By e-Mail/Post

GOVERNMENT OF ODISHA
REVENUE AND DISASTER MANAGEMENT DEPARTMENT
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No. RDM-EGOV-MISC-0018-2024/ 38419 R&DM Dated 07 NOV 2024

From

Diganta Routroy, OAS(SAG),
Additional Secretary to Government.

To

All Collectors

Sub: Collection of feedback on delivery of Public Services

Sir,

In inviting reference to the subject cited above, I am directed to enclose herewith the feedback forms for both Tahasil and Registration Offices and to request you to incorporate the forms into offline registers for collection of feedback after delivery of Registration/Tahasil services. This register incorporating above forms shall be made available in Helpdesk of Tahasil/ Registration Offices to citizens visiting these offices. The compliance of the above shall be intimated to this Department within Seven days unfailingly.

This may be treated as **"Most Urgent".**

Yours faithfully,

07/11/24

Additional Secretary to Government

Memo No. 38420 /R&DM Dated 07 NOV 2024

Copy forwarded to P.S. to Hon'ble Minister, Revenue and DM for kind information of Hon'ble Minister.

07/11/24

Additional Secretary to Government

Memo No. 38421 /R&DM Dated 07 NOV 2024

Copy forwarded to Principal P.S. to Additional Chief Secretary to Government, Revenue and DM Department for kind information of Additional Chief Secretary.

Additional Secretary to Government

Memo No. 38422 /R&DM Dated 07 NOV 2024

Copy forwarded to all RDCs for information and necessary action.

Additional Secretary to Government

Tahasil Feedback Collection Form (Offline)

Name of the applicant

Address

Phone Number

Email

Name of the service applied

Was the service delivered or Rejected? (Checkbox --Delivered/Rejected)

Was the Help Desk at Tahasil Office useful? (Checkbox --Yes/No)

Was the service delivered in time? (Checkbox --Yes/No)

Was the behaviour of office staff good? (Checkbox --Yes/No)

Did any office staff ask for bribe? (Checkbox --Yes/No)

If Yes, details of the incident? (Optional—Text Box)

Did any broker/middleman approach you for availing the service? (Checkbox --Yes/No)

What is your overall rating for the availed service? (Checkbox --1.Bad 2.Average 3.Good 4.Excellent 5.Outstanding)

Would you like to provide any specific suggestion? (Optional--Text box)

DSR/SR Feedback Collection Form (Offline)

Name of the applicant

Address

Phone Number

Email

Name of the service applied

Was the service delivered or Rejected? (Checkbox --Delivered/Rejected)

Was the Help Desk at DSR/SR Office useful? (Checkbox --Yes/No)

Was the service delivered in time? (Checkbox --Yes/No)

Was the behaviour of office staff good? (Checkbox --Yes/No)

Did any office staff ask for bribe? (Checkbox --Yes/No)

If Yes, details of the incident? (Optional—Text Box)

Did any broker/middleman approach you for availing the service? (Checkbox --Yes/No)

What is your overall rating for the availed service? (Checkbox --1.Bad 2.Average 3.Good 4.Excellent 5.Outstanding)

Would you like to provide any specific suggestion? (Optional--Text box)