Feed-Back Form



Instrument Operation

Central Instrumentation Facility

**Student/Trainee Department/Centre**

**E-mail Name and address of the institute**

1. Name of Instrument on which analysis was performed ………………………
2. Reliability and the precision of the Instrument on which the analysis was conducted.

 Unsatisfied Satisfied Very Satisfied

1. Technical Assistance provided by the technical Staff of CIF.

Unsatisfied Satisfied Very Satisfied

1. Ease of accessibilities of CIF facility.

 Unsatisfied Satisfied Very Satisfied

1. Behavior and the intention of the CIF technical personnel involved in the analysis.

 Unsatisfied Satisfied Very Satisfied

1. Availability of the accessories and consumables required for the analysis.

 Unsatisfied Satisfied Very Satisfied

1. Cleanness of the CIF.

Unsatisfied Satisfied Very Satisfied

1. Any suggestion /remarks/requirements for your future analysis.
2. What other instrument available in the CIF will be useful for your future research.

……………………………………………………………………………………………………………………..

1. Your overall experience during the analysis session.

Unsatisfied Satisfied Very Satisfied

Student Signature Date: