age (years) at onset of the disability									
8.		whether the disability commenced during last 365 days (yes – 1, no – 2)									
9.		if 2 or 3 in item 3, place of occurrence (code)									
10.	whether treatment taken / undergoing treatment (code)										
11.	whether aid / appliance advised (code)										
12.	if code 1 in item 11,	type of aid / appliance (code)									
13.		how aid / appliance acquired? (code)									
14.		whether aid / appliance regularly used (yes – 1, no – 2)									
15.	extent of personal assistance required in doing daily activities (code)										
# for each household member report at most three categories of disabilities in columns M1, M2 and M3 for which the household member faced more difficulties											

CODES FOR BLOCK 5.5:

item 4: category of disability: specific learning disabilities-1, autism spectrum disorder-2, other mental retardation/intellectual disability -9

Item 10: whether treatment taken / undergoing treatment: yes: taken: consulting doctor – 1, otherwise – 2; yes: undergoing treatment: consulting doctor – 3, otherwise – 4; attending special school/special therapy – 5, no: cannot afford- 6, not available-7, not required-8; not known-9.

Item 15: extent of personal assistance required in doing daily activities: always -1, sometimes-2, not required-3

[5.6] particulars of mental illness of the household members: fill up this block for all household members with entry 1 in any of the columns 11 to 13 of block 5

item	item description		details of the household members						
1.	srl. no. [as in col.1,block 5]								
2.	age (years) [as in col. 2, block 5]								
3.	cause of disability (code)								
4.	category of disability (code)								
5.	disability area (code)								
6.	whether having the disability from birth (yes – 1, no – 2, not known-3)								
7.	if code 2 in item 6,	age (years) at onset of the disability							
8.		whether the disability commenced during last 365 days (yes – 1, no – 2)							
9.		if 2 or 3 in item 3, place of occurrence (code)							
10.	whether treatment taken / undergoing treatment (code)								
11.	whether aid / appliance advised (code)								
12.	if code 1 in item 11,	type of aid / appliance (code)							
13.		how aid / appliance acquired? (code)							
14.		whether aid / appliance regularly used (yes – 1, no – 2)							
15.	extent of personal assistance required in doing daily activities (code)								

CODES FOR BLOCK 5.6

Item 10: whether treatment taken / undergoing treatment: yes: taken: consulting doctor – 1, otherwise – 2; yes: undergoing treatment: consulting doctor – 3, otherwise – 4; attending special school/special therapy – 5, no: cannot afford- 6, not available-7, not required-8; not known-9.

Item 15: extent of personal assistance required in doing daily activities: always -1, sometimes-2, not required-3

[5.7] particulars of other type of disability of the household members: fill up this block for all household members with entry 1 in column 14 of block 5											
item	item description		details of the household members								
1.	srl. no. [as in col.1,block 5]										
2.	age (years) [as in col. 2, block 5]										
other type of disabilities[#]			O1	O2	O3	O1	O2	O3	O1	O2	O3
3.	cause of disability (code)										
4.	category of disability (code)										
5.	disability area (code)										
6.	whether having the disability from birth (yes – 1, no – 2, not known-3)										
7.	if code 2 in item 6, if 2 or 3 in item 3,	age (years) at onset of the disability									
8.		whether the disability commenced during last 365 days (yes – 1, no – 2)									
9.		if 2 or 3 in item 3, place of occurrence (code)									
10.	whether treatment taken / undergoing treatment (code)										
11.	whether aid / appliance advised (code)										
12.	if code 1 in item 11,	type of aid / appliance (code)									
13.		how aid / appliance acquired? (code)									
14.		whether aid / appliance regularly used (yes – 1, no – 2)									
15.	extent of personal assistance required in doing daily activities (code)										
# for each household member report at most three categories of disabilities in columns O1, O2 and O3 for which the household member faced more difficulties											

CODE FOR BLOCK 5.7:

item 4: category of disability: chronic neurological conditions: multiple sclerosis-1, parkinson's disease -2, other chronic neurological conditions-3;
blood disorder: haemophilia-4, thalassemia-5, sickle cell disease-6

Item 10: whether treatment taken / undergoing treatment: yes: taken: consulting doctor – 1, otherwise – 2; yes: undergoing treatment: consulting doctor – 3, otherwise – 4; attending special school/special therapy – 5, no: cannot afford- 6, not available-7, not required-8; not known-9.

