



ST. JOSEPH'S DEGREE & PG COLLEGE

Autonomous, Affiliated to Osmania University
Re-accredited by NAAC (3rd Cycle) with B⁺⁺ Grade
King Koti Road, Hyderabad

LIBRARY & INFORMATION CELL

Date: _____

FEEDBACK FORM

To improve library services and the level of user satisfaction, your feedback is extremely important to us. Please fill this form and hand it over to the library staff.

Name of the User (Optional): _____

User Category: Student [] Teaching Staff [] Non-Teaching Staff [] Others []

If Student:

Program: _____ Year: I/II/III Semester: I/II/III/IV/V/VI

If Teaching/Non-Teaching Staff:

Department: _____ Designation: _____

1. How Frequently do you visit the library?

a. Daily [] b. Weekly [] c. Monthly [] d. Never []

2. Satisfaction Levels of Library Users:

Please give your satisfaction levels based on the below metrics:

I – Highly Satisfied, II-Satisfied, III-Neutral, IV-Dissatisfied, V-Highly Dissatisfied

S. No.	Statement	I	II	III	IV	V
1	Existing library rules & regulations					
2	Availability of Books, Journals, Magazines and Newspapers					
3	Quality & Quantity of books and journals available					
4	Time Taken in transaction of the reading material					
5	Library Staff Support & Cooperation					
6	Availability of Reprographic (Photocopy) facility					
7	Environment in the library					
8	Access to Digital Library Services and E-Resource/E-Databases					
9	Way of approach and behaviour of library staff					

Suggestions for improvement:

1. _____

2. _____

3. _____