

	<u>QUALITY MANAGEMENT SYSTEM FORMAT</u>		Doc. No.: IIVR/QMSF/01
	ICAR – Indian Institute of Vegetable Research		Date: 20/Dec/13
	Revision No.:0.0	Issue No.: 1.0	Page No: 1 of 1

### **CLIENT FEED BACK ON IIVR SERVICES**

#### **GENERAL INFORMATION:**

1. Name of Customer/ Institute/ Organization: \_\_\_\_\_
2. Details of the proposal/ issue/ case dealt with 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.	<b>General working environment in the Unit</b>					
2.	<b>The Unit's adherence to time schedules for completing the tasks.</b>					
3.	<b>Your assessment of the quality of service provided</b>					
4.	<b>Grade the service provided as it meets your expectation</b>					
5.	<b>Overall attitude of the dealing officials in the Unit</b>					

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 IIVR.*