

**NATIONAL RESEARCH CENTRE ON EQUINES
SIRSA ROAD, HISAR-125 001, HARYANA, INDIA**

CUSTOMER SATISFACTION FEEDBACK FORM

We value and appreciate the opportunity given to us to work with you. We request you to spare a bit of your valuable time and fill up the feedback form. Your frank & specific feedback will help us analyze, assess and enhance our capabilities for meeting your requirements. We intend to use your response to improve our management systems and our service to you.

Please complete the form below and return to us for review and action as necessary.

Criteria	Level of Satisfaction				
	1	2	3	4	5
a) Technical Competency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Compliance to schedule/ time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Interaction & communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Overall Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Scoring Key

1 = Totally dissatisfied; 2 = Dissatisfied; 3 = Good; 4 = Very Good; 5 = Excellent

Suggestions (How can we improve our service to you?)

Would you like us to contact you and discuss any concerns you may have?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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Completed By:	Customer Name & Contact Details	Completed By:	Date

Please return by Fax to: 01662-276217 or mail to vtcchisar@gmail.com , nrcequine@nic.in

Thank you for your valuable feedback