



SWARNANDHRA
COLLEGE OF ENGINEERING & TECHNOLOGY
AUTONOMOUS
SEETHARAMAPURAM; NARASAPUR – 534 280

Library Feedback Form

To improve the Library Services and the Level 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

Sl.no.,	Question	Highly Satisfied	Satisfied	Not Satisfied
1	Existing library rules and regulations			
2	Availability of books, journals, magazines and newspapers.			
3	Quality of books and journals available.			
4	Quantity of books and journals available.			
5	Time taken in transaction of the reading material.			
6	Availability of library staff.			
7	Co-operation of library staff			
8	Availability of reprographic facility.			
9	Environment in the Library.			

Suggestions for improvement: _____

FACULTY/STUDENT:

PG OR UG :

Year _____

Name : _____ Department: _____

Signature (with date)_____

** If **not satisfied** kindly **fill** the **suggestion for improvement**.
Thank you for completing and returning this form*