Centre for Good Governance
User Department Feedback
Form



CMN - 004 V3.0

W.E.F. 09/04/2020

User Department Feedback Form

Please provide requested information for statistical and trending purposes.

User Department	A .
Name:	Telangana Nayee Boahmin Federalian
	The state of the s
Project Name	Francial Allistance & Fole power supply to
Desired M.	Noute a Rollman Steppen to
Project Manager\Co-	100 / CE 10:0001011 - SOBISTION
Ordinator Name	V. JYOTHI, Sr. Project Manager
Address for	The work of the wo
communication:	Sankelanna Phaylan
	Masab Tank, Hyderabas
Phone:	20212156
	23318552
Email	
	tsnbf_1989@ yahoo.com
Dating Di	

Rating: Please provide your ratings on the scale of 1* to 5*

Note: If any item has the rating of less than 4, please detail the reasons for such rating (This will be used as guidance for improvement).

- 1. Poor
- 2. Unsatisfactory
- 3. Satisfactory
- 14. Good
 - 5. Excellent

NA: Not applicable

#	Attribute	Rating (1-5,NA)	D
1.	Service Delivery/ Project Delivery: a) The Project/Service was delivered as per the schedule	Kattig (1-5,NA)	Remarks
	b) The delivered service\project was as per the requirements/specifications	u u	
	c) The skills of the project team were as per expectations		
	d) The overall quality and performance of the final project/service delivered		
2.	Team members Service:		
	a) Approachability		
	b) Responsiveness		
	c) Communication skills		
	d) Flexibility		
	e) The promptness of problem resolution		
3.	Overall rating		
4.	As service provider, CGG offers "Value for Money".	Yes/No	
5.	Would you use CGG's Services again?	Yes/No	

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Feedback given by	Name	Ch. Vinala Devi		
	Designation	M.D. Mayee Brahim		
Signature		CO=OP.SOCIETIES FEDERATION U NYDERABAD-500028		