

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:	TRADE
Project Name	GHMC
Project Manager\Co-Ordinator Name	LOKESH.J
Address for communication:	GACHIBOWLI - CGG
Phone:	+91 40 2313 0300
Email	


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

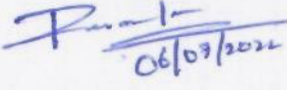
Note: If any item has the rating of less than 4, please detail the reasons for such rating
(This will be used as guidance for improvement).

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

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Feedback given by	Name	REVANTH	
	Designation	SUPERINTENDENT	
Signature	 06/07/2022		Date 06/07/2022