

FEEDBACK FORM

Dated:

Conformity Assessment Body (CAB) details

CAB/LAB name:_____ Address:_____

Contact person:_____ Designation:_____

Contact detail:_____ E-mail id:_____

Type of Designation applied for (Safety/EMI/EMC etc.):_____

Date of application for CAB/LAB designation for the said type:_____

Date of issuance of CAB Designation Certificate:_____

PROCESS RATING (on a scale of 1 to 5)

Sl. No.	Description	< -----Rating ----->				
		Lowest				highest
		1	2	3	4	5
1.	Clarity in Process of designation of CAB as mentioned in TEC website					
2.	Level of satisfaction in Application Registration process					
3.	Level of satisfaction with the site audit carried out by TEC.					
4.	Level of satisfaction with respect to the time taken for issuance of certificate to your Lab.					
5.	Overall experience during designation process					

6. Kindly comment on the process of Certification vis-à-vis other Certification/Accreditation bodies

7. Any other suggestion for improvement/remarks

Kindly mail the filled up & scanned feedback form to <sanjay.bhardwaj@gov.in>