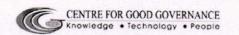
Centre for Good G	overnance
User Department	Feedback
Form	



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:	Echeduled Caste Development Des
Project Name	Hostel monitoring system
Project Manager\Co- Ordinator Name	P. Hemanth Kumas
Address for communication:	Gachibowli ment
Phone:	040-23030300
Email	VITAL AND TO

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).

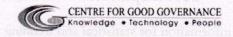
- 1. Poor
- 2. Unsatisfactory
- 3. Satisfactory
- 4. Good
- 5. Excellent

NA: Not applicable

#	Attribute	Rating (1-5,NA)	Remarks
1.	Service Delivery/ Project Delivery: a) The Project/Service was delivered as per the schedule	5	
	b) The delivered service\project was as per the requirements/specifications	4.5	
	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.	Team members Service: a) Approachability	4	
	b) Responsiveness	5	
	c) Communication skills	5	
	d) Flexibility	4	
	e) The promptness of problem resolution	4.5	
3.	Overall rating		
4.	As service provider, CGG offers "Value for Money".	Yes/No	0
5.	Would you use CGG's Services again?	Yes/No	

Centre for Good Governance
User Department Feedback

Form



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W.E.F. 09/04/2020

Feedback given by	Name	T. Akhilesh Reddy		
	Designation	Depty Director		
Signature	0	Date 17 7/21		