



**GODAVARI GAS PRIVATE LIMITED**  
(A JOINT VENTURE OF APGDC & HPCL)  
Rs.No.386/2, Beside District Collectorate

**REQUEST FOR QUOTATION**

**Ref.: GGPL/C&P/SR 1000014/2025-26/07**

**Dt.20.12.2025**

**To**

**The Bidder**

**SUB.: HIRING OF TPA FOR CONDUCTING CONSUMER SATISFACTION SURVEY FOR GGPL AUTHORISED GA'S OF EAST GODAVARI DISTRICT AND WEST GODAVARI DISTRICT.**

Dear Sirs,

Godavari Gas Private Limited, hereinafter called GGPL/Purchaser invites you to submit your Quote by submitting all Annexures duly signed and stamped including filled in price schedule.

1. The Scope of Work is placed at Annexure-A enclosed with this enquiry.
2. Contract Period : 60 days from date of LOA
3. Payment Terms: As per SCC.

**MODE OF SUBMISSION OF QUOTATIONS:**


You are requested to submit your **PASSWORD PROTECTED (Strictly)** Quotations in email to [kavya.gorle@apgdc.in](mailto:kavya.gorle@apgdc.in) with CC to [cfo@godavarigas.com](mailto:cfo@godavarigas.com)

**Last date for submitting the quotation through Email is 29.12.2025 14:00 Hrs and time of bid opening is 29.12.2025 15:00 Hrs. Password shall be obtained during the bid opening via Video conference or through Email at the time of bid opening.**

The management reserves the rights to amend, modify and alter any or all of the terms and \_\_\_\_\_ conditions of this offer.

Thanking you,

Yours truly,  
*For Godavari Gas Private Limited*

  
(G. Kavya)  
AM (HR, C&P)

**Enclosures:**

- Annexure – A : Scope of Work  
Annexure – B : Special Conditions of Contract (SCC)  
Annexure – C : Price Schedule/Schedule of Rates

# ANNEXURE-A : SCOPE OF WORK

## Scope of Work for Conducting Customer Satisfaction Survey

### INTRODUCTION:

Godavari Gas Pvt. Limited (GGPL), (hereinafter referred as Owner), has been authorized by PNGRB for setting up infrastructure and operation of City Gas Distribution Network in East Godavari & West Godavari GAs. Natural gas will be transported to residential, commercial, industrial (PNG) and automobile consumers (CNG) in the GAs.

### OBJECTIVE:

Godavari Gas Private Limited (GGPL) intends to do Customer Satisfaction Survey in its authorized Geographical areas in the state of Andhra Pradesh viz. East Godavari & West Godavari in accordance with the mandate of PNGRB in this regard. This survey aims to assess consumer experience and service quality across key operational and customer interaction parameters for the City Gas Distribution entities. The results are intended to benchmark service standards and identify areas for policy intervention and operational improvement within the sector.

The present document covers the technical specifications for the tender.

### SCOPE OF WORK:

1. The scope of work for the Customer Satisfaction Survey (CSS) is as per PNGRB communication reference covers planning, execution, and analysis for City Gas Distribution (CGD) companies and is detailed across several stages and parameters.
2. The key actionable details as per this communication are as follows:
  - a) **Questionnaire:** As finalized by PNGRB for all four segments (DPNG, Industrial, Commercial and CNG).
  - b) **Survey Methodology:** The survey is to be conducted as per the standardized methodology approved by the Board which includes -
    - i) 60% of mandatory survey of sample using computer assisted personal interview/ Face to Face interview.
    - ii) Computer aided telephonic interview (Tele-Callings)-maximum 20% of Sample Size.

iii) Email Survey- maximum 20% of sample size.

3. **General Considerations:**

- i. In DPNG segment all the charge areas with DPNG connection should be covered.
  - ii. Registered DPNG consumers should also be included in the CSS with a maximum capping of 5%.
  - iii. Minimum 25% sample size of DPNG consumers should be the ones using PNG since less than 02 years.
  - iv. The CNG segment sample shall be conducted equitably at all types of CNG stations viz Online, Daughter Booster & Daughter stations.
4. The Agency shall directly engage with the identified sample of customers for capturing feedback.
  5. The Agency shall tabulate and analyse the collected data GA-wise using Excel spreadsheets.
  6. The Agency shall conduct survey and data collection of CNG consumers at designated CNG outlets of GGPL\
  7. The Agency shall submit Customer Satisfaction Survey (CSS) reports, including the list of questionnaires (soft copy), for each operational area of GGPL. Separate CSS reports for each GA will be required.
  8. The Agency shall submit two copies (hard + soft) of survey reports for each GA surveyed to GGPL
  9. All reports must be prepared strictly in line with PNGRB directives.

10. **Details of Geographical Areas:**

1. The survey is to be carried out in 02 GAs i.e. West Godavari GA & East Godavari GA (EAAA)
2. Details of DPNG connections GA wise are as under:

| GA            | TOWN         | TOTAL CONNECTIONS | RUNNING     | DISCONNECTED |
|---------------|--------------|-------------------|-------------|--------------|
| East Godavari | Amalapuram   | 783               | 508         | 275          |
|               | Peruru       | 451               | 330         | 121          |
|               | Rajahmundry  | 511               | 315         | 196          |
|               | <b>Total</b> | <b>1745</b>       | <b>1153</b> | <b>592</b>   |

| GA            | TOWN           | TOTAL CONNECTIONS | RUNNING     | DISCONNECTED |
|---------------|----------------|-------------------|-------------|--------------|
| West Godavari | Eluru          | 738               | 531         | 207          |
|               | Tadepalligudem | 90                | 61          | 29           |
|               | Nandamuru      | 29                | 25          | 4            |
|               | Chagallu       | 625               | 412         | 213          |
|               | Kovvuru        | 641               | 420         | 221          |
|               | <b>Total</b>   | <b>2123</b>       | <b>1449</b> | <b>674</b>   |

3. Details of CNG Stations are as under:

| SN | Name of Geographical Area | Name of CNG Stations                | Location/Address of the Station   | Name of OMC / CGD Entity |
|----|---------------------------|-------------------------------------|---|--------------------------|
| 1  | West Godavari District    | M/s Godavari Gas Pvt Ltd            | Kovvuru (V), Near Gail Terminal, West Godavari District, Andhra Pradesh. Toll Free No: 1800-425-2559        | M/s Godavari Gas Pvt Ltd |
| 2  |                           | M/s Godavari Gas Pvt Ltd            | Vatluru (V), Pedapadu (M), Beside of NH-16, West Godavari District.   | M/s Godavari Gas Pvt Ltd |
| 3  |                           | M/s Sri Kotasakthi Filling Station, | Near Maszid, Ernagudem Road, Nidadavole Mandal, Nidadavole, West Godavari District. P.No:8500702433         | BPCL                     |
| 4  |                           | M/s Sudheer Filling Station         | Darsiparru (V), Pentapadu (M), Tadepalligudem to Bhimavaram Road, west Godavari District. Ph.No: 9885633349 | HPCL                     |
| 5  |                           | M/s G S R Filling Station           | Beside of NH-16, Alampuram (V), Pentapadu (M), Ph.No. 888366190   | IOCL                     |
| 6  |                           | M/s Pushpa Filling Station          | Narasimhapuram (V), Bhimavaram (M), west Godavari District. Ph.NO: 9246634414                               | HPCL                     |
| 7  |                           | M/s Godavari Gas Pvt Ltd            | kondruprolu (V), Tadepalligudem (M), Beside of NH16, West Godavari District.                                | M/s Godavari Gas Pvt Ltd |
| 8  |                           | M/s Sri Stayanarayana Automobiles   | Tetali (V), Tanuku (M), Beside of NH16, West Godavari district.   | IOCL                     |
| 9  |                           | M/s Sri Lakshmi Agencies            | Near Toll Plaza, Beside Of NH16, Kalaparru (V), Andhra Pradesh 521105.                                      | IOCL                     |
| 10 |                           | M/s JVL Narasimha                   | Peravalli, Beside Of NH16,  | BPCL                     |

