**customer feed back form**

F/QSP/21/01.03

Effective Date: 09/11/2010

**for period ------------- TO ---------------**

Please tick the appropriate option.

1. Consistency of quality of our products

a) 100%

b) 95 to 99%

c) Less than 95%

2. Meeting delivery Schedules

a) 100% (Within the delivery date)

b) 90 % (Within two days delay)

c) Less than 90% (Delay more than one week)

3. Response to your queries/complaints

a) Best (Respond within customer specified time)

b) Good (Respond after one week of specified time)

c) Bad (No response)

4. Packing of product

a) Best (Without any damage of any packing material for every dispatch)

b) Good (Very minor damage in packaging material occasionally)

c) Bad (minor damages always)

5. Weight of our each consignment delivered

a) 100% (Without any complaint in weigh of each consignment delivered)

b) 80% (Occasional complaint in weight)

c) 50% (Repeated complaints in weight)

6. Suggestions for improvement in any case mentioned above.

Signature of Authorized person with seal / Stamp.

Name of the Customer:

Address: