



COMSATS University Islamabad

Sahiwal Campus

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LIBRARY FEEDBACK FORM FACULTY/ STAFF

DOC # CUI/SWL/LIB/FFF/006

Ref: -----

Name: ----- Designation: -----

Department: ----- Specialization: -----

Comments about Library Holdings: -----

Comments about Library Services: -----

What role you can play if asked your participation: -----

Your Suggestions: -----

SIGNATURE

Dated: -----