|    |                                      |  |                          |
|----|--------------------------------------|--|--------------------------|
|    |                                      | West Godavari District.  |                          |
| 11 | M/s SSS Srinivasa's Fuel Batteries,  | Kaza (V), West Godavari District, ph no. 9440031031  | HPCL                     |
| 12 | M/s Sri Ganesh Filling Station       | S Muppavaram Village, Kovvuru- Nidadavole Road, West Godavari District, ph no. +918096329938.                        | HPCL                     |
| 13 | M/s Sri Omkar Pavan Sai Balaji Fuels | Uppalapadu (V), Kamavarapukota Mandal, West Godavari District, ph no.+91-9441235857                                  | HPCL                     |
| 14 | M/s Sri Laxmi Agencies               | Bhimadole, Bhimadole Mandal, Near By Punnami Restaurant, Kovvuru-Gundugolanu Road, West Godavari District.           | HPCL                     |
| 15 | M/s Godavari Gas Pvt Ltd             | Tetali (V), Tanuku (M), Beside of NH-16, West Godavari district,   | M/s Godavari Gas Pvt Ltd |
| 16 | M/s Swathi Petroleum                 | Tangellamudi (V), Eluru urban, Near by Collector Office, West Godavari District.                                     | BPCL                     |
| 17 | M/s Godavari Gas Pvt Ltd             | Peruru (V), Amalapuram (M), Beside of NH-216, East Godavari District.  | M/s Godavari Gas Pvt Ltd |
| 18 | M/s Srinivasa Agencies               | D.No 172-1-2, Near Lalacheruvu, Beside Of NH16, Pin Code-533106, Rajamundry, East Godavari District. P.No:8977788599 | HPCL                     |
| 19 | M/s HP Auto Care Centre-COCO         | Beside of NH-16, Opposite To Vishista Punjabi Dhaba, Ravulapadu (V), Ravulpalem Mandal-533238, P.No: 9701189505      | HPCL                     |
| 20 | M/s Bhaskara Agencies                | Near LIC Office, Morampudi Junction, RTC Complex Road, Rajahmundry, East Godavari District. P.No: 9848228320,        | IOCL                     |
| 21 | M/s S Bulleyya Reddy Filling Station | Canal Road, Blabhadrapuram, P.Code-533343, East Godavari District. Ph.No: 9391951999                                 | IOCL                     |
| 22 | M/s Sri Venkateswara Petro Products, | Talluru (V), Jaggampeta (M), Beside Of NH16, East Godavari District,- Ph no. 9010673990                              | BPCL                     |
| 23 | M/s Sri Data Sai Agencies            | Ramavaram (V), Jaggampeta (M),Beside of NH-16, East Godavari District, ph no.+919032607855, +917013981585            | HPCL                     |

|    |                                    |   |      |
|----|------------------------------------|---|------|
| 24 | M/s Srinivasa Agencies             | Dharmavaram (V), Beside of NH-16, East Godavari District.   | HPCL |
| 25 | M/s Sri Satya Balaji Agencies      | Kathipudi, Sanakavaram (M), Beside of NH-16, East Godavari District, ph no.+919032607855, +917013981585     | HPCL |
| 26 | M/s Sri Padmanabha Fuels           | Tetagunta (V), Beside of NH-16, East Godavari District.   | HPCL |
| 27 | M/s PV Ramana                      | Velamkothuru, Tuni, Beside of NH-16, East Godavari District, ph no.+919866190362                            | IOCL |
| 28 | M/s Swagat Filling Station         | Bendapudi, Beside of NH-16, East Godavari District, ph no.+919502864944                                     | IOCL |
| 29 | M/s Surya Prakash Filling Station  | Lalacheruvu, Rajahmundry, Beside of NH-16, East Godavari District, ph no.+919502864944                      | BPCL |
| 30 | M/s Sri Gayatri Manikanta Agencies | Sivakodu, Razole Mandal, East Godavari District, ph no.+919493312070  | IOCL |
| 31 | M/s Sri Jaya Laxmi & Co.           | Razole, Razole Mandal, East Godavari District, ph no.+919866538417  | IOCL |
| 32 | M/s Sundaram Petro Fills           | Gopalapuram (V), Ravulapalem Mandal, Near By Toll Plaza, Beside of NH16, East Godavari District, ph no.+91- | IOCL |
| 33 | M/s Godavari Gas Pvt Ltd           | Dowlaiswram (V), Behind of NAC academy, near Collectr Office, Rajahmundry Rural, East Godavari District.    | GGPL |

#### 4. Details of Industrial Customers

East Godavari GA:01 no viz.

- M/s RAK Ceramics

West Godavari GA:03 nos viz.

- Lixil, Bhimadole, Eluru District
- Prasad Seeds, Chintalapudi, Eluru District
- Prism Johnson, Bhimadole, Eluru District

## 5. Details of Commercial Customers

| S/N   | GA            | TOWN        | TOTAL CONNECTIONS | RUNNING | DISCONNECTED |
|-------|---------------|-------------|-------------------|---------|--------------|
| 1     | EastGodavari  | Amalapuram  | 2                 | 1       | 1            |
| 2     |               | Rajahmundry | 14                | 13      | 1            |
| 3     | West Godavari | Bhimadole   | 4                 | 2       | 2            |
| 4     |               | Kovvuru     | 8                 | 4       | 4            |
| TOTAL |               |             | 28                | 20      | 8            |

### **DELIVERABLES:**

Surveying agencies need to submit above information in form of questionnaire for each segment as DPNG, CNG, Industrial & Commercial adhere to the provided format. Further the information captured through these questionnaires shall be also summarized in excel format for each segment and GA Separately in the format desired by GGPL.

## Customer Satisfaction Survey Questionnaire of Domestic Segment (D- PNG)

\_\_\_\_\_ is carrying out Customer Satisfaction Survey (CSS) to understand the perception of the customers on the services provided. For the survey, some personal data as stated in the form like: (a) name (b) gender (c) age (d) mobile (e) email etc. will be collected. All details gathered would be kept confidential and would only be used for understanding perception/satisfaction/feedback pertaining to services provided by the company. Your participation in this survey is entirely voluntary. You may choose not to take part in this study. You may change your mind later and stop participating even if you agreed earlier.

Yes, I give my consent ☐

No ☐ Not interested to participate

Questionnaire No. \_\_\_\_\_

### BASIC DETAILS [to be pre-filled]

Interviewer Name \_\_\_\_\_ Charge Area No.: \_\_\_\_\_ GA Name: \_\_\_\_\_

Ownership of HH : Own HH ☐ Rented HH ☐

Name of the Respondent: \_\_\_\_\_

Gender Male ☐ Female ☐ Age \_\_\_\_\_

Name of the Customer : \_\_\_\_\_

Address 1: \_\_\_\_\_

Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

### CATEGORY OF CONSUMER- Billed and Unbilled customer [to be pre-filled]

Domestic Bungalow ☐ Row House ☐ Tenement ☐ Gala Type ☐  
Low Rise (1- 4 Storeys) ☐ High Rise (>4 Storeys) ☐ Others \_\_\_\_\_ ☐

1) Since how many years have you been the customer of the company? [to be pre- filled]

<1 ☐ 1-5 ☐ 6-10 ☐ 11-15 ☐ >15 ☐

2) Why have you opted for Piped Natural Gas Connection (Multiple Choice)?

