

User Department Feedback Form

Please provide requested information for statistical and trending purposes.

User Department Name:	IDOC WANAPARTHY
Project Name	Mana Isuka Vahanam
Project Manager\Co-Ordinator Name	Dist Collector & Megistrate
Address for communication:	IDOC Complex Wanaparthu
Phone:	9059863297
Email	Collrwnpt.csec@gmail.com

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.	Service Delivery/ Project Delivery:	4.5	
	a) TheProject/Serviceas delivered as per the schedule		
	b) The delivered service\project was as per the requirements/specifications	4.5	
	c) The skills of the project team wereas per expectations	4	
	d) The overall quality and performance of the final project/service delivered	4.5	
2.	Team membersService:	4	
	a) Approachability		
	b) Responsiveness	4.5	
	c) Communication skills	5	
	d) Flexibility	5	
	e) The promptness of problem resolution	4.5	
3.	Overall rating		
4.	As service provider,CGGoffers "Value for Money".	✓ Yes/No	
5.	Would you use CGG'sServices again?	✓ Yes/No	

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User Department Feedback Form		W.E.F.09/04/2020

Feedback given by		B. RAMBESH REDDY	
	Designation	Superintendent, Collectorate, Wanaparthy.	
Signature	 18/10/2022	Date	18-10-2022

Superintendent
 Collectorate, Wanaparthy