QMS CELL CUS			STOMER FEEDBACK FORM							EVERWHENT DE VERK
Document No.:NIN-QMS-FBF-001			Issue No.01 Issue Date:20-0					07-20	16	
	Section:	Feedback No.:								
	Name:									
Signature:										
Con	tact No:				Date:					
. Wh	y did you choose NIN	VAST S	Services?	(Please	marl	k all tl	hose a	pplic	able)	
				Customer service				Other reason		
Value for money		Previous experience with us			us					
Impartially			Personal contact							
No other laboratory available				Recommendation						
2. On	a scale of 1-4 please i	ndicate	your view	s on th	e serv	vice w	e prov	vided	•	
	-	·		Γ	Poor	Fair	Avg.	Good		
Sr.	Feedback			N/A	1	2	3	4	Score	
_	01Speed of response to your enquiry.02Access to technical expert.03Ability to meet your technical need.04Our attitude in dealing with you.05Speed of producing quotation.06Quality of certificate.									
	07Completion of work in time.08Overall quality of service.									
									1	
-	1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Offic	e Use Or	ıly		ı	·	1		
			otal Score		2					
	Custom		ction score							
	Customer satisfaction Percentage									
Do y	ou have any other su	ggestion	s to impro	ove our	· serv	ices?				

Postal Address:

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