Cost-Effectiveness ☐ Convenience ☐ Supply Continuity ☐ Safer Fuel ☐ All of them ☐ Others \_\_\_\_\_ ☐

3) Mode of registration [to be pre- filled]

1-Website ☐ 2-Direct Marketing Agent ☐ 3- Walk-in ☐ 4- Others ☐ NA (based on connection aging) ☐



| Please rate your satisfaction on scale of 1 to 5<br>(1 = Strongly Dissatisfied, 2= Dissatisfied, 3=Neutral, 4=Satisfied, 5= Strongly Satisfied) |  |   |
|---|--|---|
| PRODUCT & NETWORK   | 4) Availability (24x7) of gas supply i.e. Consistent / Uninterrupted Gas Supply  | 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>   |
|   |  |   |
| CONNECTION / ALTERATION PROCEDURE   | 5) Ease of documentation for existing / new / alteration of connection   | 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>   |
|   | 5a) How was your experience about registration for connection  | 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/><br>NA (based on connection aging) <input type="radio"/>   |
|   | 5b) Did the company educate you regarding the safe usage of PNG  | Yes <input type="radio"/> No <input type="radio"/>  |
|   | 6) Did the company communicate the reasonable timeframe for providing connection   | Yes <input type="radio"/> No <input type="radio"/>  |
|   | 7) Quality of installation work for existing / new connection / additional connection / alteration                               | 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>   |
|   | 8) Customer satisfaction with regards to time taken for providing new connection / Alteration after application/ service request | 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/><br>NA (based on connection aging) <input type="radio"/>   |
| BILLING & METER RELATED   | 9) Are you satisfied with the billing practices of the company   | Yes <input type="radio"/> No <input type="radio"/><br>If No, please specify the reason _____  |
|   | 10) Billing done after proper and regular meter reading  | Yes <input type="radio"/> No <input type="radio"/> Self-generated <input type="radio"/><br>Can't Say <input type="radio"/>  |
|   | 11) Ease of understanding of the Bill  | 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>   |
|   | 12) Timely Delivery of the Bill  | 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>   |
|   | 13) Behavior of staff/ representative carrying out meter reading   | 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>   |
|   |  |   |
| COMPLAINT/QUERY HANDLING & STAFF INTERACTION  | 14) Have you raised any type of complaint/query in the past?   | Yes <input type="radio"/> (Goto Q15) No <input type="radio"/> (Goto Q20)  |
|   | 15) If yes in Q14, what was the type of complaint/request?   | Billing Related <input type="radio"/> Gas Leakage /Pressure <input type="radio"/><br>Supply Discontinuity <input type="radio"/> Gas Connection/Alteration <input type="radio"/><br>Metering Related <input type="radio"/> Other _____ <input type="radio"/> |

|   |   |  |                                   |                         |   |
|---|---|--|-----------------------------------|-------------------------|---|
|   | 15a) If yes in Q14, Mode of complaint registration  | IVRS/ Telephonic <input type="radio"/> Chatbot <input type="radio"/> Walk-in <input type="radio"/><br>Other _____ <input type="radio"/>  |                                   |                         |   |
|   | 15(b) If yes in Q14, Time taken for resolving the complaint                                       | Billing related- 1to2 days <input type="radio"/> 3to7 days <input type="radio"/> more than 7days <input type="radio"/><br>Gas leakage/pressure/ supply discontinuity related- within 1 hr <input type="radio"/> 2to6 hr <input type="radio"/> 6to12 hr <input type="radio"/> more than 12 hr <input type="radio"/><br>Gas connection/alteration related- 1mth <input type="radio"/> 2to3 mths <input type="radio"/> more than 3mths <input type="radio"/><br>Metering related- 1to5 days <input type="radio"/> 5to10 days <input type="radio"/> more than 10days <input type="radio"/> |                                   |                         |   |
|   | 16) If yes in Q14, Was follow-up required to handle your complaint / request                      | Yes <input type="radio"/> No <input type="radio"/>   |                                   |                         |   |
|   | 17) Understanding and handling of your complaint / request by Staff / CCE?                        | 1 <input type="radio"/>  | 2 <input type="radio"/>           | 3 <input type="radio"/> | 4 <input type="radio"/> 5 <input type="radio"/> |
|   | 18) Politeness & behavior of the Staff / CCE  | 1 <input type="radio"/>  | 2 <input type="radio"/>           | 3 <input type="radio"/> | 4 <input type="radio"/> 5 <input type="radio"/> |
| COMMUNICAT<br>ON<br>FROM THE<br>COMPANY                           | 19) Your Overall Experience with respect to company's complaint / query handling process          | 1 <input type="radio"/>  | 2 <input type="radio"/>           | 3 <input type="radio"/> | 4 <input type="radio"/> 5 <input type="radio"/> |
|   | 20) Communication by the company through SMS/Watsapp/loud speakers about gas supply interruption? | Yes <input type="radio"/> No <input type="radio"/>   |                                   |                         |   |
|   | 21) Awareness about Launching of new scheme and marketing campaigns / initiatives by the company  | Yes <input type="radio"/> No <input type="radio"/>   |                                   |                         |   |
| SAFETY  | 22) Regular safety drives/ awareness programs carried out by the company for safe usage of PNG    | Yes <input type="radio"/> No <input type="radio"/>   |                                   |                         |   |
|   | 23) Are you aware of the Emergency Contact no.  | Yes <input type="radio"/> No <input type="radio"/>   |                                   |                         |   |
| OVERALL<br>SERVICE  | 24) Keeping everything in mind, how satisfied are you with overall services of the company        |  |                                   |                         |   |
|   | Strongly Dissatisfied (1) <input type="radio"/>   | Dissatisfied (2) <input type="radio"/>   | Neutral (3) <input type="radio"/> |                         |   |
|   | Satisfied (4) <input type="radio"/>   | Strongly Satisfied (5) <input type="radio"/>   |                                   |                         |   |
| 25) Remarks & Suggestions for Improvement/Technology advancement: |   |  |                                   |                         |   |
|   |   |  |                                   |                         |   |

**CATEGORY OF CONSUMER- Non- PNG customers (in Gasified locality)**

|   |   |
|---|---|
| 1) Are you aware of the benefits of PNG   | Yes <input type="radio"/> No <input type="radio"/>  |
| 2) Are you willingly to opt for PNG   | Yes <input type="radio"/> No <input type="radio"/>  |
| 2a) If YES- Are you aware of the different schemes being offered by the company | Yes <input type="radio"/> No <input type="radio"/>  |
| 2b) If NO- please specify the reasons for the same                              |   |
| 3) Why have you not opted for PNG till date                                     | <p>Connection cost is too high <input type="radio"/></p> <p>Rented premises <input type="radio"/></p> <p>Aesthetically doesn't like exposed pipeline route <input type="radio"/></p> <p>Satisfied with current fuel (LPG/ Wood etc.) <input type="radio"/></p> <p>Company representative has never approached <input type="radio"/></p> <p>Others _____ <input type="radio"/></p> |
| 4) Are you aware about the company that supplies gas in your city/ area         | Yes <input type="radio"/> No <input type="radio"/>  |
| 5) Remarks/ Suggestions, if any   |   |

**CATEGORY OF CONSUMER- Registered customers/ SBNC (Signed But Not Commissioned)**

Date of registration \_\_\_\_\_

|  |  |
|--|--|
| 1) Why have you opted for PNG connection (multiple choice)   | Cost- effectiveness <input type="radio"/> Convenience <input type="radio"/><br>Supply continuity <input type="radio"/> Safer fuel <input type="radio"/> All of them <input type="radio"/> Others _____ <input type="radio"/> |
| 2) Ease of documentation   | 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>  |
| 3) Mode of registration  | 1-Website <input type="radio"/> 2-Direct Marketing Agent <input type="radio"/><br>3-Others <input type="radio"/>   |
| 3a) Mode of payment for registration   | Cheque <input type="radio"/> Card (Debit/Credit) <input type="radio"/><br>Net Banking <input type="radio"/><br>UPI/ PhonePe/Gpay/Paytm <input type="radio"/><br>Others _____ <input type="radio"/>                           |
| 4) Did the CGD entity communicate the time frame for providing connection                                    | Yes <input type="radio"/> No <input type="radio"/>   |
| 5) Did the CGD entity communicate their inability to provide PNG connection and requested you to take refund | Yes <input type="radio"/> No <input type="radio"/>   |
| 6) If YES in Q5, have you availed for refund   | Yes <input type="radio"/> No <input type="radio"/>   |
| 7) If NO in Q6, reason for not availing refund   | the customer still wants to avail PNG connection irrespective of the time frame involved <input type="radio"/> Others _____ <input type="radio"/>  |
| 8) In case customer not willing to take connection, reason for the same to be specified                      |  |
| 9) Remarks/ Suggestions, if any  |  |

