

User Department Feedback Form

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

User Department Name:	Mahatma Jyotiba Phule Telengana BCWREIS
Project Name	Institution Management System
Project Manager\Co-Ordinator Name	Bharath Javaji
Address for communication:	DSS Bhavan Madab Tank
Phone:	
Email	sshashi1988@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	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.	Team members Service:		
	a) Approachability	4	
	b) Responsiveness	4	
	c) Communication skills	5	
	d) Flexibility	4	
	e) The promptness of problem resolution	3	
3.	User experience/feel about application	Excellent/Good/Average/Bad	
4.	Overall rating	4	
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	Ch. Shashidhar	
	Designation	Superintendent	
Signature		Date	12/7/2024