

Kishori Sinha Mahila College, Aurangabad, Bihar

FEEDBACK FORM

LIBRARY

Name of the Student:.....Department:.....

Class/Course :.....Roll No.:.....Session.....

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|--|----------------------------|
| 1. How often do you visit the library | Regular/Occasionally/Never |
| 2. Are the required number of titles in
Your subject available in the library | Yes / No |
| 3. Are you satisfied with the cataloguing and
arrangement of books in the library | Yes / No |
| 4. Are you satisfied with the available Reading
Space in the Library | Yes / No |
| 5. Are the library staff co-operative and Helpful | Yes / No |
| 6. Are you able to make use of Xerox facility in
the library | Yes / No |
| 7. Are ICT facilities available | Yes / No |
| 8. Are you able to use of e – resources facility in
Library | Yes / No |

9. If any Others-.....

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Signature: _____