## Customer Satisfaction Survey Questionnaire For CNG Customers

### Section-1: Details of outlet, respondent and the vehicle

|                                  |  |                             |                                |                                   |                              |  |
|----------------------------------|--|-----------------------------|--------------------------------|-----------------------------------|------------------------------|--|
| Name of GA                       | .....  |                             |                                |                                   |                              |  |
| Name of the Outlet               | .....  |                             |                                |                                   |                              |  |
| Please select the Outlet         | <input type="radio"/> CGD  | <input type="radio"/> HPCL  | <input type="radio"/> BPCL     | <input type="radio"/> IOCL        | <input type="radio"/> JIO BP | <input type="radio"/> NEL <input type="radio"/> OTHERS |
| Name of the Respondent           | .....  |                             |                                |                                   |                              |  |
| Gender of the respondent         | <input type="radio"/> M-Male   |                             | <input type="radio"/> F-Female |                                   |                              |  |
| Age of the Respondent (years)    | <input type="radio"/> 18-30  | <input type="radio"/> 31-40 | <input type="radio"/> 41-50    | <input type="radio"/> 51-60       | <input type="radio"/> 60+    |  |
| Contact Number of the Respondent | .....  |                             |                                |                                   |                              |  |
| Respondent                       | <input type="radio"/> Driver   |                             |                                | <input type="radio"/> Owner       |                              |  |
| Respondent's Vehicle Category    | <input type="radio"/> Car  |                             |                                |                                   |                              |  |
|                                  | <input type="radio"/> Taxi   |                             |                                |                                   |                              |  |
|                                  | <input type="radio"/> Auto Rickshaw                                  |                             |                                |                                   |                              |  |
|                                  | <input type="radio"/> Bus  |                             |                                |                                   |                              |  |
|                                  | <input type="radio"/> Two Wheeler                                    |                             |                                |                                   |                              |  |
|                                  | <input type="radio"/> Light Goods Vehicle                            |                             |                                |                                   |                              |  |
| Vehicle Make                     | .....  |                             |                                |                                   |                              |  |
| Vehicle Registration Number      | .....  |                             |                                |                                   |                              |  |
| Type of FITMENT KIT              | <input type="radio"/> COMPANY FITTED                                 |                             |                                | <input type="radio"/> RETROFITTED |                              |  |
| In Case of Retrofitting          | .....Numbers of Day of Purchase After which Vehicle Converted to CNG |                             |                                |                                   |                              |  |

\*Surveyor's name/code, Time, Date, Lat/Long of the location will be captured automatically and will be available in the tabulated data (response sheet)

### Section-2: Buying Behaviour of the Respondent

|     |   |  |
|-----|---|--|
| 2.0 | How many kilometers do you typically drive per day? | <input type="radio"/> Less than 10 km<br><input type="radio"/> 10-20 km<br><input type="radio"/> 21-30 km<br><input type="radio"/> 31-40 km<br><input type="radio"/> 41-50 km<br><input type="radio"/> More than 50 km |
|-----|---|--|

|     |  |  |                          |
|-----|--|--|--------------------------|
| 2.1 | How often do you get CNG filled in your vehicle?                   | <input type="radio"/> More than 2 times a day<br><input type="radio"/> Twice a day<br><input type="radio"/> Once a day<br><input type="radio"/> Once in 2 days<br><input type="radio"/> Once in 3-4 days<br><input type="radio"/> Once in a week<br><input type="radio"/> Occasionally (on rare occasions)   |                          |
| 2.2 | Do you have a preference of station from where you fill tank?      | <input type="radio"/> Yes, I prefer a particular station<br><input type="radio"/> No, I am indifferent about station   |                          |
| 2.3 | If the answer to 2.2 is yes, please ask for the reason(s)          | <input type="radio"/> Convenient Location<br><input type="radio"/> Working hours<br><input type="radio"/> Good/ Additional Services<br><input type="radio"/> Courteous Staffs<br><input type="radio"/> Others, Pl. specify ( _____ )<br><input type="radio"/> Most of the times from here<br><input type="radio"/> Sometimes from here<br><input type="radio"/> Rarely, came here as there is no option nearby |                          |
| 2.4 | Average Quantity of CNG Filled                                     | .....  |                          |
| 2.5 | Mileage of Vehicle   | .....  |                          |
| 2.6 | Preferred time of filling  | .....  |                          |
| 2.7 | Average waiting time for filling CNG                               | .....  |                          |
| 2.8 | Are you happy with the CNG network spread/ coverage of the company | <input type="radio"/> Yes  | <input type="radio"/> No |

### Section-3: Assessment Questions

**Rating:** 5- Excellent, 4- Very Good, 3- Good, 2- Fair, 1- Poor

| Assessment Criteria | Statements             | Rating   |                         |                         |                         |   |
|---------------------|------------------------|--|-------------------------|-------------------------|-------------------------|---|
| 3.1                 | Response on the outlet | Accessibility of the outlet                              | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> 5 <input type="radio"/> |
|                     |                        | Ease of entry and exit at the outlet                     | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> 5 <input type="radio"/> |
|                     |                        | Cleanliness & maintenance of the driveway at the station | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> 5 <input type="radio"/> |

|     |   |  |   |   |   |   |   |
|-----|---|--|---|---|---|---|---|
|     |   | Illumination at the outlet   | 1 | 2 | 3 | 4 | 5 |
|     |   | Pressure of the gas is consistently available                                  | 1 | 2 | 3 | 4 | 5 |
|     |   | Sufficient space for vehicle queuing is available                              | 1 | 2 | 3 | 4 | 5 |
|     |   | Adequate passenger shed is available   | 1 | 2 | 3 | 4 | 5 |
| 3.2 | Response on the CNG as a product                  | Quality of the fuel  | 1 | 2 | 3 | 4 | 5 |
|     |   | Mileage of the fuel  | 1 | 2 | 3 | 4 | 5 |
|     |   | Maintenance & service expenses incurred due to CNG usage                       | 1 | 2 | 3 | 4 | 5 |
|     |   | Impact on the environment  | 1 | 2 | 3 | 4 | 5 |
|     |   | Pick up of the vehicle   | 1 | 2 | 3 | 4 | 5 |
| 3.3 | Response on Service & Operations                  | Timeliness of refilling  | 1 | 2 | 3 | 4 | 5 |
|     |   | Accuracy & visibility of rate, units, quantity etc. in the dispensers' display | 1 | 2 | 3 | 4 | 5 |
|     |   | Time taken in filling the gas  | 1 | 2 | 3 | 4 | 5 |
|     |   | Politeness and courtesy of the staff   | 1 | 2 | 3 | 4 | 5 |
| 3.4 | Response on the Safety Measurements & Precautions | Display of basic guidelines (no smoke, no mobile etc.)                         | 1 | 2 | 3 | 4 | 5 |
|     |   | Availability of fire extinguishers   | 1 | 2 | 3 | 4 | 5 |
|     |   | Attendant requests to turn off the ignition while filling                      | 1 | 2 | 3 | 4 | 5 |
|     |   | Attendant asks passengers to get down of the vehicle while filling gas         | 1 | 2 | 3 | 4 | 5 |
| 3.5 | Responses on the outlet personnel                 | Uniform of the attendant (for easy identification)                             | 1 | 2 | 3 | 4 | 5 |

