



FEED-BACK Form
(Distributors / Dealers / Sub - Dealers)

On visit of Mr. _____ From : _____ To : _____

M/s. _____ City : _____

(Please ✓ in the box)

I. How was the service given by our representative during his/her visit in respect to :-

- a) Training about Product usage and Application with the help of BDP / Catalogues / Demo Products : Best Better Good Not Bad Bad
- b) Training about Application of Advertising material : Best Better Good Not Bad Bad
- c) Training about Method of Detailing to Doctors : Best Better Good Not Bad Bad
- b) Training about detailing and Promotion of Products in different segments viz. Orthopaedics, Neurology, Plastic Surgery, Onco Surgery, CTVS, VS, Cardiology, Medicine, Physiotherapy, Gynaecology etc. : Best Better Good Not Bad Bad

II. How was the service given by our representative in respect to :-

- a) Response during any Calls / SMS / Letter / e-mail : Best Better Good Not Bad Bad
- b) Processing of Orders as per requirements : Best Better Good Not Bad Bad
- c) Dispatch of Ordered materials ensuring timely delivery : Best Better Good Not Bad Bad
- d) Attend & Handle any complaints forwarded : Best Better Good Not Bad Bad
- e) Continuous updation of useful informations & developments : Best Better Good Not Bad Bad

III. Product Quality Feedback :-

- a) From Doctors : Best Better Good Not Bad Bad
- b) From Patients : Best Better Good Not Bad Bad

IV. Special Suggestions / Comments for Future Improvements :-

**Date & Signature
of Marketing Executive**

**Date & Signature
of Distributors / Dealer / Sub - Dealer**

**Note : Marking of feedback in %age of terms:-
Best = Above 85%, Better = 75-85%, Good = 67-75%, Not Bad = 50-65%, Bad = below 50%**