



Sheth Lalji Dayal Amalgamated Trust's

Lilavati Lalji Dayal Night College of Commerce

(Affiliated to University of Mumbai)

LIBRARY & INFORMATION CELL

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.

Date:

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 Level of Library Users:

Please give your satisfaction levels based on the below metrics:

I – Highly Satisfied

II-Satisfied

III-Neutral

IV-Dissatisfied

Sr. No.	Statement	I	II	III	IV
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. _____

Signature-:

Name-: _____