|     |   |  |                           |                         |                          |                         |                         |
|-----|---|--|---------------------------|-------------------------|--------------------------|-------------------------|-------------------------|
|     |   | Basic knowledge of the staff and ability to handle your queries, if any          | 1 <input type="radio"/>   | 2 <input type="radio"/> | 3 <input type="radio"/>  | 4 <input type="radio"/> | 5 <input type="radio"/> |
|     |   | Ability to ensure proper queue management  | 1 <input type="radio"/>   | 2 <input type="radio"/> | 3 <input type="radio"/>  | 4 <input type="radio"/> | 5 <input type="radio"/> |
|     |   | Availability of sufficient manpower  | 1 <input type="radio"/>   | 2 <input type="radio"/> | 3 <input type="radio"/>  | 4 <input type="radio"/> | 5 <input type="radio"/> |
|     |   | Checking of Compliance metal plate validity of cylinder in vehicle by the filler | <input type="radio"/> Yes |                         | <input type="radio"/> No |                         |                         |
| 3.6 | Response on Billing, Payment System & Digital Payment Readiness | Accuracy of the amount charged for the fuel                                      | 1 <input type="radio"/>   | 2 <input type="radio"/> | 3 <input type="radio"/>  | 4 <input type="radio"/> | 5 <input type="radio"/> |
|     |   | Ability to provide bill on request   | 1 <input type="radio"/>   | 2 <input type="radio"/> | 3 <input type="radio"/>  | 4 <input type="radio"/> | 5 <input type="radio"/> |
|     |   | Adequacy of details on the bill  | 1 <input type="radio"/>   | 2 <input type="radio"/> | 3 <input type="radio"/>  | 4 <input type="radio"/> | 5 <input type="radio"/> |
|     |   | Time taken in completing the transaction through UPI                             | 1 <input type="radio"/>   | 2 <input type="radio"/> | 3 <input type="radio"/>  | 4 <input type="radio"/> | 5 <input type="radio"/> |
|     |   | Time taken in completing the transaction through cards                           | 1 <input type="radio"/>   | 2 <input type="radio"/> | 3 <input type="radio"/>  | 4 <input type="radio"/> | 5 <input type="radio"/> |
|     |   | Time taken in completing the transaction in cash                                 | 1 <input type="radio"/>   | 2 <input type="radio"/> | 3 <input type="radio"/>  | 4 <input type="radio"/> | 5 <input type="radio"/> |
|     |   | Return of change by filler post payment  | <input type="radio"/> Yes |                         | <input type="radio"/> No |                         |                         |
|     |   | Does the company have digital payment options                                    | <input type="radio"/> Yes |                         | <input type="radio"/> No |                         |                         |
| 3.7 | Response on Basis Facilities                                    | Availability of drinking water   | 1 <input type="radio"/>   | 2 <input type="radio"/> | 3 <input type="radio"/>  | 4 <input type="radio"/> | 5 <input type="radio"/> |
|     |   | Availability of toilets  | 1 <input type="radio"/>   | 2 <input type="radio"/> | 3 <input type="radio"/>  | 4 <input type="radio"/> | 5 <input type="radio"/> |
|     |   | Cleanliness of toilets/ forecourt area   | 1 <input type="radio"/>   | 2 <input type="radio"/> | 3 <input type="radio"/>  | 4 <input type="radio"/> | 5 <input type="radio"/> |
|     |   | Availability of first aid facility   | 1 <input type="radio"/>   | 2 <input type="radio"/> | 3 <input type="radio"/>  | 4 <input type="radio"/> | 5 <input type="radio"/> |
|     |   | Availability of suggestion/ complaint book                                       | 1 <input type="radio"/>   | 2 <input type="radio"/> | 3 <input type="radio"/>  | 4 <input type="radio"/> | 5 <input type="radio"/> |
|     |   | Free Facility of air dispensers  | 1 <input type="radio"/>   | 2 <input type="radio"/> | 3 <input type="radio"/>  | 4 <input type="radio"/> | 5 <input type="radio"/> |



|   |                            |   |   |
|---|----------------------------|---|---|
|   |                            | Visibility of signs and important numbers like police, emergency/medical help, station operations manager, Shutdown Notice etc. | 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> |
|   |                            | In a month how many times did you find the CNG station was shut down or has dry outs ( 0 for No Response)                       | .....   |
| <b>Section-4: Response on Complaint Handling</b>                            |                            |   |   |
|   |                            | Have you made any complaint at the outlet in the last 3 months?   | Yes <input type="radio"/> No <input type="radio"/>  |
| If Yes, please specify the nature and the reason of the complaint.<br>..... |                            |   |   |
|   |                            | Would you feel comfortable making a complaint if you had a problem with the service?  | Yes <input type="radio"/> No <input type="radio"/> Unsure <input type="radio"/>   |
|   | <b>Assessment Criteria</b> | <b>Statements</b>   | <b>Rating</b>   |
| 4.1   | Complaints Handling        | Complaint book/Suggestion box at CNG Station  | <input type="radio"/> Yes <input type="radio"/> No  |
|   |                            | Ease of registering the complaint   | 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> |
|   |                            | Timeliness of resolution  | 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> |
|   |                            | Appropriateness of resolution provided  | 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> |

#### 5.0 Responses on Miscellaneous Issues (Optional)

What are the benefits of using CNG? Please tick the options below (multiple answers allowed)

| Statements   | Response<br>(1-Yes, 2-No) |                          |
|--|---------------------------|--------------------------|
| Economical as compared to other fuels like petrol, diesel etc                                      | Yes <input type="radio"/> | No <input type="radio"/> |
| Clean fuel/Environment Friendly/Reduces pollution  | Yes <input type="radio"/> | No <input type="radio"/> |
| Source of income for many people who are driving cabs like Ola/Uber etc.                           | Yes <input type="radio"/> | No <input type="radio"/> |
| It gives more mileage  | Yes <input type="radio"/> | No <input type="radio"/> |
| Noise Reduction  | Yes <input type="radio"/> | No <input type="radio"/> |
| Easily available   | Yes <input type="radio"/> | No <input type="radio"/> |
| Maintenance cost of the vehicle is reduced   | Yes <input type="radio"/> | No <input type="radio"/> |
| Good vehicle pick up and better performance of the vehicle   | Yes <input type="radio"/> | No <input type="radio"/> |
| The change in price of CNG is less as compared to petrol/diesel                                    | Yes <input type="radio"/> | No <input type="radio"/> |
| Do you believe that the government and local authorities should do more to promote the use of CNG? | Yes <input type="radio"/> | No <input type="radio"/> |

## 6.0 Responses on Miscellaneous Issues (Optional)

|   |  |
|---|--|
| <p>What additional services would you wish to receive from CGD stations?</p> <p>Are you aware of Periodic testing of cylinders?</p> <p>In How Many Years should Periodic Testing of cylinder should be done</p> <p>In a year how many times, did you find CNG station was shut down? _____<br/>(If you have not experienced shut down then answer as "0")</p> | <p>PUC <input type="radio"/> Eateries <input type="radio"/> Car washing <input type="radio"/> Retail Store <input type="radio"/></p> <p>Any Other.....</p> <p>Yes <input type="radio"/> No <input type="radio"/></p> <p>1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/></p> <p>.....</p> |
|---|--|

## Customer Satisfaction Survey

### Questionnaire for Commercial PNG Users

Hello Sir/ Madam,  
I am from \_\_\_\_\_. We are conducting a survey to understand your experience of using Pipe Natural Gas. Kindly answer the questions in this form as freely as you can. This information will be kept confidential.

\*\*\*\*\*

|  |   |
|--|---|
| <b>Name of the Entity</b>                |   |
| <b>Type of Entity</b>                    | <input type="checkbox"/> Restaurant/Club/Mal <input type="checkbox"/> Banquet/Caterers <input type="checkbox"/> Cloud Kitchen<br><input type="checkbox"/> Religious Institution <input checked="" type="checkbox"/> Educational Institution <input type="checkbox"/> Medical Establishment<br><input type="checkbox"/> Star Category Hotels |
| <b>Address where Supply is given</b>     |   |
| <b>Name of the Respondent:</b>           |   |
| <b>Mobile Number of Respondent</b>       |   |
| <b>Email</b>                             |   |
| <b>Type of establishment</b>             | <input checked="" type="radio"/> Owned <input type="radio"/> Rental <input type="radio"/> Long term lease   |
| <b>Name of the surveyor:</b>             | <b>Date of interview:</b> /   /20____   |
| <b>Verifying Company Representative:</b> |   |

|    |                                   |  |
|----|-----------------------------------|--|
| 1. | How long have you been using PNG? | <input type="radio"/> Less than a year <input type="radio"/> 1 - 5 years <input type="radio"/> 6 to 10 years<br><input type="radio"/> 11 to 15 years <input type="radio"/> More than 15 years                          |
| 2. | Reasons for Opting PNG?           | <input type="checkbox"/> Safety <input type="checkbox"/> Convenience <input type="checkbox"/> Economica<br><input type="checkbox"/> Reliability <input type="checkbox"/> Othe<br><br>If others, please elaborate _____ |

