



MECON LIMITED, RANCHI

Customer Satisfaction Measurement (CSM) Form
(MECON : AQM : F-02)

(To be obtained from Customer's Project-in-charge /Package Co-ordinator)

- i) Projects having fee between 25 Lakhs and Rs 1.0 Crore : At approx. 100% stage of project progress (scheduled)
- ii) Projects having fee more than Rs 1.0 Crore : At approx. 50% and at approx.100 % stage of project progress (scheduled)

- **Project Description** :
- **Package reference/general** :
- **Work Item No.** : **Fee**
- **Scheduled Project Progress stage at which CSM feedback obtained** : 50% 100%

1. Scope of Services provided (tick mark more than one, as applicable)

- | | | | |
|---------------------------|--------------------------|-----------------------------|--------------------------|
| Reports/FR/DPR | <input type="checkbox"/> | Deposit Works | <input type="checkbox"/> |
| Design, Engg. Consultancy | <input type="checkbox"/> | Third party inspection | <input type="checkbox"/> |
| PMC | <input type="checkbox"/> | Management Consultancy | <input type="checkbox"/> |
| EPC | <input type="checkbox"/> | Other Services, Pl. specify | <input type="checkbox"/> |






2. Extent of fulfillment of Project Objective (Indicate % as per progress)

as on date

- Planned (..... %)
- Actual (..... %)






Note : above points of this CSM form are to be filled by MECON' Project Coordinator and below points are to be filled by the Customer's Project-in-charge /Package Co-ordinator.

3. Project schedule fulfillment rating :

 1	 2	 3	 4	 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Please tick mark your rating between 1-5, where 5 is Excellent & 1 is Poor)

4. Extent of satisfaction from service rendered :






 1	 2	 3	 4	 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Please tick mark your rating between 1-5, where 5 is Excellent & 1 is Poor)



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5. Quality of personnel deployed :

 1	 2	 3	 4	 5

(Please tick mark your rating between 1-5, where 5 is Excellent & 1 is Poor)

6. Suggestions to improve system deficiency/quality of service rendered :

7. Any other pertinent issue related to Customer satisfaction :

DISCLAIMER

The above feedback is based on the progress of project and is being furnished with the sincere objective of realizing the goal of Q.M.S and its improvement. This shall not be treated as legally and contractually binding on either party.

Signature.....
(With Stamp)
Name:
Designation:
Organisation:

To:
<Project Coordinator's Name>

[Specify Project Name]
MECON LIMITED,
< Office Address, as applicable >

Note : MECON's Project Coordinator (PC) shall upload scanned copy upon receipt from Customer in Meconinfo/ DMS and same shall be emailed to Management Representative (MR), concerned SIC, SIC Marketing, CGM/ED & Director and original CSM form shall be retained with the PC.