

National Referral Laboratory
ICAR-National Research Centre for Grapes, Pune

PARTICIPANT FEEDBACK FORM

PT Scheme: NRL/PT-FV/2019/Okra

Matrix: Okra homogenate

Name of the Participant:

Address:

Please give score between 1 to 5 for the following points (1-Poor; 2-Medium; 3-Good; 4-Very Good; 5-Excellent)

S. No.	Description	Score (out of 5)
1.	Clarity on the PT instructions	
2.	Easiness regarding the procedure to be followed for the registration	
3.	PT report content	
4.	Timely delivery of PT sample	
5.	Condition of PT sample on receipt	
6.	On time delivery of PT Reports	
7.	Our response to your communication for any clarification regarding testing of PT items	
8.	Overall satisfaction/experience of the PT provider	

Any other comments/suggestions for improvement:

Date:

Authorised Signatory

Place:

Designation with Stamp