



Library Feedback Form

To improve the library services and the level of user satisfaction, your feedback is extremely important to us. Please fill this form and hand it over to the library staff.

How frequently do you visit the library?

Daily / Weekly / Monthly / Never

S. No	Question	Highly satisfied	Satisfied	Not Satisfied *
1	Availability of library resources -books, journals, magazines, newspapers and databases.			
2	Existing library rules and regulations.			
3	Quantity of books and journals available in Library.			
4	Time taken in transaction of the reading resources.			
5	Availability of digital and online resources			
6	Availability of reprographic facility.			
7	Environment of study in the Library.			
8	Co-operation of library staff			
9	Internet facility			

* **Suggestions for improvement:** _____

Name: _____ **Registration No./Emp.ID** _____

Faculty: _____ **Subject/Course** _____

Signature (with date) _____

** If **not satisfied** kindly **fill the suggestion for improvement.***

Thank you for completing and returning this form