

QUALITY SYSTEM FORMAT
Customer Satisfaction Assessment Form -Internal Customers

Dated:-----

1. Name of the Section/Division & Wing:
2. Major Services availed from the section/Division(Names)
3. Period of feedback:

| Sl. No. | Technical/Service parameters(weight age factor) | Rating | | | | |
|---------|--|-------------------|-------------------|----------------|------------------------|--------------|
| | | Excellent >90% | V. Good 80-90% | Good 60-79% | Satisfactory 40-50% | Poor <40% |
| 1 | Quality of service (value addition((Q)) <ul style="list-style-type: none"> • Whether all the requisite information was provided completely (25%) • Clarity of information documents(20%) Any additional relevant information volunteered for help/guidance (10%) | | | | | |

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|--|--|-------------------|-------------------|----------------|------------------------|--------------|
| | | Excellent >90% | V. Good 80-90% | Good 60-79% | Satisfactory 40-50% | Poor <40% |
| 2. | Timeliness(T) Was the information/service provided timely (20%) | | | | | |
| 3. | Attitude (A) Whether attitude of persons providing the service was positive.(10%) | | | | | |
| 4. | Knowledge (K) Subject knowledge of service provider(Technical /Admn) (15%) | | | | | |
| $C.S.I. = Q \times 0.55 + T \times 0.2 + A \times 0.1 + K \times 0.15$ (Customer satisfaction index) | | | | | | |

4. Any problem faced/suggestion for improvement:

Name of assessing _____ Designation _____ Signature _____
 Authority