

LIBRARY SERVICES CENTRE FEEDBACK FORM

(Your Feedback is Important for Us)

N	ame of Officials/ Staff/Visitor
D	epartment/Organization
Eı	mail
	How frequently do you visit the library? (Daily/Weekly/Fortnightly/Monthly/Less Often) How often do you use the BIS Library portal? (Daily/Weekly/Fortnightly/Monthly/Less often)
3.	What is the primary purpose for which you use the library? (Please state briefly below)
4.	Which library services do you use most frequently? Standards Books BIS Library Web OPAC Print or E- Journals/ /Online Database Magazines / Newspapers Institutional Membership Service Leisure reading material like novels and short stories
5.	We value your feedback. Please share any suggestions or comments on how we can improve our services.