Item 15: extent of personal assistance required in doing daily activities: always -1, sometimes-2, not required-3

[6] availability of facilities and difficulties faced by the persons with at least one disability (i.e., for those with entry 1 in any of the columns 3 to 14 of block 5)

srl. no. as in col. 1, bl. 5	age (years) as in col. 2, bl. 5	living arrangement (code)	arrangement of regular care giver (code)	receipt of any aid/ help (code)	whether uses public transport (yes-1, no-2)	if 1 in col. 6, difficulty faced in accessing/ using public transport (code)	whether accesses public building (including educational institution, workplace, etc.) (yes-1, no-2)	if 1 in col. 8, difficulty faced in accessing/ using public building (including educational institution, workplace, etc.) (code)	for persons of age 15 years and above,		whether having a certificate of disability (yes-1, no-2)	if 1 in col. 12, percentage of disability as per certificate (code)	out-of-pocket expenses relating to disability (Rs.)			
									whether working before the onset of disability (yes-1, no-2)	if code 1 in col. 10, whether disability caused loss or change of work (code)			infrequent expenditure during last 365 days		usual monthly expenditure excluding those covered in col. 14 and col. 15	
													medical expenditure (e.g., surgery, equipment, hospitalisation, etc.)	non-medical expenditure (e.g., transport, lodging, food, etc)	medical expenditure (e.g., medicine, caregiver, etc.,)	non-medical expenditure (e.g., transport, lodging, food, etc)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)

CODES FOR BLOCK 6**col. 3: living arrangement:**

living with spouse and other household members-1, living with spouse only-2, living without spouse but with: parents-3, children-4, other relatives- 5, non-relatives-6, living alone: not as an inmate of institution/hostel-7, as an inmate of institution/hostel-8.

col. 4: arrangement of regular care giver:

care giver is available: hired care giver-01, institution/organisation-02, mother-03, father-04, spouse-05, brother-06, sister-07, son-08, daughter-10, son-in-law-11, daughter-in-law-12, grandson-13, granddaughter-14, others-19;

care giver is required but not available-15, no care giver is required-16.

col. 5: receipt of any aid/ help: yes: from government for: education/training – 01, aid/appliance – 02, corrective surgery – 03, treatment other than surgery- 04, employment – 05, disability pension- 06, in the form of loan-07, other social security -08, other government aid / help – 09; any aid / help from organisation other than government– 10, did not receive any aid/help-11.

col. 7: difficulties faced in accessing/using public transport:

difficulty faced: due to steps/stairs and non-availability of ramp, grooved tiles or lift-1, in opening doors-2, no seating arrangement: in the public transport-3, at bus stops, stations, etc. -4; no special toilet seats-5, no sign for direction/instruction/no public announcement system -6, others-9, no difficulty faced-7

col. 9: difficulty faced in accessing public building (including educational institution, workplace, etc.):

difficulty faced: due to steps/stairs and non-availability of ramp, grooved tiles or lift -1, in opening doors-2, no seating arrangement: in the waiting area-3, at the point of receiving service-4; no special toilet seats-5, no sign for direction/ instruction/no public announcement system -6, others-9; no difficulty faced-7.

col. 11: whether disability caused loss or change of work: loss of work – 1, change of work – 2, no loss or change of work – 3

col. 13: percentage of disability as per certificate: 40% or more but less than 60%-1, 60% or more but less than 80%-2, 80% or more -3, none of these -4

CODES FOR BLOCK 8**col. (3): status:**

worked in household enterprise (self-employed): *own account worker -11, employer-12, worked as helper in household enterprise (unpaid family worker) -21; worked as regular salaried/ wage employee -31, worked as casual wage labour: in public works -41, in other types of work -51; did not work but was seeking and/or available for work -81, attended educational institution -91, attended domestic duties only -92, attended domestic duties and was also engaged in free collection of goods (vegetables, roots, firewood, cattle feed, etc.), sewing, tailoring, weaving, etc. for household use -93, rentiers, pensioners, remittance recipients, etc. -94, not able to work due to disability -95, others (including begging, prostitution, etc.) -97.*

col. (5)/ col. (12): industry: 5-digit code as per NIC -2008.

col. (6)/ col. (13): : occupation: 3-digit code as per NCO -2004.

