User Department Feedback Form

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

User Department Name:	TELANGANA POWER GENERATION CORPORATION LIMITED		
Project Name	TGGENCO WEBSITE		
Project Manager\Co- Ordinator Name	SRLT.S.N.MURTHY		
Address for communication:	Room No.201, ERP Competency Center TGGENCO Building, GTS Colony Kalyan Nagar, Hyderabad- 500045		
Phone:	040-23722599		
Email	cgmerp@tggenco.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).

- Poor
 Unsatisfactory
- 3. Satisfactory
- Good
 Excellent

NA: Not applicable

##	Attribute	Rating (1-5,NA)	Remarks	
1.	a) The Project/Service was delivered as per the schedule	4		
	 The delivered rervice/project was as pur the requirements/specifications 	4		
	 The overall quality and performance of the final project/service delivered 	4	***	
2	Team members Service: a) Approachability	4		
	b) Responsiveness	5		
	c) Communication skills	5	***	
	d) Flexibility	4		
	c) The promptness of problem resolution	4		
3.	User experience/feel about application	Excellent/Good/Average/Bad		
4.	Overall rating	4		
5.	As service provider, CGG offers "Value for Money".	Yes/No		
6.	Would you use CGG's Services again?	Yes/No		

**		ttribute	R	Rem arks	
Improvement Suggested					
Feedback given by	Name	S.RADHA KISHAN			
	Designation	DIVISIONAL ENGINE	ER/TELECOM		
Signature	Divisional Engine		Date	05.07.2024	