**Annexure 7/5**

**Beneficiary Feedback Form**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl No** | **Particulars** | **Very Poor** | **Poor** | **Good** | **Very Good** | **Excellent** |
| **1** | **2** | **3** | **4** | **5** |
| 1 | In my view the staff provides efficient and timely delivery of service  |   |   |   |   |   |
| 2 | In my view the staff shares relevant information and on time  |   |   |   |   |   |
| 3 | In my view the staff supports new initiative and ideas |   |   |   |   |   |
| 4 | In my view the staff recognizes and appreciates contribution made by beneficiary |   |   |   |   |   |
| 5 | In my view the staff is approachable  |   |   |   |   |   |
| 6 | In my view the staff maintains fair and transparent decision making process |   |   |   |   |   |
| 7 | In my view the staff discusses issues and addresses grievances |   |   |   |   |   |
| 8 | In my view the staff maintains consistency in implementing rules and regulation |   |   |   |   |   |
| 9 | In my view the staff promptly responds to queries  |   |   |   |   |   |