Central Farm Machinery Training & Testing Institute (CMVR Test Laboratory)

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Feedback Form

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

		Grading										
Sl. No.	Attribute	1	2	3	4	5	6	7	8	9	10	Remarks
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