User Department Feedback Form

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

User Department Name:	Telangana minorities residentials educational institutional society
Project Name	School management software
Project Manager\Co-Ordinator Name	Md-Jillani
Address for communication:	
Phone:	
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	4	
	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.	**Team members Service:**		
	a) Approachability	5	
	b) Responsiveness	5	
	c) Communication skills	5	
	d) Flexibility	5	
	e) The promptness of problem resolution		
3.	User experience/feel about application	Excellent/Good/Average/Bad	
4.	Overall rating		
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	B. Sunivas Rao.
	Designation	Academic
Signature		Date 29/06/24