



**KALINGA UNIVERSITY**  
**KOTNI ROAD, NAYA RAIPUR (C.G.) INDIA**

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**Central Library**  
**User's Feedback Form**

Name :- .....

Branch :- .....

SID :- .....

Mobile No. :- .....

Email id :- .....

Dear Users,

Your feedback and suggestions are very importance to us.

1. How often do you visit the Library?

Regularly                       Occasionally                       Never

2. Is Library location convenient?

Yes                       No

3. Is Library timing is suitable for you?

Yes                       No

4. Are the required number of titles in your Subject available in the Library?

Yes                       No

5. Are you satisfied with the arrangement of books in the Library?

Yes                       No

6. Do you use OPAC (Online public access of catalog) for searching the books?

Yes                       No

7. Are the library Professionals are able to understand your need.

Agree                       Neutral                       Disagree

8. Are the Library Staff co-operative and helpful?

Yes

No

9. Library Resources.

Excellent

Good

Fair

10. Wi-fi facility.

Excellent

Good

Fair

11. Are you satisfied with the library services available to you?

Yes

No

If No, kindly drop your suggestions for the improvement of the library resources and services.

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12. What kind of resources do you want to refer to in future in your central library?

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**Signature**