



सत्यमेव जयते

**Government of India**  
**Ministry of Science & Technology**  
**Department of Science & Technology**  
**National Good Laboratory Practice (GLP) Compliance Monitoring Authority**

# ***FEEDBACK FORM OF NGCMA BY STAKE HOLDER***

*Document No. GLP-119*  
*Issue No. 02*  
*Issue Date: June 23, 2016*

**NATIONAL GLP COMPLIANCE MONITORING AUTHORITY**  
**DEPARTMENT OF SCIENCE AND TECHNOLOGY**  
**TECHNOLOGY BHAVAN, NEW MEHRAULI ROAD**  
**NEW DELHI-110 016**  
***www.indiaglp.gov.in***

## FEEDBACK FORM OF NGCMA BY STAKE HOLDER

To,

.....  
.....  
.....  
.....

(Indicate name of stake holder here)

Sir/Madam,

As a most valuable stake holder of our services, we at National GLP Compliance Monitoring Authority (NGCMA), Department of Science and Technology, New Delhi, request you to kindly furnish critical comments and feedback on various issues in the format below. This is required as a part of our effort to shape NGCMA as a quality organization to serve you better in future. We request you to please spare a few moments for this purpose.

Thanking you

Yours faithfully,

(Head, NGCMA)

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### STAKE HOLDER FEEDBACK


Sl. No.	Criteria	Excellent 5	Very good 4	Good 3	Satisfactory 2	Poor 1
1	Response, coordination and communication from NGCMA, DST on various issues concerning GLP, OECD Principles of GLP					
2	Adherence to OECD Principles of GLP by NGCMA and its inspection team(s)					
3	Adherence to Inspection schedule by Inspection team(s) of NGCMA, DST					
4	Selection of competent Team for inspection					
5	Timelines followed in communicating observations made by inspection team(s)					

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6	Conduct of Training/ Awareness programmes for various test facility personnel					
7	Conduct of Interaction/ Brainstorming meet(s) with TFM's					
8	Sharing of details through website					
9	Conduct of NGCMA officials during Inspection(s)					
10	Overall rating on GLP certification process by NGCMA					
11	Any other attribute (Please specify)					

Suggestions for improvement of the working of NGCMA, if any (Please limit to 4-5 points):

Signature:  
Name:  
Organization:  
Designation:  
Date:

Approved.  
  
23/6/16.

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