Centre for Good	Governance
User Department	Feedback
Form	



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:	Scheduled Caste Development Department
Project Name	e- Hosel monitoring System
Project Manager\Co-	9 0
Ordinator Name	Bharath Javaii
Address for	
communication:	OSS Bhavan Modab Toink
Phone:	91009 79982
Email	our ratings on the scale of 1 to 5
Rating: Please provide y	our ratings on the scale of 13 to 5*

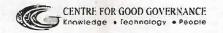
Note: If any item has the rating of less than 4, please detail the reasons for such rating (This will be used as guidance for improvement).

- 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	2
	b) The delivered service\project was as per the requirements/specifications	3
	c) The overall quality and performance of the final project/service delivered	4
2.	Team members Service: a) Approachability	4
	b) Responsiveness	24
	c) Communication skills	29
	d) Flexibility	Li
	e) The promptness of problem resolution	3
3.	User experience/feel about application	Excellent/Good/Average/Bad
4.	Overall rating	4- Good
5.	As service provider, CGG offers "Value for Money".	4- Crock Yes/No
6.	Would you use CGG's Services again?	Yes/No

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# Attribute		Rating (1-5,NA)	
Improvements Suggested			
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Feedback given by	Name	S. Subbalax neu		
	Designa(ion	AMAGENT		
Signature	A: Scheduled C	Date 2-07-202h aste Development Department		

3rd Floor, DSS Bhavan, Masab Tank, Telangana, Hyderabad.