Centre	for Good Governance
User I	Department Feedback
	Form



CMN - 004 V2.0 W.E.F. 31/12/2018

User Department Feedback Form

Please provide requested information for statistical and trending purposes.

User Department	statistical and trending purposes.
Name:	SC Corporation, relangung
Project Name	OBMMS - SC Corporalia, LPLDS & website
Project Manager\Co-	5 - SC Corporalia, LPLDS Ewely
Ordinator Name	V. Tyothe, Sr. project manger
Address for	-1-11 anger
communication:	Moyah Trankshema Bhaevan
Phone:	Mousab Tank Hyderabad  9866634095
Email	
	moltgsscfc@gmail.com
Rating: Please provide yo	our ratings on the scale of 1* to 5*

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	D :	
1.	Service Delivery/ Project Delivery:  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	Rating (1-5,NA)  5  5  5	Remarks
2.	Team members Service:  a) Approachability  b) Responsiveness  c) Communication skills  d) Flexibility  e) The promptness of problem resolution	5	
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 given by	Name	B. ANANE	2 10 10 10 10	
	Designation	Spl. afficer		
Signature	R.A	1	Date	
	B.A.	W.		23.11.20%.