


Centre for Good Governance	 CENTRE FOR GOOD GOVERNANCE Knowledge • Technology • People	CMN – 004 V4.0
User Department Feedback Form		W.E.F. 07/01/2022

User Department Feedback Form

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

User Department Name:	GAD
Project Name	GAD- ACB
Project Manager\Co-Ordinator Name	HEMANTH KUMAR /KATUKURI VENU
Address for communication:	-
Phone:	-
Email	-

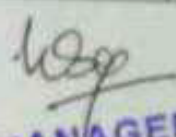
Rating : Please provide your ratings on the scale of 1* to 5*

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
 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	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



Feedback given by	Name	G. SRINIVAS	
	Designation	MANAGER [APC]	
Signature	 MANAGER (S.B). O/o. Anti-Corruption Bureau. Telangana State, HYDERABAD.	Date	5-11-2022