### Pre-Contract Parameters

(rate wherever applicable between 1 to 5 where 1 is poor and 5 is excellent)

|    |   |   |
|----|---|---|
| 3. | Who reached out to get a PNG Connection?  | <input type="radio"/> Myself/My Representative<br><input type="radio"/> Company Representative                          |
| 4. | If You had approached, which mode was available for you to submit connection request? | <input type="checkbox"/> Call Center <input type="checkbox"/> Letter/email <input type="checkbox"/> Personal            |
| 5. | Rate your experience if approached by Company representative                          | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 |
| 6. | Rate your experience with regards to response of Company to your request?             | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 |

### Contract/Onboarding Parameters

|     |   |   |
|-----|---|---|
| 7.  | Rate your experience with regards to ease of documentation for getting PNG connection       | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 |
| 8.  | Rate your experience about the company's information regarding the new PNG connection cost. | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 |
| 9.  | Rate your experience with regards to ease of contractual terms and conditions               | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 |
| 10. | Were you informed about the timelines for starting PNG supply?                              | <input type="radio"/> YES <input type="radio"/> N   |

### Connection Parameters

|     |  |  |
|-----|--|--|
| 11. | How many months it took for you to get the connection after the contract was signed                    | <input type="radio"/> Less than 6 months<br><input type="radio"/> 6 - 12 months<br><input type="radio"/> more than 12 months |
| 12. | Were you intimated by the company if there was delay from the committed timelines to start PNG supply? | <input type="radio"/> YES <input type="radio"/> NO   |
| 13. | Rate your experience with regards to the quality of installation done by the company                   | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5      |

### Billing Parameters

|     |  |  |
|-----|--|--|
| 14. | Is your connection pre-paid or post paid   | <input type="radio"/> Pre- <input type="radio"/> Post-Paid   |
| 15. | If post paid, what is meter reading duration                                     | <input type="radio"/> Fortnightly <input type="radio"/> Monthly <input type="radio"/> Other<br>If others, please specify |
| 16. | Rate your experience with regards to accuracy of the bill and meter reading      | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5  |
| 17. | Rate your experience with regards to ease of understanding of bills              | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5  |
| 18. | Do you receive your bills on time  | <input type="radio"/> YES <input type="radio"/> NO   |
| 19. | Rate your experience with regards to payment modes made available by the company | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5  |

### After Sales/ Customer Service Parameters

|     |  |   |
|-----|--|---|
| 20. | Did you ever reach out to company for any query / service / complaint to the company?                          | <input type="radio"/> YES <input type="radio"/> NO  |
| 21. | If yes, please rate your experience with regards to ease of reaching out to company                            | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 |
| 22. | Rate your experience whether executives could understand the query / service / complaint                       | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 |
| 23. | Were you given any timelines to solve your service/complaint   | <input type="radio"/> YES <input type="radio"/> NO  |
| 24. | Did you have to call multiple times for the same complaint?  | <input type="radio"/> YES <input type="radio"/> NO  |
| 25. | Rate your experience with regards to politeness/professionalism of service personnel while solving the problem | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 |

### Reliability and Safety Parameters

|     |   |   |
|-----|---|---|
| 26. | Rate your experience with regards to consistency of pressure and supply | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 |
| 27. | Was there any disruption of supply ?                                    | <input type="radio"/> YES <input type="radio"/> N   |
| 28. | If Yes, What was the frequency of disruption ?                          | <input type="radio"/> 1 to 3 months<br><input type="radio"/> 3 to 6 months<br><input type="radio"/> 6 to 12 months      |

|     |  |  |
|-----|--|--|
| 29. | If Yes what was the average restoration time of the supply   | <input type="radio"/> less than an hour <input type="radio"/> 1 to 3 hours<br><input type="radio"/> 3 to 6 hours <input type="radio"/> 6 to 9 hours<br><input type="radio"/> 9 to 12 hours <input type="radio"/> >12 hours |
| 30. | Rate your experience with regards to proactiveness on communication on service changes or disruptions by the company | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5  |
| 31. | Rate your experience with regards to Safety inspection /Standards / Compliance by the company                        | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5  |

#### General Parameters

|     |  |   |
|-----|--|---|
| 32. | Rate you experience with regards to overall satisfaction with the service of the company | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 |
| 33. | Will you recommend anyone opt the services of the company                                | <input type="radio"/> YES <input type="radio"/> NO  |
| 34. | Do you have any suggestion to improve the services of the company                        | <input type="radio"/> YES <input type="radio"/> NO  |
| 35. | If yes, please elaborate   |   |

## Customer Satisfaction Survey

### Questionnaire of Industrial Segment (PNG)

The <\_\_\_\_\_> Company is carrying out an annual Customer Satisfaction Survey (CSS) to understand the perception of customers on the services provided. Some personal data & industrial details as stated in the form will be collected. All details gathered would be used only for understanding your experience with the services provided by the company. Your participation in this survey is entirely voluntary.

|                       |  |
|-----------------------|--|
| <b>Date:</b>          |  |
| <b>GA Name:</b>       |  |
| <b>Surveyor Name:</b> |  |

| Basic details           |  |
|-------------------------|--|
| <b>Name of Industry</b> |  |
| <b>Address:</b>         |  |
| <b>Respondent Name:</b> |  |
| <b>Designation:</b>     |  |
| <b>Mobile No :</b>      |  |

| Type of Industry        |                               |                 |
|-------------------------|-------------------------------|-----------------|
| Chemicals & Dyes        | Engineering                   | Food Processing |
| Plastic & Rubber        | Foundry, Metallurgy & Rolling |                 |
| Pharmaceuticals         | Large Commercial              | Ceramics        |
| Textile                 | Printing & Packaging          |                 |
| Others - Please specify |                               |                 |

| Please rate your satisfaction on scale of 1 to 5<br>(1 = Strongly Dissatisfied, 2 = Dissatisfied, 3 = Neutral, 4 = Satisfied, 5 = Strongly Satisfied) |                                  |  |
|---|----------------------------------|--|
| <b>Gas Supply</b>   | 1. Do you have a PNG connection? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

|  |  |  |
|--|--|--|
|  | 2. Do you still use Diesel Genset?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
|  | 3. Have you shifted to Gas based Genset?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
|  | 4. Availability of gas supply (24*7)   | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> |
|  | 5. Consistency of supply pressure  | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> |
| <b>Meter &amp; Billing Issues</b>            | 1. Accuracy of the bill and meter reading  | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> |
|  | 2. Ease of understanding bill  | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> |
|  | 3. Timely receiving of bill  | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> |
|  | 4. Payment mode provided   | Cheque <input type="checkbox"/> Others <input type="checkbox"/><br>Online (RTGS/NEFT/UPI) <input type="checkbox"/>                     |
| <b>New Connection /Alternation Procedure</b> | 1. Ease of documentation for existing / new / alternation of connection                                      | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> |
|  | 2. Timely response by the company to establish new connection/ alternation                                   | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> |
|  | 3. Quality of installation for service requested   | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> |
|  | 4. Facilitation by the company in laying internal pipeline (reference for 3 <sup>rd</sup> party contractors) | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> |
| <b>Operation and Maintenance</b>             | 1. Sharing of technical specification by the company   | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> |
|  | 2. Satisfaction on information provided by the company about gas interruption (planned/unplanned)?           | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> |
|  | 3. Emergency service response in case of exigency  | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> |
|  | 4. Satisfaction with respect to coordination for plant maintenance   | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> |
| <b>Contract management</b>                   | 1. Easy to approach the team   | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> |
|  | 2. Attitude of staff   | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> |
|  | 3. Understanding and effectiveness of handling the queries   | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> |
|  | 4. Request management for equipment capacity (Load) Change   | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> |
|  | 5. Request management for plan and daily contracted quantity change.   | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> |
| <b>Complaint/ service request handling</b>   | 1. Have you raised any type of complaint/query in the past?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |



|  |  |   |
|--|--|---|
|  | 2. If yes in Q1, what was the type of complaint/Query?   | Billing Related <input type="checkbox"/> Gas Leakage <input type="checkbox"/><br>Supply Discontinuity <input type="checkbox"/> Metering Related <input type="checkbox"/><br>Other _____                 |
|  | 3. Timely / quick resolution of issues   | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>  |
|  | 4. Overall experience with respect to company's complaint/ query handling process  | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>  |
|  |  |   |
| <b>Safety</b>  | 1. Adequate information provided by the company about how to safely use PNG  | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>  |
| <b>Company website</b>   | 1. Which of the following options used to reach out the company?   | Website <input type="checkbox"/><br>Mobile App <input type="checkbox"/><br>Customer care <input type="checkbox"/><br>Relationship executive <input type="checkbox"/><br>Others <input type="checkbox"/> |
|  | 2. Satisfaction on ease of providing information   | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>  |
| <b>Overall service</b>   | Considering the above how much are you satisfied with the overall service of the company?  |   |
|  | Strongly Dissatisfied <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Neutral <input type="checkbox"/> Satisfied <input type="checkbox"/> Strongly Satisfied <input type="checkbox"/> |   |
| <b>Remarks and Suggestions for further improvement, if any</b> |  |   |

