 Date: 13-09-2019

CPA: 9181-0010

Survey Questionnaire (Solar Lighting System)

Name of Organization Conducting Survey: MEC

Name of Enumerator Conducting Survey: Tom John

Name of Technology: Solar lamp

(Solar Home Lighting System/Solar Lamp)

Model Name & Number: RAL Duron Mitva MS-16B

Luminosity (In Lumen): 50 Lumen

Client Name : JOTHI M MURUGAN

Unique ID: 2320008200

Client Address: EAST STREET PANNAIPURAM 625524

Installation Date (cross check): 21-03-2018

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **Purpose** | **Answer** | **Remarks** |
| Are you currently using the solar lighting system?  (Physically check the light/panel and ask customer to switch it on. In case of SHLS, check if the wiring is not broken) | To determine if product is currently in use | Yes ☑  No □ |  |
| Have you used the solar lighting system continuously since you purchased it? | To determine if product is in continuous use | Yes ☑  No □ |  |
| How many hours do you use the solar lighting system per day? | To determine the hours of daily usage | 5 |  |
| Do you have another solar lighting system?  (to check if the Lumen cap at household level will be exceeded) |  | Yes □  No ☑ |  |
| If answer to above Question is Yes –  Where, from who and when have you purchased this additional light(s)?  (to trace the additional light purchase source) |  |  |  |

SIGNATURE OF ENUMERATOR SIGNATURE OF CUSTOMER

 Date: 13-09-2019

CPA: 9181-0010

Survey Questionnaire (Solar Lighting System)

Name of Organization Conducting Survey: MEC

Name of Enumerator Conducting Survey: Tom John

Name of Technology: Solar lamp

(Solar Home Lighting System/Solar Lamp)

Model Name & Number: RAL Duron Mitva MS-16B

Luminosity (In Lumen): 50 Lumen

Client Name : MANIMALA P

Unique ID: 2320006325

Client Address: MIDDLE STREET PANNAIPURAM 625524

Installation Date (cross check): 21-03-2018

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| --- | --- | --- | --- |
| **Question** | **Purpose** | **Answer** | **Remarks** |
| Are you currently using the solar lighting system?  (Physically check the light/panel and ask customer to switch it on. In case of SHLS, check if the wiring is not broken) | To determine if product is currently in use | Yes ☑  No □ |  |
| Have you used the solar lighting system continuously since you purchased it? | To determine if product is in continuous use | Yes ☑  No □ |  |
| How many hours do you use the solar lighting system per day? | To determine the hours of daily usage | 4.5 |  |
| Do you have another solar lighting system?  (to check if the Lumen cap at household level will be exceeded) |  | Yes □  No ☑ |  |
| If answer to above Question is Yes –  Where, from who and when have you purchased this additional light(s)?  (to trace the additional light purchase source) |  |  |  |

SIGNATURE OF ENUMERATOR SIGNATURE OF CUSTOMER

 Date: 13-09-2019

CPA: 9181-0010

Survey Questionnaire (Solar Lighting System)

Name of Organization Conducting Survey: MEC

Name of Enumerator Conducting Survey: Tom John

Name of Technology: Solar Lamp

(Solar Home Lighting System/Solar Lamp)

Model Name & Number: RAL Duron Mitva MS-16B

Luminosity (In Lumen): 50 Lumen

Client Name : LAKSHMI K KAMATCHI

Unique ID: 2320005323

Client Address: NORTH STREET KOMBAI RF 625522

Installation Date (cross check): 21-03-2018

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| --- | --- | --- | --- |
| **Question** | **Purpose** | **Answer** | **Remarks** |
| Are you currently using the solar lighting system?  (Physically check the light/panel and ask customer to switch it on. In case of SHLS, check if the wiring is not broken) | To determine if product is currently in use | Yes ☑  No □ |  |
| Have you used the solar lighting system continuously since you purchased it? | To determine if product is in continuous use | Yes ☑  No □ |  |
| How many hours do you use the solar lighting system per day? | To determine the hours of daily usage | 4 |  |
| Do you have another solar lighting system?  (to check if the Lumen cap at household level will be exceeded) |  | Yes □  No ☑ |  |
| If answer to above Question is Yes –  Where, from who and when have you purchased this additional light(s)?  (to trace the additional light purchase source) |  |  |  |

SIGNATURE OF ENUMERATOR SIGNATURE OF CUSTOMER

 Date: 05-12-2018 CPA: 9181-0002

Survey Questionnaire (Solar Lighting System)

Name of Organization Conducting Survey: MEC

Name of Enumerator Conducting Survey: Dilkhush Parmar

Name of Technology: Solar Lamp

(Solar Home Lighting System/Solar Lamp)

