

### User Department Feedback Form

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

User Department Name:	I & PR Dept.
Project Name	Classified Advt. Module
Project Manager/Co-Ordinator Name	
Address for communication:	Sgmachar Bhatlu, I & PR Dept, A.C Guards, Hyderabad - 500 028.
Phone:	
Email	ipr.cladv@gmail.com
<b>Rating :</b> Please provide your ratings on the scale of 1 to 5 <b>Note:</b> 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 <input checked="" type="checkbox"/> 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	4	
	c) The overall quality and performance of the final project/service delivered	4	
2.	<b>Team members Service:</b>		
	a) Approachability	5	
	b) Responsiveness	5	
	c) Communication skills	5	
	d) Flexibility	5	
	e) The promptness of problem resolution	5	
3.	<b>User experience/feel about application</b>	Excellent/Good/Average/Bad	
4.	<b>Overall rating</b>		
5.	As service provider, CGG offers "Value for Money".	Yes/No	
6.	Would you use CGG's Services again?	Yes/No	

#	Attribute	Rating (1-5,NA)	Remarks
Improvements Suggested			

Feedback given by	Name	M. KIRAN MAVER	
	Designation	Public Relations Officer	
Signature		Date	01/01/24
			