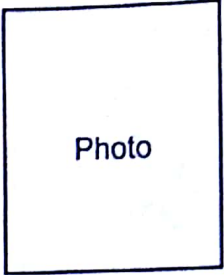


MURARI PUKUR

SISTER NIVEDITA FOUNDATION



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 Govt. Registered – S/2L No. 19680 of 2014-15



FEEDBACK FORM

NAME OF DOCTORS / TEACHER.....

Name of the Patient / Student

Area.....Suffering from.....

1. RECOVERY OFFER GETTING TREATMENT : 100% 75% 50% 25%
2. BEHAVIORS OF DOCTORS & TEACHER : Good Better Poor Best
3. TEACHING & TREATMENT PROCEDURE : Good Better Poor Best
4. TIMING ON TEACHER : Good Better Poor Best
5. Please give your opinion – English / Hindi / Bengali

Any comments you would like to share :

6. Would you like help in creating awareness among many suffers by publishing your testimony : Yes No

Signature.....

Date.....

i) If you fill good. Please give some reference

1. Name.....Mobile.....Relation.....
2. Name.....Mobile.....Relation.....
3. Name.....Mobile.....Relation.....
4. Name.....Mobile.....Relation.....