

User Department Feedback Form

Please provide requested information for statistical and trending purposes.


User Department Name:	TS BOARD OF INTERMEDIATE EDUCATION
Project Name	STUDENTS' SERVICES & RESULT PROCESSING
Project Manager\Co-Ordinator Name	L. RAVINDRANATH / R. DEEPAK
Address for communication:	TS BIE, NAMPALLY, HYDERABAD
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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	4	
	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	4	
2.	Team members Service:		
	a) Approachability	4	
	b) Responsiveness	5	
	c) Communication skills	4	
	d) Flexibility	5	
	e) The promptness of problem resolution	4	
3.	Overall rating		
4.	As service provider, CGG offers "Value for Money".		✓ Yes/No
5.	Would you use CGG's Services again?		✓ Yes/No

Feedback given by	Name	SYED OMER JALEEL, I.A.S	
	Designation	SECRETARY, TSBIE	
Signature		Date	25/2/2021