


Centre for Good Governance	 <b>CENTRE FOR GOOD GOVERNANCE</b> Knowledge • Technology • People	CMN – 004 V4.0
User Department Feedback Form		W.E.F. 07/01/2022

## User Department Feedback Form

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

<b>User Department Name:</b>	BIRTH and DEATH
<b>Project Name</b>	GHMC
<b>Project Manager\Co-Ordinator Name</b>	LOKESH.J
<b>Address for communication:</b>	GACHIBOWLI - CGG
<b>Phone:</b>	+91 40 2313 0300
<b>Email</b>	


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

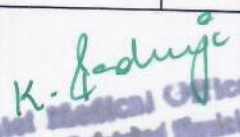
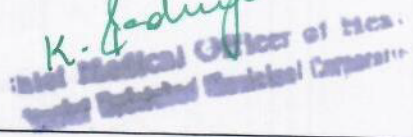
**Note:** If any item has the rating of less than 4, please detail the reasons for such rating  
(This will be used as guidance for improvement).

1. Poor
2. Unsatisfactory
3. Satisfactory
4. Good
5. Excellent

NA: Not applicable

#	Attribute	Rating (1-5,NA)	Remarks
1.	<b>Service Delivery/ Project Delivery:</b>		
	a) The Project/Service was delivered as per the schedule	5	
	b) The delivered service\project was as per the requirements/specifications	4.5	
	c) The skills of the project team were as per expectations	4.5	
	d) The overall quality and performance of the final project/service delivered	4	
2.	<b>Team members Service:</b>		
	a) Approachability	4.5	
	b) Responsiveness	4.5	
	c) Communication skills	4.5	
	d) Flexibility	5	
	e) The promptness of problem resolution	4.5	
3.	<b>User experience/feel about application</b>	Excellent/Good/Average/Bad	
4.	<b>Overall rating</b>	4.5	
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	Mrs.PADMAJA	
	Designation	CMOH	
Signature	 	Date	06-07-2022