Model Name & Number: BPL SL -1300

Luminosity (In Lumen): 135 Lumen

Client Name : SHINY THOMAS

Unique ID: 1140001209

Client Address: W/O THOMAS, CHALAKUDY, KERALA

Installation Date (cross check): 21-03-2016

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **Purpose** | **Answer** | **Remarks** |
| Are you currently using the solar lighting system?  (Physically check the light/panel and ask customer to switch it on. In case of SHLS, check if the wiring is not broken) | To determine if product is currently in use | Yes ☑  No □ |  |
| Have you used the solar lighting system continuously since you purchased it? | To determine if product is in continuous use | Yes ☑  No □ |  |
| How many hours do you use the solar lighting system per day? | To determine the hours of daily usage | 5 |  |
| Do you have another solar lighting system?  (to check if the Lumen cap at household level will be exceeded) |  | Yes □  No ☑ |  |
| If answer to above Question is Yes –  Where, from who and when have you purchased this additional light(s)?  (to trace the additional light purchase source) |  |  |  |

SIGNATURE OF ENUMERATOR SIGNATURE OF CUSTOMER

 Date: 19-07-2019

CPA: 9181-0002

Survey Questionnaire (Solar Lighting System)

Name of Organization Conducting Survey: MEC

Name of Enumerator Conducting Survey: Dilkhush Parmar

Name of Technology: Solar Lamp

(Solar Home Lighting System/Solar Lamp)

Model Name & Number: BPL SL -1300

Luminosity (In Lumen): 135 Lumen

Client Name : NASEEMA K M MUHAMMED

Unique ID: 1140003412

Client Address BANGALVPARAMBI, CHALAKUDY P O, KERALA

Installation Date (cross check): 30-06-2015

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **Purpose** | **Answer** | **Remarks** |
| Are you currently using the solar lighting system?  (Physically check the light/panel and ask customer to switch it on. In case of SHLS, check if the wiring is not broken) | To determine if product is currently in use | Yes ☑  No □ |  |
| Have you used the solar lighting system continuously since you purchased it? | To determine if product is in continuous use | Yes ☑  No □ |  |
| How many hours do you use the solar lighting system per day? | To determine the hours of daily usage | 4 |  |
| Do you have another solar lighting system?  (to check if the Lumen cap at household level will be exceeded) |  | Yes □  No ☑ |  |
| If answer to above Question is Yes –  Where, from who and when have you purchased this additional light(s)?  (to trace the additional light purchase source) |  |  |  |

SIGNATURE OF ENUMERATOR SIGNATURE OF CUSTOMER

 Date: 12-07-2019

CPA: 9181-0002

Survey Questionnaire (Solar Lighting System)

Name of Organization Conducting Survey: MEC

Name of Enumerator Conducting Survey: Dilkhush Parmar

Name of Technology: Solar Lamp

(Solar Home Lighting System/Solar Lamp)

Model Name & Number: BPL SL -1300

Luminosity (In Lumen): 135 Lumen

Client Name : MALLIKA SAHADEVAN

Unique ID: 1140000748

Client Address: MATTATHIL H,V R PURAM,THRISSUR, CHALAKUDY, KERALA

Installation Date (cross check): 21-11-2014

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| --- | --- | --- | --- |
| **Question** | **Purpose** | **Answer** | **Remarks** |
| Are you currently using the solar lighting system?  (Physically check the light/panel and ask customer to switch it on. In case of SHLS, check if the wiring is not broken) | To determine if product is currently in use | Yes ☑  No □ |  |
| Have you used the solar lighting system continuously since you purchased it? | To determine if product is in continuous use | Yes ☑  No □ |  |
| How many hours do you use the solar lighting system per day? | To determine the hours of daily usage | 5 |  |
| Do you have another solar lighting system?  (to check if the Lumen cap at household level will be exceeded) |  | Yes □  No ☑ |  |
| If answer to above Question is Yes –  Where, from who and when have you purchased this additional light(s)?  (to trace the additional light purchase source) |  |  |  |

SIGNATURE OF ENUMERATOR SIGNATURE OF CUSTOMER

 Date: 04-12-2018

CPA: 9181-0002

Survey Questionnaire (Solar Lighting System)

Name of Organization Conducting Survey: MEC

Name of Enumerator Conducting Survey: Dilkhush Parmar

Name of Technology: Solar Lamp

(Solar Home Lighting System/Solar Lamp)

