



**INTERNATIONAL CENTRE FOR AUTOMOTIVE TECHNOLOGY
(CUSTOMER FEEDBACK FORM)**

We, at ICAT, continually strive to improve. To assist us in this endeavor, we need your feedback.

Please answer each question honestly and to the best of your ability. We will use your feedback to determine how we can improve our services.

Put a tick mark against the option of your choice for each question.

Part A	Excellent	V. Good	Good	Average	Poor
Ability to provide timely intimation of the test schedule in advance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adherence to the timeline in providing testing schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall quality of the services/infrastructure offered by ICAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technically qualified and competent employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall project initiation experience like document verification, test reports etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of using the online web tool "IOCS" 24 X 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timeliness of releasing the test report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customer friendly attitude (helpful & polite) of employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customer friendly processes and systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation & advise provided incase of problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding your requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper usage of safety devices & display of emergency/safety instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains confidentiality of the customer sensitive information and property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Satisfied with the testing procedure followed at ICAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part B: Any additional comments about your Experience or suggestions on how we can improve ?

Name: _____

Organization: _____

E-mail: _____

Mobile: _____

Date: _____

Thank you for Your time and Valuable Input.

Please seal your feedback from before sending it by post/dropping in drop box

For Office use only

Reference No:	Acknowledgement No. & Date:
Letter No. Date:.....	Action Closing Letter No. & Date:

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