Central Farm Machinery Training & Testing Institute (CMVR Test Laboratory)	Doc Number: CMVR-TL/QSF-04 Issue No./ Date: 01 / 18.12.2020 Rev No. / Date: 00 /- - .- - . - - - - Page Number: Page 1 of 1

Format Number: CMVR-TL/FF/24

Feedback Form

Name, address and Contact No of Customer	**:**	
Name of the Sample	**:**	
Make & Model of Sample	**:**	
Test Performed	**:**	
Date	**:**	

Sl. No.	**Attribute**	**Grading**										**Remarks**
		1	2	3	4	5	6	7	8	9	10	
1	Handling of Sample											
2	Test Performance											
3	Responses and Time											
4	Test Reports											
5	Technical Facility											

{Below 4 – Poor/ 5 to 6 - Good / 7 to 8 -Very Good/ 9 to 10-Excellent}

Suggestions for improvements: -

Signature of Customer / Company Representative