


Centre for Good Governance	 CENTRE FOR GOOD GOVERNANCE Knowledge • Technology • People	CMN – 004 V4.2
User Department Feedback Form		W.E.F. 07/01/2022


User Department Feedback Form

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

User Department Name:	Scheduled Caste Development Department
Project Name	e- Hostel Monitoring System
Project Manager\Co-Ordinator Name	Bharath Jawaji
Address for communication:	DSS Bhavan Masab Tank
Phone:	91009 7998 2
Email	cscdpehnie@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).	
<ol style="list-style-type: none"> 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	2	
	b) The delivered service\project was as per the requirements/specifications	3	
	c) The overall quality and performance of the final project/service delivered	4	
2.	Team members Service:		
	a) Approachability	4	
	b) Responsiveness	4	
	c) Communication skills	4	
	d) Flexibility	4	
	e) The promptness of problem resolution	3	
3.	User experience/feel about application	Excellent/Good/Average/Bad	
4.	Overall rating	4 - Good	
5.	As service provider, CGG offers "Value for Money".	<input checked="" type="checkbox"/> Yes/No	
6.	Would you use CGG's Services again?	<input checked="" type="checkbox"/> Yes/No	

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

Feedback given by	Name	S. Subbalaxmi		
	Designation	Assistant		
Signature	 Assistant Director Scheduled Caste Development Department 3rd Floor, DSS Bhavan, Masab Tank, Telangana, Hyderabad.		Date	12-07-2022