



# Central University of Orissa, Koraput

## Central Library

### Feedback Form

Name :- .....

Course :- .....

Category :- Student  Faculty

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. Have you ever used online resources of library for your study purpose?  
 Yes  No
8. Are the Library Staff co-operative and helpful?  
 Yes  No
9. Library Resources?  
 Excellent  Good  Fair
10. Wi-fi/Internet 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**