**Questionnaire**

1. State :

2. State/District Federation/Primary:

3. Name & Address of the State Federation / District society/ Phone No.

4. Registration No. / Date

5. Name of the chairman/ Administrator:

6. Name of the Secretary/chief Executive:

7. Telephone No./E-mail ID, if any:

8. Membership (in number) ..........

   1) No. of district Society ...............
   2) No. of FCS ......................
   3) Individual .........................
   4) Other if any ......................

9. No. of paid staff:

10. Total turnover during the last three years:

    | Year          | Amount |
    |--------------|--------|
    | 2012-2013    |        |
    | 2013-2014    |        |
    | 2014-2015    |        |

11. Net profit during the last three years:

    | Year          | Amount |
    |--------------|--------|
    | 2012-2013    |        |
    | 2013-2014    |        |
    | 2014-2015    |        |

12. Year of last Audit:

13. Audit classification (Please Tick)

   A[ ] B[ ] C[ ] D[ ]

14. Share Capital of the society / Federation (in Rs ):

   a. Government :
   b. Members:
   c. Any other (Please specify)

15. Area of water body/reservoir/other water bodies allotted to the PFCS:

   a. Type of allotment owned/leased
b. Location of water body/ reservoir/other water bodies  
c. Other activities

16. Fish production in the last three years (in tonnes)

<table>
<thead>
<tr>
<th>Years 2012-13</th>
<th>2013-14</th>
<th>2014-15</th>
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<tbody>
<tr>
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17. Fish Marketing in the last three year in tonnes

<table>
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<tr>
<th>Qty...........</th>
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18. No. of boats/motorized boats with the society:

a) Catamaran  
b) Motorized  
c) If any (Please Specify)


20. Any other Owned assets:

Owned [ ]  
Ranted [ ]

21. Quantity:

22. Liabilities of the society (please specify)

a) Loan from any agency

Amount in (Rs.)  
Outstanding In (Rs.)

23. No. of computers in the Society:

...............  
................

24. No. of beneficiaries

a. No. of member trained on Fisheries:

b. Group Accident Insurance Scheme:

c. Housing Scheme:

d. Saving Cum-Relief scheme:

e. Old age pension scheme:

f. any other (please specify)

25. Basic health Facilities available with the society

(Please specify)

26. Special recognition/award to the society/ Federation:

27. Problems faced by the society/Federation:

Signature of chairmen/ Secretary / chief Executive