QUALITY SYSTEM FORMAT

Customer Satisfaction Assessment Form -External Customers

Dated:--------

1.   Name & Address of Customer :

Sl. No.	Parameter Affecting Customer Satisfaction	Rating				
		Excellent >90%	V. Good 80-90%	Good 60-79%	Satisfactory 40-50%	Poor <40%
1 i)	TIMELINESS(T) Whether customer(s) feels that CEA's response to their requests is received by them in timely manner.					
ii)	Reasons for low level of satisfaction, if any					
2. i)	TECHNICAL EXCELLENCE(Q) Whether customer(s) is happy/satisfied with technical inputs received by them					

Sl. No.	Parameter Affecting Customer Satisfaction	Rating				
		Excellent >90%	V. Good 80-90%	Good 60-79%	Satisfactory 40-50%	Poor <40%
ii)	Whether customer feels that technical inputs provided by concerned division of CEA are latest/ uptodate/satisfactory					
iii)	Whether presentation of reports/comments/ Data/documents are satisfactory and meet customers requirements expectations.					

C.S.I.= Qx0.4 + QX0.6
(Customer satisfaction index)

Name _____   Designation _____   Signature ____
(of assessing authority)