



Homi Bhabha Calibration Laboratories LLP
(Secondary Standard Dosimetric Laboratory- Radiation Calibration & Instrumentation)
NABL Accredited Laboratory as per ISO/IEC 17025:2017 standards
Andhra Pradesh

Ph. No: +91-9247773898

Ph. No: +91-9291756042

Web: www.hbclindia.com

NABL Certificate No: CC-3431

LLP Identification no: ACE-5440

e-mail: hbclindia@gmail.com

Customer Feedback & Suggestions Form

(HBCLQF0501)

Dear Valued Customer,

Thank you for choosing HBCL for the calibration of your dosimeters. It is our endeavor to provide high level of accuracy at par with the international standards in Radiotherapy dosimetry countrywide. Your honest feedback will help us to serve you better and enable us in improving our service standards.

| | | | |
|----------------------------------|--|--------------------|--|
| Name of the Hospital/Inst | | | |
| Address: | | | |
| Contact Person: | | | |
| Designation: | | | |
| Mob. No.: | | E-Mail id.: | |

| | | | | |
|---|------------------|------------------|-------------|----------------|
| PART—I Commercial Terms | | | | |
| Category | Excellent | Very good | Good | Average |
| Value for Money | | | | |
| PART- II Order Execution | | | | |
| Prompt Service | | | | |
| Advance Intimation Regarding Deviations | | | | |
| Timely Dispatch | | | | |
| PART—III Employee Knowledge and attitude | | | | |
| Sincere Interest in Your Problems | | | | |
| Knowledge to Answer your Questions | | | | |
| Respect Your Suggestions | | | | |



Homi Bhabha Calibration Laboratories LLP
(Secondary Standard Dosimetric Laboratory- Radiation Calibration & Instrumentation)
NABL Accredited Laboratory as per ISO/IEC 17025:2017 standards
Andhra Pradesh

Ph. No: +91-9247773898

Ph. No: +91-9291756042

Web: www.hbclindia.com

NABL Certificate No: CC-3431

LLP Identification no: ACE-5440

e-mail: hbclindia@gmail.com

| Please Indicate | Yes/No |
|---|--------|
| How are you likely to recommend HBCL to Others? | |
| How likely are you to continue business with HBCL | |

Additional Comments if any: _____

To be filled by HBCL personnel only

| | |
|------------------------------|--|
| Total Rating in % | |
| Corrective Action Ref in Any | |

Signature:

Designation

Date:

Seal