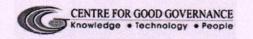
Centre for Good Governance	
User Department Feedback	•
Form	



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 Name:	TREI Society.
Project Name	TSRJC CET 2021
Project Manager\Co- Ordinator Name	C.S. PRASAD.
Address for communication:	0/0. TREIS, IV floor, Gazen Wher, Hyd:
Phone:	2032903938
Email	treis. academice gone l. Com.

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

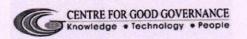
Note: If any item has the rating of less than 4, please detail the reasons for such rating (This will be used as guidance for improvement).

- 1. Poor
- 2. Unsatisfactory
- 3. Satisfactory4. 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	04	
	b) The delivered service\project was as per the requirements/specifications	05	
	c) The skills of the project team were as per expectations	04	
	d) The overall quality and performance of the final project/service delivered	04	
2.	Team members Service:		
	a) Approachability	720	
	b) Responsiveness	05	
	c) Communication skills	05	
	d) Flexibility	0	
	e) The promptness of problem resolution	05	
3.	Overall rating		
4.	As service provider, CGG offers "Value for Money".	Yes/Ne	
5.	Would you use CGG's Services again?	Yes/Ne	

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User Department Feedback
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CMN - 004 V3.0

W.E.F. 09/04/2020

			Temory of the contract of
Feedback given by	Name	C. S. PROSON	
	Designation	Dy. Land, and Centers v	<b>-</b> ,
Signature	0	Date	
	Ces	02/12/2)	

Deputy Secretary
T.R.E.I Society
Hyderabad