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.

TT TO		
User Department Name:	Commissioner SC Development Department	
Project Name	SCST Find monitoring system	-
Project Manager\Co-		giyen by
Ordinator Name	Mohour	
Address for communication:	926	Signature
Phone:		
Email		
D .: Di		

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

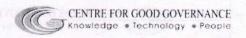
Note: If any item has the rating of less than 4, please detail the reasons for such rating (This will be used as guidance for improvement).

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

NA: Not applicable

#	Attribute	Pating (1 5 NIA)	n
1.		Rating (1-5,NA)	Remarks
	a) The Project/Service was delivered as per the schedule b) The delivered service project	4	
	requirements/specifications	4	
	c) The skills of the project team were as per expectations	3	
	d) The overall quality and performance of the final project/service delivered	<i>A</i> -	
2.	Team members Service:	4	
	a) Approachability	4	
	b) Responsiveness		
	c) Communication skills	4	
		4	
	d) Flexibility	4	
9.9	e) The promptness of problem resolution		
3.	Overall rating	4	
		4	
4.	As service provider, CGG offers "Value for Money".	Yes/No	
5.	Would you use CGG's Services again?		
	y and dood a octylees again.	Yes/No	

Centre for Good Governance
User Department Feedback
Form



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Feedback given by	Name	by 2 grindway but T2 32 sine is	
	Designation	moder	Project Alexandry (Co- Cadlanior Name
Signature		Date	Address for constructions

16/6/27 TO CARDO

Joint Director
Schedulad Caste Development Department,
Srd Floor, DSS Bhavan, Masab Tank,
Telangana, Hyderabad.