<u>Feedback Proforma – General</u>

1.	Name:	2.	CNIC #:				
3.	Address:	4.	Contact #:				
5.	Status: Trustee/Staff/Member ACC,	/Principa	ll/Teacher/Beneficiary				
6.	How long have you been associated with	the Tru	st?				
	Less than 1-Year/2-Years/3-Years & above	/e.					
7.	Are you satisfied with the functioning of the Trust?						
8.	If not satisfied, what problems have you	faced?					
	a						
	b						
	c						
9.	Are you satisfied with the processing of y	your app	lication?	Yes/No			
10.	If not satisfied, what problems have you	faced?					
	a						
	b						
	c						
11.	Are you satisfied with the behavior of the Trustees/ACC Members						
	& AMET Staff?			Yes/No			
12.	Do you have regular/periodic interaction	with the	e Trustees/Project	Yes/No			
	Directors/ ACC Members Concerned?						
13.	Do you get timely payments?			Yes/No			
14.	Do you have any suggestions to improve	the Trus	st?				
	a						
	b						
	c						
Date			Signature:				

Feedback Proforma - Donors

1.	Name:		2.	CNIC #:			
3.	Address:		4.	Contact #:			
5.	How long ha	ave you been associated wit	th the Trus	st?			
	Less than 1-Year/2-Years/3-Years & above.						
6.	Are you sati	sfied with the functioning of the Trust?					
7.	If not satisfi	ed, what problems have you	u faced?				
	a						
	b						
	c						
8.	Do you have regular/periodic interaction with the Trustees/Project						
	Directors/ ACC Members Concerned?						
9.	Do you have any suggestions to improve the Trust?						
	a						
	b						
	C						
10.	Are you sati	sfied with the utilisation of	your dona	tion by the Trust?	Yes/No		
11.	Did you get	receipt along with Tax Exen	nption Cer	tificate from the Trust?	Yes/No		
12.	Have you be	een getting regular progress	reports fr	om the Trust?	Yes/No		
Any	Comments:						
Date	·•			Signature:			