FEEDBACK FORM

Kindly provide the feedback to CDSCO (HQ) on the performance of PRO to improve the quality of services.

**Type of Application**: (kindly tick)
- Information about D &C Act
- Innovator/Start up
- Pending case
- Clarification
- Minor error
- Complaints
- Sugam portal issue
- Misc.

I. Quality of Services

Concerned Division: ____________________________________________________________

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Details</th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
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</thead>
<tbody>
<tr>
<td>a)</td>
<td>Response to queries related to CDSCO services, if requested</td>
<td></td>
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<tr>
<td>b)</td>
<td>Processing of Files/cases</td>
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<td>c)</td>
<td>Maintenance of Timeline</td>
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<td>d)</td>
<td>Grievance Hearing/Redressal</td>
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<td>e)</td>
<td>Others (Specify)</td>
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</table>

Note: Feedback related to services of CDSCO (HQ) will be accepted and evaluated as follows:

Total marks obtained X 100

Percentage of Customer satisfaction = __________________________

Maximum marks (20 or 25)

II. Your Suggestions for our improvement, if any:

Name:
Designation:
Organisation:
Email ID:
Contact No.:
Signature:
Date

F01(SYS-P-05)