

**User Department Feedback Form**

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

<b>User Department Name:</b>	ST - CORPORATION (TRICOR)
<b>Project Name</b>	TU - OBMMS
<b>Project Manager \Co-Ordinator Name</b>	RATNA KUMAR
<b>Address for communication:</b>	Ground floor, DSS Bhavan, Masab tank, Hyderabad
<b>Phone:</b>	9493979478
<b>Email</b>	jmtrior@gmail.com

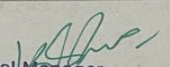
**Rating :** Please provide your ratings on the scale of 1 to 5  
**Note:** If any item has the rating of less than 4, please detail the reasons for such rating  
(This will be used as guidance for improvement).

1. Poor
2. Unsatisfactory
3. Satisfactory
4. Good
5. Excellent

NA: Not applicable

#	Attribute	Rating (1-5,NA)	Remarks
1.	<b>Service Delivery/ Project Delivery:</b>		
	a) The Project/Service was delivered as per the schedule	4	
	b) The delivered service\project was as per the requirements/specifications	5	
	c) The overall quality and performance of the final project/service delivered	4	
2.	<b>Team members Service:</b>		
	a) Approachability	5	
	b) Responsiveness	4	
	c) Communication skills	4	
	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>		Yes/No
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	Sri K. Shankar Rao	
	Designation	General Manager, TRICOR	
Signature		Date	
		General Manager TG. S.T.C.F.C. Ltd., (TG TRICOR) HYDERABAD.	