

STATE DATA CENTER DEPARTMENT OF IT & COMMUNICATION GOVT. OF ARUNACHAL PRADESH



SERVICE USER FEEDBACK FORM

1.	General Information	
	■ Name:	
	Organization:	
	Department:	
	Contact Email:	
	Service Details:	
	 Date/Duration of servi 	ce of Service Usage
	- Date/Duration of servi	ce of Scivice Osage.
2	Service Evaluation	
2.		with the overall quality of the State Data Center
	services provided?	with the overall quanty of the State Data Center
	<u>-</u>	
	o Very Satisfied	H
	o Satisfied	
	 Dissatisfied 	
_		
3.		munication from our support team?
	a. Very Satisfied	
	b. Satisfied	
	c. Dissatisfied	
4.	How timely are our responses to your support requests?	
	• Very Timely	
	 Timely 	H
	Neutral	
	Untimely	
	Very Untimely	
	Very ontimery	
5.	Comments (if any):	
Servic	e User:	
Name Depar	ture with seal: : tment/ Organization:	
Date:		