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CLIENT FEED BACK FORM ON ICAR – IIVR, VARANASI SERVICES

GENERAL INFORMATION:

1. Name of Customer/ Institute/ Organization: _____

2. Details of the proposal/ issue/ case dealt with ICAR–IIVR: _____

Your Valuable Feed Back:

Sl. No	Feed Back Indices/ Parameter	Rating				
		<i>Excellent</i> (5)	<i>V. Good</i> (4)	<i>Good</i> (3)	<i>Average</i> (2)	<i>Needs Improvement</i> (1)
1.	General working environment in the Unit					
2.	Unit's adherence to time schedules for completing the tasks.					
3.	Your assessment of the quality of service provided					
4.	Grade the service provided as it meets your expectation					
5.	Overall attitude of the dealing officials in the Unit					

Remarks / suggestions for Improvement: _____

Dated: _____

Signature: _____

Name of Representative from Customer / Institute / Organization: _____

Address - _____

Ph. No.- _____ E-Mail - _____

Note: Please send your feedback within 10 days. If no reply is received within 10 days, it shall be presumed that there is no comment to offer on the services of ICAR–IIVR, Varanasi.