

Customer Feed Back Form

1. Name of the Organization: _____

2. Address: _____

Tel: / Fax / E-Mail: _____

3. CFCT Case No. _____

4. Calibration Certificate/Test Report No. _____

5. Your Rating:

Serial No.	Parameter	1. Excellent	2. V. Good	3. Good	4. Satisfactory	5. Poor
I	Compliance with Time					
II	Quality of Work					
III	Politeness in Interaction					
IV	Services Provided by CFCT					
V	Any other, Please Specify					

Date: _____

Signature: _____

Name: _____

Email to: cfct@nplindia.org

Or send to: Head, Centre for Calibration & Testing
New Metrology building,
CSIR- National Physical Laboratory,
Dr. K.S. Krishnan Marg, New Delhi – 110012

Or given in person