

FOOD AND NUTRITION RESEARCH INSTITUTE
Nutritional Assessment and Monitoring Division
INFORMATION / DATA REQUEST AND EVALUATION

NAMD-NT-015
Revision 2
February 26, 2018

PART I – CLIENT’S INFORMATION (Impormasyon ng Kliyente)

DATE (Petsa) _____

NAME/SIGNATURE OF CLIENT(Pangalan/Lagda ng Kliyente) _____

DESIGNATION (Katungkulan) OTHERS: Student _____

NAME OF OFFICE/SCHOOL (Pangalan ng Opisina/Paaralan) _____

OFFICE/SCHOOL ADDRESS (Address ng Opisina/Paaralan) _____

TEL/FAX NUMBER/MOBILE NUMBER (Telepono o Fax) _____

E-MAIL ADDRESS _____

PART II – REQUEST

INFORMATION/DATA REQUESTED _____
(Impormasyon/Datus na kailangan)

DATE REQUESTED (Petsa ng pag “request”) _____

DATE NEEDED (Petsa ng pagkuha) _____

WHEREWILL THE DATA BE USED (PURPOSE) _____
(Saan gagamitin ang mga datus?)

RELEASED BY: _____

REMARKS: _____

PART III – CLIENT’S FEEDBACK/EVALUATION-To be filled-out after release of the requested data,
Check (✓) appropriate box. (Sagutan pagkatapos matanggap ang ni-“request” na datus, lagyan ng
Tsek (✓) ang nararapat na kahon).

Quality of Service				
Outstanding (Napakahusay)	Very Satisfactory (Mas Mahusay)	Satisfactory (Mahusay)	Fair (Katamtaman)	Unsatisfactory (Needs Improvement) (Kailangang baguhin)
Quality of Data Requested				
Outstanding (Napakahusay)	Very Satisfactory (Mas Mahusay)	Satisfactory (Mahusay)	Fair (Katamtaman)	Unsatisfactory (Needs Improvement) (Kailangang baguhin)
Courtesy				
Outstanding (Napakahusay)	Very Satisfactory (Mas Mahusay)	Satisfactory (Mahusay)	Fair (Katamtaman)	Unsatisfactory (Needs Improvement) (Kailangang baguhin)
Promptness of Service				
Outstanding (Napakahusay)	Very Satisfactory (Mas Mahusay)	Satisfactory (Mahusay)	Fair (Katamtaman)	Unsatisfactory (Needs Improvement) (Kailangang baguhin)
Overall Rating				
Outstanding (Napakahusay)	Very Satisfactory (Mas Mahusay)	Satisfactory (Mahusay)	Fair (Katamtaman)	Unsatisfactory (Needs Improvement) (Kailangang baguhin)

Comments/Suggestion (Komento/Suhestiyon):

PART IV – TO BE FILLED-OUT BY FNRI STAFF ONLY (Sasagutan ng FNRI staff lamang)

MODE OF REQUEST:	Walk-in	Phone-in	Letter	e-mail
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Attended by: _____ Date: _____
(Signature over Printed Name)

Attended by: _____ Date: _____ Remarks: _____
(Signature over Printed Name)

Attended by: _____ Date: _____ Remarks: _____
(Signature over Printed Name)