Model Name & Number: BPL SL -1300

Luminosity (In Lumen): 135 Lumen

Client Name : BINDU RAJENDRAN

Unique ID: 1140000682

Client Address: KADALASSERY H, CHALAKUDY, KERALA

Installation Date (cross check): 20-02-2016

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| --- | --- | --- | --- |
| **Question** | **Purpose** | **Answer** | **Remarks** |
| Are you currently using the solar lighting system?  (Physically check the light/panel and ask customer to switch it on. In case of SHLS, check if the wiring is not broken) | To determine if product is currently in use | Yes ☑  No □ |  |
| Have you used the solar lighting system continuously since you purchased it? | To determine if product is in continuous use | Yes ☑  No □ |  |
| How many hours do you use the solar lighting system per day? | To determine the hours of daily usage | 4 |  |
| Do you have another solar lighting system?  (to check if the Lumen cap at household level will be exceeded) |  | Yes □  No ☑ |  |
| If answer to above Question is Yes –  Where, from who and when have you purchased this additional light(s)?  (to trace the additional light purchase source) |  |  |  |

SIGNATURE OF ENUMERATOR SIGNATURE OF CUSTOMER

Date: 13-07-2019

 CPA: 9181-0002

Survey Questionnaire (Solar Lighting System)

Name of Organization Conducting Survey: MEC

Name of Enumerator Conducting Survey: Dilkhush Parmar

Name of Technology: Solar Lamp

(Solar Home Lighting System/Solar Lamp)

Model Name & Number: BPL SL -1300

Luminosity (In Lumen): 135 Lumen

Client Name : SIJI BABU

Unique ID: 1140003395

Client Address: CHIRAYTH,CHALAKUDY P O, KERALA

Installation Date (cross check): 17-11-2014

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| --- | --- | --- | --- |
| **Question** | **Purpose** | **Answer** | **Remarks** |
| Are you currently using the solar lighting system?  (Physically check the light/panel and ask customer to switch it on. In case of SHLS, check if the wiring is not broken) | To determine if product is currently in use | Yes ☑  No □ |  |
| Have you used the solar lighting system continuously since you purchased it? | To determine if product is in continuous use | Yes ☑  No □ |  |
| How many hours do you use the solar lighting system per day? | To determine the hours of daily usage | 4 |  |
| Do you have another solar lighting system?  (to check if the Lumen cap at household level will be exceeded) |  | Yes □  No ☑ |  |
| If answer to above Question is Yes –  Where, from who and when have you purchased this additional light(s)?  (to trace the additional light purchase source) |  |  |  |

SIGNATURE OF ENUMERATOR SIGNATURE OF CUSTOMER

Date: 18-07-2019 CPA: 9181-0002

Survey Questionnaire (Solar Lighting System)

Name of Organization Conducting Survey: MEC

Name of Enumerator Conducting Survey: Tom John

Name of Technology: Solar Lamp

(Solar Home Lighting System/Solar Lamp)

Model Name & Number: SUNKING PRO-X

Luminosity (In Lumen): 175 Lumen

Client Name : Muthulakshmi A

Unique ID: 2590006242

Client Address: 2/3 Mariyamman koil street , MADHURANTHAKAM, TAMIL NADU

Installation Date (cross check): 16-06-2016

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **Purpose** | **Answer** | **Remarks** |
| Are you currently using the solar lighting system?  (Physically check the light/panel and ask customer to switch it on. In case of SHLS, check if the wiring is not broken) | To determine if product is currently in use | Yes ☑  No □ |  |
| Have you used the solar lighting system continuously since you purchased it? | To determine if product is in continuous use | Yes ☑  No □ |  |
| How many hours do you use the solar lighting system per day? | To determine the hours of daily usage | 4 |  |
| Do you have another solar lighting system?  (to check if the Lumen cap at household level will be exceeded) |  | Yes □  No ☑ |  |
| If answer to above Question is Yes –  Where, from who and when have you purchased this additional light(s)?  (to trace the additional light purchase source) |  |  |  |

SIGNATURE OF ENUMERATOR SIGNATURE OF CUSTOMER

Date: 23-07-2019

 CPA: 9181-0002

Survey Questionnaire (Solar Lighting System)

Name of Organization Conducting Survey: MEC

Name of Enumerator Conducting Survey: Tom John

Name of Technology: Solar Home Lighting System

(Solar Home Lighting System/Solar Lamp)

Model Name & Number: SUNKING PRO-X

Luminosity (In Lumen): 175 Lumen

Client Name : Jecintha A

Unique ID: 2590005042

Client Address: 6, Sendivakkam, MADHURANTHAKAM, TAMIL NADU

Installation Date (cross check): 16-06-2016

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **Purpose** | **Answer** | **Remarks** |
| Are you currently using the solar lighting system?  (Physically check the light/panel and ask customer to switch it on. In case of SHLS, check if the wiring is not broken) | To determine if product is currently in use | Yes ☑  No □ |  |
| Have you used the solar lighting system continuously since you purchased it? | To determine if product is in continuous use | Yes ☑  No □ |  |
| How many hours do you use the solar lighting system per day? | To determine the hours of daily usage | 4 |  |
| Do you have another solar lighting system?  (to check if the Lumen cap at household level will be exceeded) |  | Yes □  No ☑ |  |
| If answer to above Question is Yes –  Where, from who and when have you purchased this additional light(s)?  (to trace the additional light purchase source) |  |  |  |

