|  |  |
| --- | --- |
| **Form No.** |  |

**To be filled by person submitting the feedback**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Designation:** |  |
| **Section / Dept.:** |  | **Contact No.:** |  |

**Check the rating you want to give us against each question**

**Note:** *Your Feedback is very important for us and shall help us improve our services even further, whether it is negative or positive, Reasons should be given in case of 1 and 2 rating in Remarks box.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Questions** | **Poor 🡪🡪🡪🡪 Excellent** | | | | |
| **1** | **2** | **3** | **4** | **5** |
| How would you rate the conduct of Lab Personnel and Lab Representatives? |  |  |  |  |  |
| How would you rate the Report Formatting and Clarity in its understanding? |  |  |  |  |  |
| How would you rate our time of report delivery? Was it on time? |  |  |  |  |  |
| How do you think our Administrative Arrangement is? Are you satisfied with invoicing system? |  |  |  |  |  |
| Obtaining Quote or Price is easy? |  |  |  |  |  |
| Are u satisfied with Sampling Procedure? (For B Category only) |  |  |  |  |  |

**Remarks and Suggestions**

|  |
| --- |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |