

Organiser



BUS & CAR OPERATORS CONFEDERATION OF INDIA

Host Associations



2nd Edition  
**Prawaas**  
India International Bus & Car Travel Show  
July 25-27, 2019 | NAVI MUMBAI  
CIDCO Convention & Exhibition Centre

Event Partner



Awards Curator

**METRIC GLOBAL**

## PRAWAAS EXCELLENCE AWARDS 2019

In Association with



### Category **A**: MASTER QUESTIONNAIRE

Dear Bus/Taxi Operator,

Bus Operators Confederation of India (BOCI) constituted on 4th February 2016, is a non-government, not-for-profit, Passenger transport industry-led and managed organization which plays a proactive role in representing interests of Passenger Transport Industry. ([www.boci.org.in/](http://www.boci.org.in/))

Today, together the BOCI members own & operate over 15 Lakh buses and the membership is growing rapidly.

BOCI organizes a Biennial India International Bus & Car Travel Show which started in 2017. The second event is scheduled for July 25<sup>th</sup> -27<sup>th</sup> July, 2019 at CIDCO Bhavan, Mumbai

On this occasion, BOCI plans to recognize excellence among its members and others from the Bus & Tax Operator fraternity and felicitate them with Awards. The list of awards is given below.

METRIC GLOBAL the leading Automotive Marketing Consultancy firm has been retained to curate the Award Process. We at METRIC GLOBAL wish to assure that the award process will be just fair and transparent.

Your responses will not be shared individually. We request you to participate in this process and present the best in your organisation by way of people, performance and practices. The form that follows will help you bring out the best in you. It is possible that you have something more to say beyond this format. Feel free to add extra pages.

Participate and Win the prestigious BOCI Award for excellence.

**TEAM METRIC GLOBAL**

\*To avoid Zero marking in segments you may have skipped, we encourage you to fill the complete details.

Kindly select the relevant categories (tick as applicable, you can apply to more than one category) –

**PRAWAAS EXCELLENCE AWARDS 2019**

**AWARD FRAME WORK**

Sr. No.	Category	Qualifying Criteria	Tick
<b>Private Sector Inter City</b>			
1	Large Bus Operator of the year	Fleet size 100 Buses & more	<input type="radio"/>
2	Medium Bus Operator of the year	Fleet size 10 to 99 Buses	<input type="radio"/>
3	Small Bus Operator of the year	Fleet size up to 10 Buses	<input type="radio"/>
4	Special purpose vehicle Operator of the year		<input type="radio"/>
5	Private Stage Carrier	As available	<input type="radio"/>
6	Intra City Bus Operator	As available	<input type="radio"/>
7	Best Vendor Contractor	As available	<input type="radio"/>
<b>Segment Operators</b>			
8	School Bus Operator of the year	Fleet size minimum 5 Buses	<input type="radio"/>
10	Best Employee Transport Operator	Fleet Size more than 20	<input type="radio"/>
11	Best taxi employee operator		<input type="radio"/>
12	Best Tourist Operator	Fleet Size more than 20	<input type="radio"/>
13	Best Tourist Taxi Operator	As available	<input type="radio"/>
14	Women Bus/Car Operator of the year	To search and assess	<input type="radio"/>

**Self-Assessment Form**

1. Name of Bus/Taxi operator: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Pin code: \_\_\_\_\_ 4. Contact Number 1. \_\_\_\_\_ 2. \_\_\_\_\_
5. E-mail address: \_\_\_\_\_ 6. Website: \_\_\_\_\_
- 7. Official Contact:**
- a. Name: \_\_\_\_\_ b. Designation: \_\_\_\_\_
- c. Address: \_\_\_\_\_
- d. Contact Number: 1. \_\_\_\_\_ 2. \_\_\_\_\_

**I. Leadership**

*Tick one of the options given against the question.*

8. Do you have a Vision, Mission and Value(V/M/V) documented in your Company?

1. Yes (Please share a copy) ☐ 1.No. We are in the process of developing. ☐ 3. No. We do not find it useful. ☐

9. Is (V/M/V) statement known to all stakeholders?

1. V/M/V statement is part of our staff manual. ☐ 2. V/M/V statement is known to all employees. ☐
3. V/M/V statement is known to employees, customers and suppliers. ☐

10. Are the employees allowed to take decisions on their own?

1. Managers at various levels are empowered to take decisions within specified limits. ☐ 2. Employees interacting with customers have special authority to go out of the way and take decisions to ensure customer satisfaction. ☐
3. Only top management take all the decisions. ☐ 4. Only owner family members take all the decisions ☐