col. (7)/ col. (14): enterprise type:

proprietary – 1, partnership -2, Government/local body-3, Autonomous Bodies- 4, Public/Private limited company-5, Co-operative societies-6, trust/other non-profit institutions -7, employer's households(i.e., private households employing maid servant, watchman, cook, etc.) -8, others -9.

col. (8)/col. (15) availability of social security benefits:

eligible for: only PF/ pension (i.e., GPF, CPF, PPF, pension, etc.) -1, only gratuity -2, only health care & maternity benefits -3, only PF/ pension and gratuity -4, only PF/ pension and health care & maternity benefits -5, only gratuity and health care & maternity benefits -6, PF/ pension, gratuity, health care & maternity benefits -7; not eligible for any of above social security benefits -8, not known-9.

col. (10): status: codes as in col. 3 (only codes 11 to 51 are applicable here).

[9] particulars of formal vocational/technical training received by household members of age 12 to 59 years with at least one disability (i.e., those with entry 1 in any of the columns 3 to 14 of block 5 along with code 2 in column 15 of Block 5)						
srl. no. as in col.1, bl. 5	age (years) as in col.2, bl. 5	field of training (code)	duration of training (code)	type of training (code)	source of funding the training (code)	whether the training was completed during last 365 days (yes-1, no-2)
(1)	(2)	(3)	(4)	(5)	(6)	(7)

CODES FOR BLOCK 9

col. (3): field of training:

aerospace and aviation-01, agriculture, non-crop based agriculture, food processing - 02, allied manufacturing- gems and jewellery, leather, rubber, furniture and fittings, printing - 03, artisan/craftsman/handicraft/creative arts and cottage based production - 04, automotive- 05, beauty and wellness - 06, chemical engineering, hydrocarbons, chemicals and petrochemicals - 07, civil engineering- construction, plumbing, paints and coatings - 08, electrical, power and electronics - 09, healthcare and life sciences-10, hospitality and tourism - 11, iron and steel, mining, earthmoving and infra building - 12, IT-ITeS -13, logistics - 14, mechanical engineering-capital goods, strategic manufacturing -15, media-journalism, mass communication and entertainment - 16, office and business related work - 17, security -18, telecom - 19, textiles and handlooms, apparels - 20, work related to childcare, nutrition, pre-school and crèche -21, other -99.

col. (4): duration of training:

less than 3 months -1, 3 months or more but less than 6 months-2, 6 months or more but less than 12 months-3, 12 months or more but less than 18 months-4, 18 months or more but less than 24 months-5, 24 months or more-6

col. (5): type of training: on the job-1, other than on the job: full-time-2, part-time-3

col. (6): source of funding the training:

funded from the earning of the student- 01, funded by other household members -02, funded by erstwhile household members-03, received as gifts from friends/relatives - 04, scholarships from educational institution-05, scholarships from government-06, scholarships from charitable and other organisations-07, educational loan -08, other loan-10, others- 19.

[2] particulars of field operations									
srl. no.	item	Field Investigator (FI) / Junior Statistical Officer (JSO)				Field Officer (FO)/ Senior Statistical Officer (SSO)			
(1)	(2)	(3)				(4)			
1(a).	(i) name (block letters)								
	(ii) code								
	(iii) signature								
1(b).	(i) name (block letters)								
	(ii) code								
	(iii) signature								
2.	date(s) of:	DD	MM	YY	DD	MM	YY		
	(i) survey/ inspection								
	(ii) receipt								
	(iii) scrutiny								
	(iv) despatch								
3.	number of additional sheet(s) attached								
4.	total time taken to canvass the schedule by the team of investigators (FI/JSO) (in minutes) [no decimal point]								
5.	number of investigators (FI/JSO) in the team who canvassed the schedule								

[10] remarks by investigator (FI/ JSO)

[11] comments by supervisory officer(s)

[12] details of remarks in the Schedule		
whether schedule contains remarks:	(i) in Block 10 by the Field Investigator (FI) / Junior Statistical Officer (JSO) (yes-1, no-2)	
	(ii) in Block 11 by the supervisory officer(s) (yes-1, no-2)	
	(iii) anywhere in the Schedule by the Field Investigator (FI) / Junior Statistical Officer (JSO) (yes-1, no-2)	
	(iv) anywhere in the Schedule by the supervisory officer(s) (yes-1, no-2)	