Centre for Good Governance
User Department Feedback
Form



CMN - 004 V4.0

W.E.F. 07/01/2022

User Department Feedback Form

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

User Department Name:	Sri Venkateswara Institute of Medical Sciences, Tirupati
Project Name	HRMS & Payroll Application
Project Manager\Co- Ordinator Name	V. Jyothi, Associate Director, CGG
Address for communication:	Centre for Good Governance Dr. MCR HRDI Campus, Road No. 25, Jubilee Hills, Hyderabad -500 033. INDIA
Phone:	040 23541907
Email	jvothi.v@cgg.gov.in
Pating . Dl	

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).

Good

#	Attribute	Pating (1 5 NIA)	
1.	a) The Project/Service was delivered as per the schedule	Rating (1-5,NA) Re	marks
	requirements/specifications	4	
	c) The skills of the project team were as per expectations	4	
	d) The overall quality and performance of the final project/service delivered	4	
2.	Team members Service: a) Approachability	5	
	b) Responsiveness	4	
	c) Communication skills	4	
	d) Flexibility	4	
	e) The promptness of problem resolution	4	
3.	User experience/feel about application	Good	
4.	Overall rating	4.5	
5.	As service provider, CGG offers "Value for Money".	Yes	
6.	Would you use CGG's Services again?	Yes	

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Feedback given by	Name	SMT. G.P. MANJULA,
	Designation	ASSISTANT DIRECTOR, ESTABLISHMENT SECTION, I/C
Signature		Date
	_GF	18/10/2

ASSISTANT DURECTOR
Establishment Section I/C
S.V. INSTITUTE OF MEDICAL SCIENCES
T.T. Devasthanams, TIRUPATI-517 507