

CUSTOMER FEEDBACK FORM

AEIPL/MKT/23 Date - 01/12/2014

Rev No. - 01

Rev Date - 03/07/2018

					Rev Date -	03/07/2018	
Name of Customer :			Date :				
			F.Y. :				
Contact No. :		Email	Email:				
Please mention the level of satisfaction by ($$) marking the point accordingly.							
1 100		onon oj (, <i>)</i> ma	, omi			Need	
Sr.	Descri	ption	Excellent	Very Good	Average	Improvement	
1	Our product quality						
2	Durability of our product						
3	Ontime service	service					
4	Our quick response of your in	ck response of your inquiry					
5	Our quick solution of your co	quick solution of your complaints					
6	Product received as per your s	roduct received as per your specification					
7	Proper Documentation	r Documentation					
8	Our marketing & advertiseme	arketing & advertisement					
9	Behaviour of our team member	ers					
10	After sales service & support						
		Observed values \rightarrow					
Total Rating : Other Suggestion / Improvements / Expectation :							
CUSTO	MER'S NAME			For, AROM	A ENGINEERIN	G (INDIA) PVT. LTD.	
(With Stamp) (Authorized Signatory)		SUD ISO 9001				(Authorized Signatory)	
Note	: Please complete thi	s form with duly sign & sta	amp of your e	esteemed organ	nisation		
Form R	eceived Date :						
		For Internal U	se Only				
Revie	ew By :	Review Date :					
Rema							
	-						