

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: _____

S. No.	Details	Excellent	Very Good	Good	Fair	Poor
		5	4	3	2	1
a)	Response to queries related to CDSCO services, if requested					
b)	Processing of Files/cases					
c)	Maintenance of Timeline					
d)	Grievance Hearing/Redressal					
e)	Others (Specify)					

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

Total marks obtained X 100

Percentage of Customer satisfaction = $\frac{\text{Total marks obtained X 100}}{\text{Maximum marks (20 or 25)}}$

II. Your Suggestions for our improvement, if any:

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