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|  | **KSFDC Feedback Form on Service Quality - Studio Units (CONFIDENTIAL )** |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. | Nature of work/assignment with start date | **:** | **……………………………………………………………….** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  2. | Name of Unit |  |  |  | **:** | **……………………………………………………………….** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3. | The State of the machines/equipments/items /facility used  | **:** | **……………………………………………………………….** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. | If not Satisfactory what aspect |  |  | **:** | **……………………………………………………………….** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. | The behaviour / skill / knowledge in the subject / Result orientation/ time consciousness /team spirit and other traits of the staff with unit names :-(Please √ tick ) |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SlNo  | Name of Staff  | Customer Orientation | Skill in doing | Knowledge of Subject | Result Orientation | TimeConsciousness | Team Spirit |
| G\* | NG\* | G\* | NG\* | G\* | NG\* | G\* | NG\* | G\* | NG\* | G\* | NG\* |
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|    |  \*G-Good, \*NG-Not Good |
|

 Name of the Producer :

Director/Technician :

Banner/Production Name :

Address & Phone No :

Email :

Signature :