



NSI, Kanpur
NSI/ Form/8.6/ CF/Rev.00/21-05-21

Customer Feedback

Name & Address of the Organization / Customer:	
Contact Number & E mail	

Please tick on appropriate option

1. Purpose of Analysis:

1. Quality Control 2. BIS Requirement 3. Regulatory body requirement 4. Any other

2. Criteria for selection of NSI Analytical Lab, Kanpur:

1. NABL Accreditation 2. Customer's approved lab 3. Reference lab 4. Expertise

3. Frequency of sending samples:

1. Daily 2. Weekly 3. Monthly 4. Quarterly 5. Six monthly 6. Yearly 7. Seasonal

**4. Rating of Services of NSI Analytical Lab, Kanpur (Rate the following on the 1 – 5 scale.)
(1= Poor, 2= Fair, 3= Good, 4= Very Good, 5= Excellent)**

Sr.No	Services	Rating
1	Attending your enquiries	
2	Understanding of your requirements	
3	Competence of our employees	
4	Adherence to the project completion schedule	
5	Invoices/Billing	
6	Overall satisfaction about our service	

Details of unsatisfactory (rating 1 and 2) Services (if any): -

Suggestion for Improvement:

Thank you for your time.

(Name, Signature & Date)	(Stamp)
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