

Centre for Good Governance	 CENTRE FOR GOOD GOVERNANCE Knowledge • Technology • People	CMN – 004 V4.2
User Department Feedback Form		W.E.F. 07/01/2022

User Department Feedback Form

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

User Department Name:	DTCP
Project Name	LRS 2020
Project Manager\Co-Ordinator Name	Lokesh Jella.
Address for communication:	Centre for Good Governance, Gueliboudi
Phone:	9989933222
Email	lokesh.j@cg.gov.in

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	5	
	c) The overall quality and performance of the final project/service delivered	4	
2.	Team members Service:		
	a) Approachability	5	
	b) Responsiveness	5	
	c) Communication skills	5	
	d) Flexibility	4	
	e) The promptness of problem resolution	4	
3.	User experience/feel about application	Excellent/Good/Average/Bad	
4.	Overall rating	Excellent	
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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#	Attribute	Rating (1-5,NA)	Remarks
Improvements Suggested			

Feedback given by	Name	S.DEVENDAR REDDY	
	Designation	DIRECTOR OF TOWN & COUNTRY PLANNING	
Signature	SOMY	Date	04-07-24