Central Drugs Standard Control Organization Directorate General of Health Services Ministry of Health and Family Welfare Government of India FDA Bhavan, Near ITO, Kotla Road, New Delhi

CUSTOMER FEEDBACK FORM

Kindly provide the feedback to CDSCO (HQ) on the performance of relevant Divisions to improve the quality of services and send the same to feedback@cdsco.nic.in

raille of Division.	Name	of	Div	visi	on:
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I. Quality of Services

S. No. Deta	Details	Excellent	Very Good	Good	Fair	Poor
		5	4	3	2	1
a)	Response to any queries related to CDSCO services, if requested					
b)	Processing of Files/cases					
c)	Maintenance of Time Line					
d)	Grievance Hearing/Redressal					
e)	Others (Specify)					

Note: I	Feedback related to services of CDSCO (HQ)	will be accepted a	ınd evaluated	l.	
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II.	Your Suggestions for our improver	nent, if any:			
		Signa	iture:		
		C			
		Name	e:		
		Desig	gnation:		
		Orgai	nization:		
		Emai	1 ID:		
Date)	Conta	act No.:		