

# **FACULTY OF LIFE & ALLIED HEALTH SCIENCE**



## **Library Suggestion Form**

We thank you for your patronage and support, your suggestions may be useful in improving our services.

Name of the User: \_\_\_\_\_

ID/Registration No: \_\_\_\_\_

Programme/Department: \_\_\_\_\_

Batch \_\_\_\_\_ Mobile # \_\_\_\_\_

Email ID: \_\_\_\_\_

Other: University Staff ☐ , Guest ☐ , \_\_\_\_\_

Please write your suggestions in the following area briefly and precisely on how to improve and serve you better.

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Date: \_\_\_\_\_

Signature of the Student

----- For office use only -----

Checked by: \_\_\_\_\_

Points noted: Yes / No

Suggestion Status: Resolved / Pending / Withheld.

Date:     /     /