

2. ADDRESS

1. NAME OF ORGANIZATION:

## Department of Energy and Environment National Institute of Technology Tiruchirappalli-620015



## **CUSTOMER FEED BACK FORM**

3.					T	ESTING D.	ATED:
SI	Contents		Feed Back(Please Tick any one)				
No			E (10)	VG (8)	G(6)	F(4)	NI(2)
1.	Availability of information regarding testing service	(2)					
2.	Response to the Query	(2)					
3.	Attention & Services	(1)					
1.	On time completion of testing work	(2)					
5.	Delivery of testing report	(2)					
5.	Receptiveness to complaints a suggestion	& (1)					
Suggestion (if any):							

Date:

Signature of Customer