Centre for Good Governar		
User De	partment Feedback	
	Form	



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.

	1 1
User Department Name:	REVENUE DEPARTMENT (PROPERTY TAX)
Project Name	GHMC
Project Manager\Co- Ordinator Name	Lokesh -j
Address for communication:	CGG, GACHIBOWLI
Phone:	
Email	
Note: If any item has the ra	ur ratings on the scale of 1* to 5* ting of less than 4, please detail the reasons for such rating 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	5	77
	b) The delivered service\project was as per the requirements/specifications	5	
	c) The skills of the project team were as per expectations		
	d) The overall quality and performance of the final project/service delivered	5	
2.	Team members Service: a) Approachability	5	
	b) Responsiveness	S	
	c) Communication skills	c	
	d) Flexibility		
	e) The promptness of problem resolution	51	
3.	User experience/feel about application	Excellent/Good/A	verage/Bad
4.	Overall rating	5/	
5.	As service provider, CGG offers "Value for Money".	Yes/No)
6.	Would you use CGG's Services again?	Yes/No	

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Feedback given by	Name Hahesh Kulkalni		
	Designation		
Signature	Date		
	MKullagon 17/5/2022		