| Centre for Good Governance |
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User Department 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.

| User Department | 01011 | |
|---------------------|---|--|
| Name: | Civil Supplies Corporation | |
| Project Name | Online Procurement Management System | |
| Project Manager\Co- | 0 | |
| Ordinator Name | | |
| Address for | [0 0 0 1 0 1 0 1 1 1 1 1 1 1 1 1 1 1 1 | |
| communication: | Civil Supplies Bhavan, Erramanzil, Somajiguda | |
| Phone: | 7995050 | |
| Email | homlety. tecsel @ gmail. Com | |

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 | 5 |
| | b) The delivered service\project was as per the requirements/specifications | |
| | c) The skills of the project team were as per expectations | ζ |
| | d) The overall quality and performance of the final project/service delivered | |
| 2. | Team members Service: | |
| | a) Approachability | |
| | b) Responsiveness | C |
| | c) Communication skills | \$ |
| | d) Flexibility | \$ |
| | e) The promptness of problem resolution | 18 |
| 3. | User experience/feel about application | Excellent/Good/Average/Bad |
| 4. | Overall rating | |
| 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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Form

CENTRE FOR GOOD GOVERNANCE
Knowledge • Technology • People

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| Feedback given by | Name | Svi V. Anil kumar, HAS (Retd), | | | |
|----------------------|-------------|--------------------------------|------|--|--|
| | Designation | VC & Managing Director | | | |
| Signature | | , , | Date | | |
| | | | | | |