11. Decision making process in our organization is:

1. Concentrated in the hands of few responsible managers ☐ 2. Based on consultation with concerned junior staff ☐
3. Sometimes based on consultation with individual staff concerned ☐ 4. Collective, transparent and involves everybody concerned ☐

12. Do you explain all important decisions to your employees?

1. Yes

☐

2. No

☐

13. How often do you conduct staff meetings?

1. Weekly

☐

4. Half yearly

☐

2. Fortnightly

☐

5. Yearly

☐

3. Monthly

☐

6. No fixed plan

☐

14. To what extent do you communicate decisions taken to your employees?

1. Always

☐

3. Sometimes

☐

2. Most of the time

☐

4. Only on selected basis

☐

## II. Strategy Development

15. Do you have a three-year business plan for your organization?

1. Yes

☐

2. No

☐

16. If Yes, then can you state your annual turnover targets for the next three years:

Year	Projected Turn Over in Rs.
1. 2019-20	_____
2. 2020-21	_____
3. 2021-22	_____

### Overall Performance Parameters (In numbers)

17. Kindly indicate business performance on the following parameters. (Say NA if not applicable)

Sr. No	Parameters	2018-19	2017-18	2016-17	2015-16
1	Annual Turnover (Rs)				
2	Number of Institutional Customers				
3	Schools (School operation)				
4	Companies (f Employee Transport)				
5	Tourist Operation (On Hire)				
6a)	Number of self-owned vehicles				
6b)	Number of vehicles from vendor				

7	Fleet Composition Ratio (Own/Vendor's Vehicles)				
8	Total permanent staff				
8b)	Total temporary staff				
9	Total Running in Kms (Entire Fleet)				

### III. Brand Management

18. Do you have Brand value proposition?

1. Yes

☐

2. No

☐

18.a. If Yes, What is your Brand's value proposition?

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19. Is the value proposition relevant to your customers?

1. Yes

☐

2. No

☐

19.a. If Yes, kindly elaborate the same.

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20. Please elaborate what are the other brand building activities is taken up by your company?

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### IV. Operational Efficiency

#### ■ Fuel Efficiency

21. Do you have any systematic approach for monitoring Fuel Efficiency?

1. Yes

☐

2. No

☐

22. For how many years is the system in operation? \_\_\_\_\_ years

23. Indicate the Index for monitoring Fuel Efficiency \_\_\_\_\_

24. Describe the system for collecting data and monitoring Fuel Efficiency.

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25. Describe the measures you have taken to improve fuel Efficiency of the fleet.

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26. Enumerate the results achieved during the last three years.

	2018-19		2017-18		2016-17		2015-16	
Value of Fuel Economy Index								

### ■ **Fleet Utilisation (Fleet Productivity)**

27. Do you have any systematic approach for monitoring Fleet Utilisation? 1.Yes ☐ 2. No ☐

28. For how many years is the system in operation?

1.0-2 years ☐ 2.3-5 years ☐ 3.6 and above ☐

29. Indicate the Index for monitoring Fleet utilisation \_\_\_\_\_

30. Describe the system for collecting data and monitoring Fleet utilisation.

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31. Describe the measures you have taken to improve utilisation of the fleet.

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32. Enumerate the results achieved during the last three years.

	2018-19		2017-18		2016-17		2015-16	
Value of Fleet Utilisation Index								

### ■ **Service Reliability**

33. Do you have any systematic approach for monitoring Service Reliability? 1.Yes ☐ 2. No ☐

34. Describe the system for collecting data and monitoring Service Reliability.

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35. Enumerate the results on Service Reliability during the last three years.

	2018-19		2017-18		2016-17		2015-16	
1. Average Down time/Vehicle								
2. Number of trips cancelled due to non-availability of own bus								
3. Number of instances of delays due to break down enroute								
4. Average time spent in workshop per vehicle								

36.

1. Percentage of Trips cancelled per month \_\_\_\_\_ %

2. On- time departure percentage \_\_\_\_\_ %

37. How do you maintain the above records?

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38. In case of breakdowns / emergencies, do you offer any alternatives?

1. Yes

☐

2. No

☐

38.1. If Yes, please elaborate.

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39. Number of accidents registered during the last year Three years?

