

User Department Feedback Form

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

User Department Name:	GROUP-1 SECTION
Project Name	GROUP-1
Project Manager \Co-Ordinator Name	Rakesh Sr., Lakella
Address for communication:	CGG
Phone:	-
Email	
<p>Rating : Please provide your ratings on the scale of 1* to 5*</p> <p>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).</p> <ol style="list-style-type: none"> Poor Unsatisfactory Satisfactory Good <input checked="" type="checkbox"/> Excellent <p>NA: Not applicable</p>	

#	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	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.	User experience/feel about application	Excellent/Good/Average/Bad	
4.	Overall rating	5	
5.	As service provider, CGG offers "Value for Money".	Yes/No	
6.	Would you use CGG's Services again?	Yes/No	

#	Attribute	Rating (1-5,NA)	Remarks
	Improvements Suggested		Any changes from time to time based on the Notification.

Feedback given by	Name	B. Shanulae	Date	8/7/24
	Designation	Asst. Secretary		
Signature	As B. Shanulae ADS. - Beimathur			