

M.L.T. COLLEGE SAHARSA



FEED BACK FORM

LIBRARY

Name of Student/Parents/Teachers: Ayesha Ziya Department: Biotechnology
Class: BSC: IIIrd yr Roll No. 21 Session: 2016-19

- | | |
|---|--|
| 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 | <input checked="" type="checkbox"/> Yes / No |
| 3. Are you satisfied with the cataloguing and arrangement of books in the library | <input checked="" type="checkbox"/> Yes / No |
| 4. Are you satisfied with the available Reading Space in the Library | Yes / No <input checked="" type="checkbox"/> |
| 5. Are the library staff co-operative and Helpful | Yes / No <input checked="" type="checkbox"/> |
| 6. Are you able to make use of Xerox facility in the library | Yes / No <input checked="" type="checkbox"/> |
| 7. Are ICT facilities available | Yes / No <input checked="" type="checkbox"/> |
| 8. If any others- | |

Signature: Ayesha Ziya

Date: 22-07-2019