

Centre for Good Governance User Department Feedback Form	 CENTRE FOR GOOD GOVERNANCE Knowledge • Technology • People	CMN – 004 V3.0 W.E.F. 09/04/2020
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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
Phone:	9848155125
Email	coet&bie16@gmail.com

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

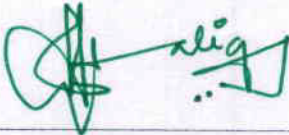
Note: If any item has the rating of less than 4, please detail the reasons for such rating (This will be used as guidance for improvement).

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	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".	<input checked="" type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	
5.	Would you use CGG's Services again?	<input checked="" type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	

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Feedback given by	Name	Dr. MD. ABDUL KHALIQ	
	Designation	CONTROLLER OF EXAMINATIONS	
Signature		Date	25-02-2021