

Dear Customer :

We are conducting a Customer Satisfaction Survey to obtain feedback from all our customers to whom we are supplying single piece intraocular lenses (**Galaxy Lens**) and foldable intraocular lenses (**Galaxy Fold**). We request you to participate in this survey by filling in this form and returning it to us. In the table below, please provide us your current level of satisfaction with respect to each of the parameters of quality and service by rating 1 to 4. (**1 - Poor, 2 - Satisfactory, 3 - Good, 4 - Excellent**). Any comments regarding our products may be given in the space provided below.

#	Category / Parameter	Rating for		Suggestion for improvement Wherever the score is 1 or 2
		Galaxy Lens	Galaxy Fold	
I	<b>PRODUCT QUALITY</b>			
1	Effectiveness in Use			
2	Right Quantity in Supplies			
II	<b>SERVICE &amp; SUPPORT</b>			
1	Required Information Provided			
2	Responsiveness to Queries			
3	Response to Complaints			
4	Ease of Placing Order			
5	Delivery as per Agreed Schedule			
III	<b>EMPLOYEES</b>			
1	Courteous and Helpful			
2	Knowledgeable			

**Comments :**

Signature with Date :

Name :

Designation :

Address :