## **Annexure-B : SPECIAL CONDITION OF CONTRACT (SCC)**

1. The bidder, shall be in Empanelled TPA Agencies List of PNGRB for conducting customer satisfaction survey

2. EMD / Bid Security: Nil

### **3. EVALUATION METHODOLOGY:**

The Purchaser will award the contract to the successful Bidder whose bid has been determined to be substantially responsive and has been determined to be the lowest evaluated bid (L1), provided further that the Bidder is determined to be qualified to perform the contract satisfactorily.

### **4. CONTRACT PERFORMANCE BANK GUARANTEE / CONTRACT PERFORMANCE SECURITY: NOT APPLICABLE**

### **5. PRICE REDUCTION SCHEDULE (PRS):**

GGPL shall apply PRS for delay in completion of each activity @ $\frac{1}{2}\%$  per week or part thereof of the amount of that activity subject to maximum of 5%. Price Reduction Schedule to be applicable against order value Completion period will be counted from date of LOA (Letter of Award)

### **6. COMPLETION PERIOD:**

Within 60 days from date of LOA including mobilization period of 15 days.

### **7. TERMS OF PAYMENT**

Payment term for each item mentioned in schedule of rates shall be as follows:

- 50% of total order value on submission of Draft report including questionnaire & excel summary foreach segment.
- 40% of total order on submission of Final report including questionnaire & excel summary for each segment.
- 10% of total order upon acceptance of report without any non-compliance by GGPL/ PNGRB.

### **8. OTHER TERMS AND CONDITIONS:**

#### **PERFORMANCE OF DUTIES AND SERVICES BY SERVICE PROVIDER**

Service Provider retained shall perform its Services in full accordance with the terms and conditions of the Contract and any applicable local laws and regulations and shall exercise all reasonable professional skill, care and diligence in the discharge of said Project work.

Service Provider retained shall in all professional matters act as a faithful advisor to GGPL, and will provide all the expert commercial/technical advice and skills which are normally required for the class of Services for which it is engaged. Service Provider retained, shall carry out all its responsibilities in accordance with the best professional standards. Service Provider retained shall prepare and submit documents /reports etc. in due time. Service Provider shall be allowed for Incidental absenteeism up-to maximum 12 Days during the contract period of 60 days.

## 9. CONFIDENTIALITY

9.1 Service Provider retained shall treat all matters in connection with the Contract as strictly confidential and undertakes not to disclose, in any way, information, documents, technical data, experience and know-how given to him by GGPL without the prior written consent of the latter.

9.2 Service Provider retained further undertakes to limit the access to confidential information to those of its employees, Implementation Partners who reasonably require the same for the proper performance of the Contract provided however that Service Provider retained shall ensure that each of them has been informed of the confidential nature of the confidentiality and non- disclosure provided for hereof.

9.3 Service Provider retained shall not be entrusted with Cash/Account handling activities and other confidential and sensitive matter of the Organisation.

## 9.4 TAXES AND DUTIES

Service Provider retained shall pay any and all taxes including service tax, duties, levies etc. which are payable in relation to the performance of the Contract. Statutory variation in taxes and duties, if any, within the contractual completion period shall be borne by GGPL. No variation in taxes duties or levies other than statutory taxes & duties shall be payable. Service Provider retained will not claim from GGPL any taxes paid by him. GGPL shall deduct Income tax at source at applicable rates.

## 9.5 RESOLUTION OF DISPUTES / ARBITRATION

GGPL and Service Provider retained shall make every effort to resolve amicably by direct informal negotiations any disagreement or dispute arising between them under or in connection with the Contract. All disputes, controversies, or claims between the parties, the decision of the Engineer in-Charge is deemed to be final and binding.

## 9.6 LEGAL CONSTRUCTION.

9.6.1 Subject to the provisions of this Article, the Contract shall be, in all respects, constructed and operated as an Indian Contract and in accordance with Indian Laws as in force for the time being and is subject to and referred to the Court of Law situated at Vijayawada

## 9.7 SUSPENSION OF THE PREFORMANCE OF DUTIES AND SERVICES

9.7.1 GGPL may suspend in whole or in part – the performance of services of Service Provider retained any time upon giving not less than fifteen (15) day's notice.

- 9.7.2 Upon notice of suspension, Service Provider shall suspend immediately the services and reduce expenditure to a minimum to be agreed upon by both the parties.
- 9.7.3 Upon suspension of the performance of services, Service Provider retained shall be entitled to reimbursement of the costs which shall have been actually incurred prior to the date of such suspension. However, the total reimbursement shall be restricted to contract price.
- 9.7.4 By fifteen days prior notice, GGPL may request Service Provider to resume the performance of the services, without any additional cost to GGPL.
- 9.7.5 If the suspension of the duties and services exceeds six months, either party shall be entitled to terminate contract according to Article 3.16 hereunder.

## 9.8 INDUSTRIAL AND INTELLECTUAL PROPERTY

- 9.8.1 In order to perform the services, Service Provider retained must obtain at its sole account, the necessary assignments, permits and authorizations from the title holder of the corresponding patents, models, trademarks, names or other protected rights and shall keep GGPL harmless and indemnify GGPL from and against claims, proceedings, damages, costs and expenses (including but not limited to legal costs) for and/or on account of infringements of said patents, models, trademarks names or other protected rights.
- 9.8.2 Service Provider retained shall not be entitled either directly or indirectly to make use of the documents, reports given by GGPL for carrying out of any services with any third parties.

- 9.9 MODIFICATION Any modification of or addition to the contract shall not be binding unless made in writing and agreed by both the parties.

## ANNEXURE-C: SCHEDULE OF RATES

| <b>Scope of Work:</b> Hiring of TPA for conducting of Customer Satisfaction City Gas Distribution Project of M/s . Godavari Gas Pvt. Limited. in East Godavari GA and West Godavari GA in the state of Andhra Pradesh |   |             |                |  |                 |                       |  |  |
|---|---|-------------|----------------|--|-----------------|-----------------------|--|--|
| <b>Tender No:</b> GGPL/C&P/SR 1000014/2025-26/07 <b>Dt.</b> 20.12.2025  |   |             |                |  |                 |                       |  |  |
| <b>SoR Item No</b>  | <b>Description of item</b>  | <b>Unit</b> | <b>Qty (A)</b> | <b>Unit Rate including of all incidental costs but excluding GST applicable on it in INR (B)</b> | <b>GST in %</b> | <b>GST in INR (C)</b> | <b>Unit Price including all taxes &amp; duties in INR D= B+C</b> | <b>Total Price including all taxes &amp; duties in INR E=D x A</b> |
| 1   | Professional Charges for undertaking the scope as defined in the tender documents and Scope of work i.e. Carrying Out Customer Satisfaction Survey (CSS) as per as per scope of work and approach & methodology explained in PNGRB Guidelines and subsequent submission of Report to PNGRB for acceptance on single point responsibility basis including all Charges towards visiting GGPL sites, including fare, Boarding, Lodging, accommodation, Food & local transport. | Lumpsum     | 1              |  |                 |                       |  |  |

NOTE: (This BOQ template must not be modified/replaced by the bidder and the same should be uploaded after filling the relevant columns , elsee the bidder is liable to be rejected for this tender. Bidders are allowed to enter the Bidder Name and Values only)

1. The bidder shall read these SOR (s) in conjunction with the Scope of Work detailed in this Bid Document and quote accordingly.
2. Bidder to mandatorily quote the GST applicable; the evaluation of the price bid s hall be done accordingly (inclusive of GST).
3. In case the bidder does not indicate/quote the rate & amount of applicable taxes in the SOR or makes any other statement (e.g., "NIL" "Inclusive", Kept as Blank", "Extra at actual" etc.), their quoted price s hall be considered inclusive of all applicable GST.
4. Bidder has to quote for complete scope of work.

