

### User Department Feedback Form

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

<b>User Department Name:</b>	<b>GREATER HYDERABAD MUNICIPAL CORPORATION</b>
<b>Project Name</b>	<b>GHMC - IT (ALL MODULES)</b>
<b>Project Manager\Co-Ordinator Name</b>	<b>SUSEELA J</b>
<b>Address for communication:</b>	<b>Survey No. 91, Near Outer Ring Road Chowrasta, Gachibowli, Hyderabad 500 032, Telangana, India.</b>
<b>Phone:</b>	<b>+91 40 2313 0300</b>
<b>Email</b>	
<b>Rating :</b> Please provide your ratings on the scale of 1 to 5 <b>Note:</b> 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 <b>NA:</b> 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	4	
	b) The delivered service/project was as per the requirements/specifications	4	
	c) The overall quality and performance of the final project/service delivered	5	
2.	<b>Team members Service:</b>		
	a) Approachability	5	
	b) Responsiveness	5	
	c) Communication skills	5	
	d) Flexibility	5	
	e) The promptness of problem resolution	4	
3.	<b>User experience/feel about application</b>	✓Excellent/Good/Average/Bad	
4.	<b>Overall rating</b>	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			

Feedback given by	Name	C RADHA	
	Designation	Joint Commissioner, IT	
Signature	 Joint Commissioner (IT) Greater Hyderabad Municipal Corporation	Date	15/07/25