

CMN - 004 V4.0

W.E.F. 07/01/2022

## User Department Feedback Form

Please provide requested information for analysis, better and consistent performance purposes.

User Department Name:	Telangana State Backward Classes Cooperative Finanace Corporation Ltd.Hyderabad
Project Name	OBMMS
Project Manager\Co- Ordinator Name	
Address for communication:	DSS Bhavan , 6 <sup>th</sup> floor, Masabtank, Hyderabad-500028
Phone:	040-23399094 / 23319313
Email	tsbccfc@yahoo.in

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
- 4. Good
- 5. Excellent

NA: Not applicable

#	Attribute	Rating (1-5,NA)	Remarks			
1.	Service Delivery/ Project Delivery:  a) The Project/Service was delivered as per the schedule	Good				
	b) The delivered service\project was as per the requirements/specifications	Good				
	c) The skills of the project team were as per expectations	Good				
	d) The overall quality and performance of the final project/service delivered	Good				
2.	Team members Service: a) Approachability	Good				
	b) Responsiveness	Good				
	c) Communication skills	Good				
	d) Flexibility	Good				
	e) The promptness of problem resolution	Good				
3.	User experience/feel about application	Good				
4.	Overall rating					
5.	As service provider, CGG offers "Value for Money".	Yes				
6.	Would you use CGG's Services again?	Yes				

Centre for Good Governance

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Form



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Feedback given by	Ņame	N.BALACHARY			
	Designation	GENERAL MANAGER		the drawning	
Signature	40		Date	<b>(8</b> .07.2022	