

Customer Satisfaction Feedback Form

All fields marked by (\*) are mandatory fields

Registration No: \* \_\_\_\_\_

Name: \* \_\_\_\_\_

Email ID: \* \_\_\_\_\_

Contact No: \* \_\_\_\_\_

Please Rate the Following(√)

	Excellent	Good	Average	Improvement Needed
Query Resolution				
Accuracy of Information				
Language / Grammar / Spellings				
Response Time				

Any Other Feedback:

