

iFEEL Library Feedback Form

Academic Year: _____ | **Course: PGDM** _____ | **Batch:** _____

Student Name: _____ **Contact No.:** _____

Sr. No.	Service Area	Rating (Tick One)	Suggestions / Remarks
1	Availability of required books	☐ Excellent ☐ Very Good ☐ Good ☐ Satisfactory ☐ Needs Improvement	_____
2	Latest books & reference material	☐ Excellent ☐ Very Good ☐ Good ☐ Satisfactory ☐ Needs Improvement	_____
3	Journals & magazines	☐ Excellent ☐ Very Good ☐ Good ☐ Satisfactory ☐ Needs Improvement	_____
4	E-resources / EBSCO accessibility	☐ Excellent ☐ Very Good ☐ Good ☐ Satisfactory ☐ Needs Improvement	_____
5	Library seating facility	☐ Excellent ☐ Very Good ☐ Good ☐ Satisfactory ☐ Needs Improvement	_____
6	Library environment / study atmosphere	☐ Excellent ☐ Very Good ☐ Good ☐ Satisfactory ☐ Needs Improvement	_____
7	Wi-Fi / Internet facility	☐ Excellent ☐ Very Good ☐ Good ☐ Satisfactory ☐ Needs Improvement	_____
8	Accessibility of library resources (OPAC / Automation)	☐ Excellent ☐ Very Good ☐ Good ☐ Satisfactory ☐ Needs Improvement	_____
9	Overall satisfaction with library services	☐ Excellent ☐ Very Good ☐ Good ☐ Satisfactory ☐ Needs Improvement	_____

Signature of Student: _____ **Date:** _____