



UNIVERSITY OF GUJRAT

QUAID-E-AZAM LIBRARY

Complaint / Suggestion Form

Dated: ____/____/20____

Chief Librarian
University of Gujrat,

Subject: Complaint/ Suggestion Form

Dear Sir,

Sincerely,

Name: _____

Chief Librarian

Roll No/E-Code: _____

Semester/ Designation: _____

Department: _____