



Fergusson College (Autonomous), Pune.

Bai Jerbai Wadia Library

Feedback Form

Date: _____

General Information

Name: _____ Department & Year: _____

Email: _____ Contact No.: _____

Type of user: Student () College Faculty () College Staff () Other, if any _____

Feedback

(✓ *Please tick mark Appropriate box*)

1. How often do you visit the library?

Regular () Once a week () Twice a week () Once a month () Rarely ()

2. Please indicate the main purpose of visiting the library. (*Check all that apply*)

Reading Newspapers () Borrowing Books () Preparation for Exams ()

Research () Reading Journals () Internet Browsing ()

To access E-Resources () Other: _____

3. The library timings are adequate?

Yes () No ()

4. The collection and resources available at the library are?

Excellent () Good () Fair () Poor ()

5. Are you satisfied with the available journals/ magazines/e-resources?

Yes () No () Maybe ()

6. Are you satisfied with the arrangement of books on the Library shelves?

Yes () No () Maybe ()

7. Do you use OPAC (Online public access of catalog) for searching the books?

Yes () No ()

8. Do you use MOPAC App for searching the books through your phone?

Yes () No ()

9. Do you use computers provided in the computer lab for browsing/research?

Yes () No ()

10. Is library staff cooperative and helpful?

Agree () Neutral () Disagree ()

11. Any Suggestions

BAI JERBAI WADIA LIBRARY

Thank you for your valuable feedback...!