

Centre for Good Governance	 CENTRE FOR GOOD GOVERNANCE Knowledge • Technology • People	CMN – 004 V3.0
User Department Feedback Form		W.E.F. 09/04/2020

User Department Feedback Form

Please provide requested information for statistical and trending purposes.

User Department Name:	TS Board of Intermediate Education.
Project Name	TSBIE Affiliation Mobile APP
Project Manager\Co-Ordinator Name	J. Jayamani, JS (Academics)
Address for communication:	TSBIE, Nampally, Hyderabad.
Phone:	96037 96222
Email	jsacademic.tsbie@gmail.com.

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

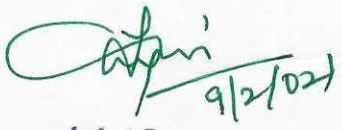
Note: If any item has the rating of less than 4, please detail the reasons for such rating (This will be used as guidance for improvement).

1. Poor
2. Unsatisfactory
3. Satisfactory
4. Good
5. Excellent

NA: Not applicable

#	Attribute	Rating (1-5,NA)	Remarks
1.	Service Delivery/ Project Delivery:		
	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 skills of the project team were as per expectations	5	
	d) The overall quality and performance of the final project/service delivered	5	
2.	Team members Service:		
	a) Approachability		
	b) Responsiveness	5	
	c) Communication skills		
	d) Flexibility		
	e) The promptness of problem resolution		
3.	Overall rating		
4.	As service provider, CGG offers "Value for Money".	<input checked="" type="checkbox"/> Yes/ No	
5.	Would you use CGG's Services again?	<input checked="" type="checkbox"/> Yes/ No	

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Feedback given by	Name	I. Jayamani	
	Designation	Joint Secretary (Academic)	
Signature		Date	09/02/2021 .

Joint Secretary (Academic)
Telangana State
Board of Intermediate Education
Nampally, Hyderabad.