THIRURAJAPURAM KAVALKINARU

Library Feedback Form

To improve the 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.

How frequently do you visit the library?

Daily / Weekly / Monthly / Never

S, No	Question	Highly satisfied	Satisfied	Not Satisfied *
1	Existing library rules and regulations	/		
2	Availability of books, journals, magazines and newspapers.			
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4	Quantity of books and journals available.			-
5	Time taken in transaction of the reading material.			
6	Availability of library staff.		/	
7	Co-operation of library staff	-/		
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9	Environment in the Library.		-	

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Thank you for completing and returning this form

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How frequently do you visit the library?

Daily / Weekly / Monthly / Never

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RAJAS DENTAL COLLEGE & MOSPITAL KAVALKINARU 627 105, TIRUHELVELI DIST.

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Library Feedback Form

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* Suggestions for improvement:	
Faculty/ BDS / MDS : Year/ Intern Name : Dr. Sudharmi.7	Department: Dapt of ova) Pathelo
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Daily / Weekly / Monthly / Never

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Library Feedback Form

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Thank you for completing and returning this form

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How frequently do you visit the library?

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* If not satisfied kindly fill the suggestion for improvement.

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* Suggestions for improvement: Only	one Journal access abouted be
Faculty/ BDS / MDS : Year 11 / Inte	orn :
Name: D. Phyoneshwan	Signature (with date)

* If not satisfied kindly fill the suggestion for improvement.

Thank you for completing and returning this form

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1	Existing library rules and regulations		/	
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* Suggestions for improvement:	More books needed
Faculty/ BDS / MDS : Year IV / Intern Name : F. Shifn Sawa	Department:

" If not satisfied kindly fill the suggestion for improvement.

Thank you for completing and returning this form

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How	frequently	do y	ou visit	the	library?
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* Suggestions for improvement:	
Faculty/ BDS / MDS : YearTL/Intern	
Name : M. Mohowed Hayral Been Department: _	
Signature (with	date)

* If not satisfied kindly fill the suggestion for improvement.

Thank you for completing and returning this form

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THIRURAJAPURAM KAVALKINARU

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* Suggestions for improvement:	
Faculty/ BDSTMDS : Year/ Intern	
Name: Dr R.S. Noween Rajesh	Department: 69al surgery
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Thank you for completing	g and returning this form PRINCIPAL RAJAS DENTAL COLLEGE & HOSPITA

RAJAS DENTAL COLLEGE & HOSPITAL KAVALKINARU 827 188, TIRUMELVELI DIST.

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How frequently do you visit the library?

Daily / Weekly / Monthly / Never

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* Suggestions for improvement:	
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* Suggestions for improvement:	
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How frequently do you visit the library?

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* Suggestions for improvement:	
Faculty/ BDS / MDS : Year / Intern	-
Name : Dr. Covictor	Department: Pin D
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* If not satisfied kindly fill the suggestion for improvement.

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RAJAS DENTAL COLLEGE & HOSPITAL KAVALKINARU 827 1/3, TIPUHOLVELI DIST.

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KAVALKIRJARU 627 105, TIRUHELVELI DIST.

To improve the 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.

How frequently do you visit the library?

S. No	Question	Highly satisfied	Satisfied	Not Satisfied *
1	Existing library rules and regulations	2		
2	Availability of books, journals, magazines and newspapers.	1		
3	Quality of books and journals available.	/		
4	Quantity of books and journals available.	/		
5	Time taken in transaction of the reading material.	1/		
6	Availability of library staff.	//		
7	Co-operation of library staff	//		
8	Availability of reprographic facility.	//		
9	Environment in the Library.			
Sug	gestions for improvement: \	y 400d	λω	Suggessio
acul Name	545	nent:	PERIODI	ONITI CS

* If not satisfied kindly fill the suggestion for improvement.

Thank you for completing and returning this form

THIRURAJAPURAM KAVALKINARU

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Daily / Weekly / Monthly / Never

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6	Availability of library staff.	1		
7	Co-operation of library staff		1	
8	Availability of reprographic facility,		1,	
9	Environment in the Library.		/	

Suggestions for improvement:	
Faculty/ BDS / MDS ; Year / Intern	Department: Oral Park darry Signature (with date) J. (1812)
* If not satisfied kindly fill the s	.()

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6	Availability of library staff.	V,		
7	Co-operation of library staff	/		
В	Availability of reprographic facility.			
9	Environment in the Library.			

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* Suggestions for improvement:	
Faculty/ BDS / MDS : Year/ Intern	1. Natraiel
Name : DR. J. PACKLAKENS	Department: Drolo Mr. 1 Wesciel
	Signature (with date)
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If not satisfied kindly fill the suggestion for improvement.

Thank you for completing and returning this form

RAJAS DENTAL COLLEGE & HOSPITAL KANALE JULIU IN - 627 105, L TREMENELL DISTRICT.

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7	Co-operation of library staff	1		
8	Availability of reprographic facility.	1/		
9	Environment in the Library.	1		

Suggestions for improvement: <u>Can</u> ia	Androny Sertion
Faculty/ BDS / MDS : Year / Intern Name : M-ANC-ALAPARAMESHNAR1-MRC	Department: _AVATORRY
	Signature (with date) H. Angely
* If not satisfied kindly fill the s	uggestion for improvement.

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9	Environment in the Library.		/	

* Suggestions for improvement:_	Connel		Des with
Faculty/ BDS / MDS : Year Name :Multu Aruns		Department: _ Signature (with	date) K Welly A .

* If not satisfied kindly fill the suggestion for improvement,

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RAJAS DENTAL COLLEGE & ROSPITAL KAVALISMARU CIV 185, TV. CRELVELI DIST.

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