



## User Department Feedback Form

Please provide requested information for analysis, better and consistent performance purposes.

User Department Name:	WOMEN DEVELOPMENT & CHILD WELFARE DEPT.
Project Name	TSEPLW
Project Manager\Co-Ordinator Name	T. RAKESH REDDY, M. SHARADHA
Address for communication:	WDCW DEPT, COMMISSIONERATE, YUSAFGUDA, HYDERABAD.
Phone:	9492187123 9985818484
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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	5	
	c) The skills of the project team were as per expectations	5	
	d) The overall quality and performance of the final project/service delivered	5	
2.	<b>Team members Service:</b>		
	a) Approachability	5	
	b) Responsiveness	5	
	c) Communication skills	5	
	d) Flexibility	5	
	e) The promptness of problem resolution	5	
3.	<b>User experience/feel about application</b>	Excellent/ Good/Average/ Bad	
4.	<b>Overall rating</b>	5	
5.	As service provider, CGG offers "Value for Money".	Yes/No	
6.	Would you use CGG's Services again?	Yes/No	

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Feedback given by	Name	DIVYA DEVARAJAN IAS.	
	Designation	COMMISSIONER, WDCW DEPT, TELANGANA	
Signature		Date	

**COMMISSIONER**Women Development &  
Child Welfare Dept.  
Telangana State, Hyderabad.