

### User Department Feedback Form

Please provide requested information for analysis, better and consistent performance purposes.

<b>User Department Name:</b>	Greater Hyderabad Municipal Corporation
<b>Project Name</b>	Function Halls
<b>Project Manager\Co-Ordinator Name</b>	Suseela J
<b>Address for communication:</b>	Survey No. 91, Near Outer Ring Road, Chowrasta, Gachibowli, Telangana 500032
<b>Phone:</b>	040 2354 1907
<b>Email</b>	

**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.	<b>Service Delivery/ Project Delivery:</b>		
	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 overall quality and performance of the final project/service delivered	5	
2.	<b>Team members Service:</b>		
	a) Approachability	5	
	b) Responsiveness	5	
	c) Communication skills	5	
	d) Flexibility	4	
	e) The promptness of problem resolution	5	
3.	<b>User experience/feel about application</b>	Excellent/Good/Average/Bad	
4.	<b>Overall rating</b>	4	
5.	As service provider, CGG offers "Value for Money".	Yes/No	
6.	Would you use CGG's Services again?!	Yes/No	