## Statistical Service Unit(SSU), Dept. of Mathematics

## Faculty of Science, Eastern University, Sri Lanka

## **Client's Feedback Form**

Information of Client:		
Name	:	
Position	:	
Institute	::	
Contact nur	nber:	
Email addre	ess:	
<u>Information</u>	n of the study and services obtained:	
Title of the	study:	
Objectives	of the study:	
Services rec	quired:	

Client's satisfaction on the service:	
For Official Use:	
roi Official Osc.	
Reference number:	
Date:	
Daw	••••••

**Head/Dept. of Mathematics**