



## LIBRARY FEEDBACK FORM

### SECTION A: General Information

Name:

Roll No./Employee ID:

Date:

<b>Position:</b> <input type="checkbox"/> Faculty <input type="checkbox"/> Student <input type="checkbox"/> Research Scholar <input type="checkbox"/> Non-Teaching	<b>Purpose for your visit:</b> <input type="checkbox"/> For reference /research purposes <input type="checkbox"/> To borrow materials <input type="checkbox"/> To make use of the facilities [ex. Internet] <input type="checkbox"/> Others	<b>Frequency of Visit:</b> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> During Exams only
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### SECTION B: Feedback

Question	Excellent	Very Good	Good	Fair	Poor
Circulation Services					
Reference /Special Collection Services					
Print Periodical Collection					
Sufficiency & Availability of Collection					
Physical condition of books					
Online/email notification of new arrival of books					
Are you aware of Library Online resources?					
Are you satisfied with the available Reading space in the Library?					
Lighting & Ventilation					
Equipment & Facilities					
Staff Behavior					
Overall impression of Library					

Any Comments:

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Signature