**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: