



**A.V. Education Society's  
DEGLOOR COLLEGE, DEGLOOR**

**Library Feedback Form**

Name :- .....

Course :- .....

Class :- ..... Academic Year: - .....

1. How often do you visit the Library?

Regular

Occasionally

Never

2. Is Library location convenient?

Yes

No

3. Is Library timing is suitable for you?

Yes

No

4. Is 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. The library instructor was knowledgeable and helpful.

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 available Reading space in the Library?

Yes

No

12. Any suggestion regarding library

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**Signature of the Student**