

TESTIMONIAL FORM



Arth-An Ayurvedic Health Center
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1. NAME SHEKHAR K.S 2.Age 53 3. Sex M 4.DOB 24.06.1960

5. Occupation Accountant

6.Address: [Redacted]
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[Redacted]
.....

8. Contact Number (Mobile /Landline)..... [Redacted]

What is your overall feeling about Arth ?
Very Good & Satisfactory.
.....
.....

Give us any observation of yours that made your stay/visit relatively comfortable/uncomfortable in the center
Right from the day so it's an
excellence, I have visited Ht 5 times in 10 yrs.

Do you wish to compliment any staff for outstanding care and service? Kindly mention the name
Very Good & Outstanding
.....

Would you recommend our services to friends/family, if yes ,why ?
Very much, no doubt at all.
.....

Kindly check box if you don't mind if Arth uses your full name and comments for promotional purposes

Thank you... Arth really appreciate your honest answers.