

Centre for Good Governance	 <b>CENTRE FOR GOOD GOVERNANCE</b> 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:	TG BCCFC LTD
Project Name	TG BE - CORPORATION
Project Manager\Co-Ordinator Name	RATHNA KUMAR DASI
Address for communication:	
Phone:	
Email	

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

