

User Department Feedback Form

Please provide requested information for statistical and trending purposes.

User Department Name:	Scheduled Caste Development Dept
Project Name	Hostel Monitoring System
Project Manager \ Co-Ordinator Name	P. Hemanth Kumar
Address for communication:	Gachibowli
Phone:	040-23030300
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	4.5	
	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	4	
	b) Responsiveness	5	
	c) Communication skills	5	
	d) Flexibility	4	
	e) The promptness of problem resolution	4.5	
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	

Centre for Good Governance

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CMN – 004 V3.0

W.E.F. 09/04/2020

Feedback given by	Name	T. Akhilesh Reddy		
	Designation	Deputy Director		
Signature	[Handwritten Signature]		Date	17/7/21