



Form No.: FRM/QAU/15/01

Title: Customer Feed Back

Company Name & Address

Please tick the appropriate block ('10' indicates highest level of satisfaction and '1' indicates lowest level of satisfaction).

A) QUALITY

(a) Meeting Test request requirements

10	9	8	7	6	5	4	3	2	1
10	9	8	7	6	5	4	3	2	1

(b) Technical guidance if required

B) DELIVERY

(a) On time Delivery of Test Reports

10	9	8	7	6	5	4	3	2	1
10	9	8	7	6	5	4	3	2	1
10	9	8	7	6	5	4	3	2	1

(b) Accommodation/modification in Test schedules

(c) Response to meet exigencies/urgent requirements

C) PRICE

(a) Cost of tests

10	9	8	7	6	5	4	3	2	1
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D) SERVICE

(a) Resolution of your complaints

(b) Our response to your special requirements

(d) Our Service

(e) Time taken for delivering the results

(c) Our response to your communication

10	9	8	7	6	5	4	3	2	1
10	9	8	7	6	5	4	3	2	1
10	9	8	7	6	5	4	3	2	1
10	9	8	7	6	5	4	3	2	1
10	9	8	7	6	5	4	3	2	1

Additional Remarks:

Name, Designation & Signature of the customer

PHONE NO. & Email Id: