

FEEDBACK FORM (INTERNAL)

Kindly provide the feedback to CDSCO (HQ) on the performance of relevant Divisions to improve the quality of services.

I. Quality of Work Environment/Culture in the Organization: (Rating from 01-05 means very poor/very low to excellent/very high in terms of satisfaction level)

		5	4	3	2	1
a)	How satisfied are you with your current job role?					
b)	How challenging do you find your work?					
c)	Do you feel that your skills and abilities are utilized effectively?					
d)	How would you rate the overall work environment?					
e)	How effective is communication within your team/department/other department?					
f)	Do you feel supported by your colleagues and seniors?					
g)	How would you rate the leadership provided by your reporting officer?					
h)	Does management listen to and address your concerns effectively?					
i)	How transparent is the decision-making process within the organization?					
j)	How adequate are the training programs provided?					
k)	Do you have opportunities for career advancement?					
l)	Others (if any)					

Note: Feedback related to services of CDSCO (HQ) will be accepted and evaluated as follows:

Total marks obtained X 100
Percentage of Internal Employees satisfaction =-----
Maximum marks (55 or 60)

II. Your Suggestions for our organization improvement, if any:

III. Additional Comments

- Please share any other thoughts or comments you have about your experience working here.

Thank you for taking the time to provide your feedback. Your responses are valuable and will help us improve our organization.

Signature:

**Name:
Designation:
Division
Email ID:
Contact No.:**

Date

**Central Drugs Standard Control Organization
Directorate General of Health Services
Ministry of Health and Family Welfare
Government of India
FDA Bhavan, ITO, Kotla Road, New Delhi -110002**

FEEDBACK FORM (EXTERNAL)

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.

Name of Division:

I. Quality of Services

S. No.	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 Timeline					
d)	Grievance Hearing/Redressal					
e)	Others (Specify)					

Note: Feedback related to services of CDSCO (HQ) will be accepted and evaluated as follows:

Total marks obtained X 100
Percentage of Customer satisfaction =-----
Maximum marks (20 or 25)

II. Your Suggestions for our improvement, if any:

Signature:

Name:

Designation:

Organisation:

Email ID:

Contact No.:

Date

F01(SYS-P-05)