

FEED BACK FORM

Faculty/Student-

User name-

User ID-

Designation-

Department-

Contact Number-

E-mail ID-

(Please ✓ tick mark)

The library collection & availability of reading material is

Excellent

Good

Poor

The services provided by library is

Excellent

Good

Poor

Are you satisfied with the library staff?

Excellent

Good

Poor

Are you satisfied with the library working hours, grade it.

Excellent

Good

Poor

Please give any suggestions for improvement of library services and functions.

Signature

Please submit this form to the Librarian