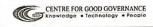
Centre for Goo	d Governance
User Departm	ent Feedback
For	m



CMN - 004 V4.2 W.E.F. 07/01/2022

User Department Feedback Form

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

User Department Name:	GROUP-I SECTION
Project Name	GROUP-I
Project Manager\Co- Ordinator Name	Rakesh Str, Latella
Address for communication:	CGG
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

- Unsatisfactory
 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	Q.
1	 c) The overall quality and performance of the final project/service delivered 	5	
2.	Team members Service: a) Approachability	5	
	b) Responsiveness	5	
	c) Communication skills	5	
	d) Flexibility	5	
	e) The promptness of problem resolution	5,	3 4 4
3.	User experience/feel about application	Excellent/Good/	\verage/Bad
4.	Overall rating	E ,	
5.	As service provider, CGG offers "Value for Money".	Yes/No	D C
6.	Would you use CGG's Services again?	Yes/No	0

CGG Internal

Centre for Good	Good Governance		CMN - 004 V4.2		
User Department Form	t Feedback	CENTRE FOR GOOD GOVERNANCE Knowledge • Technology • People		W.E.F. 07/01/2022	
#	A	ttribute	Rating (1-5	5,NA) Remark	ks
Improvements Suggested	Any c	hanges from time to life talion.	to time	based on	
Feedback given by	Name	B. Shaulals			
	Designation	1001 0 15			

	B. Shaulals	7 7		
Designation	on Asst. Secretary			
	-	Date 8/7/24		
	A.s Bhan	Designation ASST. Secretary A.S. Alhamail A.S.	Designation ASST. Secretary Date A.S. Lehandh A.S. 817124	