SIGNATURE OF ENUMERATOR SIGNATURE OF CUSTOMER

 Date: 16-07-2019

CPA: 9181-0002

Survey Questionnaire (Solar Lighting System)

Name of Organization Conducting Survey: MEC

Name of Enumerator Conducting Survey: Tom John

Name of Technology: Solar Lamp

(Solar Home Lighting System/Solar Lamp)

Model Name & Number: SUNKING PRO-X

Luminosity (In Lumen): 175 Lumen

Client Name : Indra A

Unique ID: 2590006239

Client Address: Arumugam, 9 mariyamman kovil street, MADHURANTHAKAM

Installation Date (cross check): 16-06-2016

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **Purpose** | **Answer** | **Remarks** |
| Are you currently using the solar lighting system?  (Physically check the light/panel and ask customer to switch it on. In case of SHLS, check if the wiring is not broken) | To determine if product is currently in use | Yes ☑  No □ |  |
| Have you used the solar lighting system continuously since you purchased it? | To determine if product is in continuous use | Yes ☑  No □ |  |
| How many hours do you use the solar lighting system per day? | To determine the hours of daily usage | 5 |  |
| Do you have another solar lighting system?  (to check if the Lumen cap at household level will be exceeded) |  | Yes □  No ☑ |  |
| If answer to above Question is Yes –  Where, from who and when have you purchased this additional light(s)?  (to trace the additional light purchase source) |  |  |  |

SIGNATURE OF ENUMERATOR SIGNATURE OF CUSTOMER

 Date: 16-07-2019

CPA: 9181-0002

Survey Questionnaire (Solar Lighting System)

Name of Organization Conducting Survey: MEC

Name of Enumerator Conducting Survey: Tom John

Name of Technology: Solar Lamp

(Solar Home Lighting System/Solar Lamp)

Model Name & Number: SUNKING PRO-X

Luminosity (In Lumen): 175 Lumen

Client Name : Muniyammal C

Unique ID: 2590005041

Client Address: 16, Sendivakkam ,Madhuranthakam, Tamil Nadu

Installation Date (cross check): 17-06-2016

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **Purpose** | **Answer** | **Remarks** |
| Are you currently using the solar lighting system?  (Physically check the light/panel and ask customer to switch it on. In case of SHLS, check if the wiring is not broken) | To determine if product is currently in use | Yes ☑  No □ |  |
| Have you used the solar lighting system continuously since you purchased it? | To determine if product is in continuous use | Yes ☑  No □ |  |
| How many hours do you use the solar lighting system per day? | To determine the hours of daily usage | 5 |  |
| Do you have another solar lighting system?  (to check if the Lumen cap at household level will be exceeded) |  | Yes □  No ☑ |  |
| If answer to above Question is Yes –  Where, from who and when have you purchased this additional light(s)?  (to trace the additional light purchase source) |  |  |  |

SIGNATURE OF ENUMERATOR SIGNATURE OF CUSTOMER

 Date: 16-07-2019

CPA: 9181-0002

Survey Questionnaire (Solar Lighting System)

Name of Organization Conducting Survey: MEC

Name of Enumerator Conducting Survey: Tom John

Name of Technology: Solar Lamp

(Solar Home Lighting System/Solar Lamp)

Model Name & Number: SUNKING PRO-X

Luminosity (In Lumen): 175 Lumen

Client Name : Thamiselvi J

Unique ID: 2590005035

Client Address: 26, mathur maduranthakam, MADHURANTHAKAM

Installation Date (cross check): 16-06-2016

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **Purpose** | **Answer** | **Remarks** |
| Are you currently using the solar lighting system?  (Physically check the light/panel and ask customer to switch it on. In case of SHLS, check if the wiring is not broken) | To determine if product is currently in use | Yes ☑  No □ |  |
| Have you used the solar lighting system continuously since you purchased it? | To determine if product is in continuous use | Yes ☑  No □ |  |
| How many hours do you use the solar lighting system per day? | To determine the hours of daily usage | 4 |  |
| Do you have another solar lighting system?  (to check if the Lumen cap at household level will be exceeded) |  | Yes □  No ☑ |  |
| If answer to above Question is Yes –  Where, from who and when have you purchased this additional light(s)?  (to trace the additional light purchase source) |  |  |  |

SIGNATURE OF ENUMERATOR SIGNATURE OF CUSTOMER