



M.L.T. COLLEGE, SAHARSA

FEEDBACK FORM

LIBRARY

Name of the Student:.....

Department:.....

Class:.....

Roll No.....

Session:.....

- | | |
|--|--------------------------------|
| 1. How often do you visit the library | Regular/Occasionally/Neve
r |
| 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. If any others- | |

Signature: _____