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	0
Name:	Telangana Washermen Federalim
Project Name	Financial Assidonce & The Down Conductor
Project Manager\Co-	Company of the power supply to
Ordinator Name	Financial Assistance & Face power supply to V. Tyothi, Senior project Manage
Address for	of the second
communication:	Sameshema Chowan, Maris Teens
Phone:	
	29880621
Email	+scof1982@gmail.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
- A. Good
- 5. Excellent

NA: Not applicable

#	Attribute	Rating (1-5,NA)	Remarks
1.	Service Delivery/ Project Delivery:	(10,111)	Remarks
	a) The Project/Service was delivered as per the schedule		
	b) The delivered service\project was as per the requirements/specifications	,	
	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	y	
	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	Name				
given by	M. CHANDRASEKHAR				
	Designation	M.D	97 MANUADING DIRECTOR		
Signature	M. Chandlasel		TOTAL SUCJE HER AGDERATION LTD.		
,			MANAGING DIDERSON		

MANAGING DIRECTOR
TELANGANA WASHERMEN
CO-OP.SOCIETIES FEDERATION LTD,
HYDERABAD-500028