

LibrarySuggestionForm

Wethankyouforyourpatronageandsupport, your suggestions may be useful in improvin gourservices. Name oftheUser: ID/RegistrationNo: Faculty / School :_____ Programme/Department:_____ Batch: _____Mobile # User Type: Student Staff

Staff E-Mail: Pleasewrite your suggestions in the following area briefly and precisely onhowtoimproveandserveyou better. SignatureoftheStudent Date: -----Forofficeuseonly-----Checkedby: Points noted:Yes /No SuggestionStatus:Resolved/Pending/ Withheld. Date: /