








CUSTOMER FEEDBACK FORM

KINDLY PROVIDE FEEDBACK IN ORDER TO HELP US SERVE YOU BETTER:

PT Round No.: _____

Lab Code: _____

Please 'Tick' your opinion w.r.t issues as Clarity of information on PT programme; Communication and response to queries; Compliance to timeline; Clarity of information in PT Report or any other issue of concern.

| I | II | III | IV* | V* |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
|  |  |  |  |  |
| | | | | |

* If you have ticked -IV/V please provide specific details in order to consider the same and help us improve:

Any other suggestions you want to give, for example:

- I. Any Parameters to be considered for further addition in this programme
- II. Any additional program that can be started in this matrix
- III. Any follow up you want us to undertake for this program
- IV. Any suggestions on test methods
- V. Any suggestion for cost optimization

Please Email filled/scanned format to pt@envirocare.co.in

Name, Signature, Date and Stamp: