

### User Department Feedback Form

Please provide requested information for statistical and trending purposes.

User Department Name:	Commissioner SC Development Department
Project Name	SC ST fund monitoring system
Project Manager\Co-Ordinator Name	Mohan
Address for communication:	
Phone:	
Email	

**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	4	
	b) The delivered service\project was as per the 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	4	
2.	<b>Team members Service:</b>		
	a) Approachability	4	
	b) Responsiveness	4	
	c) Communication skills	4	
	d) Flexibility	4	
	e) The promptness of problem resolution	4	
3.	<b>Overall rating</b>	4	
4.	As service provider, CGG offers "Value for Money".		Yes/No
5.	Would you use CGG's Services again?		Yes/No





Feedback given by	Name M. J. 2	Designation M. J. 2
	Signature	

*(Handwritten signature)*  
16/8/20  
JO (Admn)

Joint Director  
Schedul Caste Development Department,  
3rd Floor, DSS Bhavan, Masab Tank,  
Telangana, Hyderabad.

Remarks	Rating (1-5)	Remarks
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