Sr. No		2018-19	2017-18	2016-17
1	Major Accidents (Involving death / Hospitalisation)			
2	Minor Accidents (Other than above but police complaint registered)			
3	Number of Passengers injured.			

40. Do you provide a fire extinguisher in your vehicle?

1. Yes

☐

2. No

☐

41. Describe Accident data analysis system.

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### V. Workforce Environment

42. Do you have a documented recruitment policy?

1. Yes

☐

2. No

☐

43. Do you have women employees?

1. Yes

☐

2. No

☐

44. If Yes, % of women employees in the organization: % \_\_\_\_\_

45. Number of staffs completed 15 years of service with your organisation. \_\_\_\_\_

46. What facilities do you provide to all your employees?

Sr. No	Facility	Yes	No	If not, what is the reason
1	Provident Fund and ESIC	<input type="radio"/>	<input type="radio"/>	
2	Gratuity	<input type="radio"/>	<input type="radio"/>	
3	Leave encashment	<input type="radio"/>	<input type="radio"/>	

**PR 1002**

4	Leave Travel (LTA) allowance	<input type="radio"/>	<input type="radio"/>	
5	Pension Scheme	<input type="radio"/>	<input type="radio"/>	
6	Employee loan	<input type="radio"/>	<input type="radio"/>	
7	Transport to Work	<input type="radio"/>	<input type="radio"/>	
8	Family Health Insurance	<input type="radio"/>	<input type="radio"/>	
9	Education Loan for Family	<input type="radio"/>	<input type="radio"/>	
10	Over time	<input type="radio"/>	<input type="radio"/>	
11	Safety Gear	<input type="radio"/>	<input type="radio"/>	

**47.** Please specify appropriate action towards impolite staff.

1. Formal documented warning ☐      2. Informal/Verbal warning ☐
3. No action taken ☐      4. Others if any \_\_\_\_\_

### VI. Driver Management

**48.** Do you conduct the following verifications?

Sr. No	Parameters	Yes	No
1	Police verification	<input type="checkbox"/>	<input type="checkbox"/>
2	Background check	<input type="checkbox"/>	<input type="checkbox"/>

**49.** Do you have a system for checking vehicle and driver documents?    1.Yes ☐      2. No ☐

**49.1.** If **Yes**, how often.

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**50.** Do you conduct alcohol test for the drivers before starting their journeys?    1.Yes ☐      2. No ☐

**51.** Do you train your drivers on the following parameters?

Sr. No	Parameters	Yes	No
1	Social etiquette and interaction	<input type="checkbox"/>	<input type="checkbox"/>
2	Risk management	<input type="checkbox"/>	<input type="checkbox"/>
3	Personal and public safety measures	<input type="checkbox"/>	<input type="checkbox"/>
4	Fuel service	<input type="checkbox"/>	<input type="checkbox"/>



**PR 1002**

5	Understanding of modern vehicle dynamics.		
6	Local geography.		
7	Awareness about latest motor vehicle laws.		
8	Aptitude for customer service.		
9	Crisis management		
10	GPS and Modern technology (may include the apps as well)		

**52.** How often do you conduct driver training programme?

1. Weekly ☐      2. Monthly ☐      3. Quarterly ☐  
 4. Half yearly ☐      5. Annually ☐

**53.** Do you have a training calendar and venue?      1.Yes ☐      2. No ☐

**54.** Kindly state the various mediums for the above-mentioned training programmes?

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### VII. Governance and Social Responsibility

- 55.** Do you have a safety policy for your establishments?      1.Yes ☐      2. No ☐  
**56.** Do you have regular internal audits?      1.Yes ☐      2. No ☐  
**57.** Do you have a business plan for next year that is 2019-2020?      1.Yes ☐      2. No ☐  
**58.** Do you have a MSME registration? (If applicable)      1.Yes ☐      2. No ☐

### VIII. Special Request

**59.** We have a special award category to recognise the Bus Driver of the year. Kindly suggest the one or more name of the bus driver for the same.

**59.A**

Sr. No	Name of the Male driver	Contact number
1		
2		
3		
4		
5		

**PR 1002****59.B**

Sr. No	Name of the Female driver	Contact number
1		
2		
3		
4		
5		

Thank You For your cooperation.

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Name of the FI: \_\_\_\_\_

Date of interview: \_\_\_\_\_ Checked by: \_\_\_\_\_

First Entry: \_\_\_\_\_ Date: \_\_\_\_\_

Second Entry: \_\_\_\_\_ Date: \_\_\_\_\_

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