GGPL reserve the right to accept or reject any bid , and to annul the bidding process and reject all bids at any time prior to award of contract without thereby incurring any liability to the affected dder or any obligations to inform the affected bidders of the ground for GGPL actions

## FORMS AND FORMATS

To,  
M/s Godavari Gas Private Limited  
Rajahmundry

TENDER NO:

|    |  |  |
|----|--|--|
| 1  | Bidder Name  |  |
| 2  | Status of Firm   | Proprietorship Firm/Partnership firm/<br>Limited/Others<br>If Others Specify: _____<br>[Enclose certificate of Registration] |
| 3  | Name of Proprietor /Partners/<br>Directors of the firm/company   |  |
| 4  | Number of Years in Operation   |  |
| 5  | Address of Registered Office:<br><br>*In case of Partnership firm, enclose<br>letter mentioning current address of<br>the firm and the full names and<br>current addresses of all the partners<br>of the firm. | <div>City:</div> <div>District:</div> <div>State:</div> <div>PIN/ZIP:</div>  |
| 6  | Operation Address<br>(if different from above)   | <div>City:</div> <div>District:</div> <div>State:</div> <div>PIN/ZIP:</div>  |
| 8  | Telephone Number   | _____<br>(Country Code)    (Area Code)    (Telephone No.)  |
| 9  | E-mail address   |  |
| 10 | Website  |  |
| 11 | Fax Number:  | _____<br>(Country Code)    (Area Code)    (Telephone No.)  |
| 12 | ISO Certification, if any  | {If yes, please furnish details}   |
| 13 | Bid Currency   |  |
| 14 | Banker's Name  |  |
| 15 | Branch   |  |
| 17 | Bank account number  |  |
| 18 | PAN No.  | [Enclose copy of PAN Card]   |

|    |  |   |
|----|--|---|
| 19 | GST no.  | [Enclose copy of GST Registration Certificate]  |
| 20 | EPF Registration No.   | [Enclose copy of EPF Registration Certificate]  |
| 21 | ESI code No.   | [Enclose copy of relevant document]   |
| 22 | We (Bidder) are cover under the definition of section 2 (n) of the MSMED Act | Yes / No<br><i>(If the response to the above is 'Yes", Bidder to provide Purchaser a copy of the Entrepreneurs Memorandum (EM) filled with the authority specified by the respective State Government.)</i> |
| 23 | Whether Micro/Small/Medium Enterprise  | (Bidder to submit documents as specified it ITB)  |
| 24 | Type of Entity   | Corporate/ Non-Corporate (As per Service tax Act).<br>(In case of Non-Corporate Entity, bidder will submit documentary evidence for same).  |

Place:

Date:

[Signature of Authorized Signatory of Bidder]

Name:

Designation:

Seal:

### **AGREED TERMS & CONDITIONS**

**To**

M/s Godavari Gas Private Limited  
Rajahmundry

| Sl. | DESCRIPTION  | BIDDER'S<br>CONFIRMATION   |
|-----|--|--|
| 1   | Bidder's name and address  |  |
| 2.  | Please confirm the currency of quoted prices is in Indian Rupees.  |  |
| 3.  | Confirm quoted prices will remain firm and fixed till complete execution of the order.   |  |
| 4   | Rate of applicable GST   | CGST:.....%<br>SGST:.....%<br>IGST:.....%<br>Total : .....%                                |
| 4.1 | Whether in the instant tender GST is covered in reverse charge rule of Goods and service tax   | Yes/ No<br>In case of Yes, please specify GST) payable by:<br>GGPL:.....%<br>Bidder:.....% |
| 5.  | i) Confirm acceptance of relevant Terms of Payment specified in the Bid Document.<br>ii) In case of delay, the bills shall be submitted after deducting the price reduction due to delay.  |  |
| 6.  | Confirm that Contract Performance Security will be furnished as per Bid Document.  |  |
| 7.  | Confirm that Contract Performance Security shall be from any Indian scheduled bank or a branch of an International bank situated in India and registered with Reserve bank of India as scheduled foreign bank. However, in case of bank guarantees from banks other than the Nationalized Indian banks, the bank must be a commercial bank having net worth in excess of Rs 100 crores and a declaration to this effect shall be made by such commercial bank either in the Bank Guarantee itself or separately on its letterhead. |  |
| 8.  | Confirm compliance to Completion Schedule as specified in Bid document. Confirm contract period shall be reckoned from the date of Fax of Acceptance.  |  |
| 9.  | Confirm acceptance of Price Reduction Schedule for delay in completion schedule specified in Bid document.   |  |
| 10. | a) Confirm acceptance of all terms and conditions of Bid Document (all sections).<br>b) Confirm that printed terms and conditions of bidder are not applicable.  |  |
| 11. | Confirm your offer is valid for period specified in BDS from Final/Extended due date of opening of Techno-commercial Bids.   |  |
| 12. | Please furnish EMD/Bid Security details:<br>a) EMD/ Bid Security No. & date<br>b) Value<br>c) Validity   |  |



| <b>Sl.</b> | <b>DESCRIPTION</b>  | <b>BIDDER'S<br/>CONFIRMATION</b> |
|------------|---|----------------------------------|
| 13.        | Confirm acceptance to all provisions of ITB read in conjunction with Bid Data Sheet (BDS).  |                                  |
| 14.        | Confirm that Annual Reports for the last three financial years are furnished along with the Un-priced Bid.  |                                  |
| 15.        | Confirm that, in case of contradiction between the confirmations provided in this format and terms & conditions mentioned elsewhere in the offer, the confirmations given in this format shall prevail. |                                  |
| 16.        | Confirm the none of Directors of bidder is a relative of any Director of Owner or the bidder is a firm in which any Director of Owner/ GGPL or his relative is a partner.                               |                                  |
| 17.        | All correspondence must be in ENGLISH language only.  |                                  |
| 18.        | Owner reserves the right to make any change in the terms & conditions of the TENDER/BIDDING DOCUMENT and to reject any or all bids.   |                                  |
| 19.        | Confirm that all Bank charges associated with Bidder's Bank shall be borne by Bidder.   |                                  |

Place:

Date:

[Signature of Authorized Signatory of Bidder]

Name:

Designation:

Seal:

**E-Banking Mandate Form**

(To be issued on vendors letter head)

1. Vendor/customer Name :
2. Vendor/customer Code:
3. Vendor /customer Address:
4. Vendor/customer e-mail id:
5. Particulars of bank account
  - a) Name of Bank
  - b) Name of branch
  - c) Branch code:
  - d) Address:
  - e) Telephone number:
  - f) Type of account (current/saving etc.)
  - g) Account Number:
  - h) RTGS IFSC code of the bank branch
  - i) NEFT IFSC code of the bank branch
  - j) 9-digit MICR code

I/We hereby authorize M/s Godavari Gas Private Limited to release any amount due to me/us in the bank account as mentioned above. I/We hereby declare that the particulars given above are correct and complete. If the transaction is delayed or lost because of incomplete or incorrect information, we would not hold the M/s Godavari Gas Private Limited responsible.

(Signature of vendor/customer)

**BANK CERTIFICATE**

We certify that ----- has an Account no. ----- with us and we confirm that the details given above are correct as per our records.

Bank stamp

Date

(Signature of authorized officer of bank)