



GC WOMEN UNIVERSITY SIALKOT

Department of Library

Complaint / Suggestion Form

Dated: ____/____/ 20____

Library Incharge
GCWUS, Library

Subject: _____

Dear Sir/Madam,

Sincerely,

Name: _____ Student ID/E-Code: _____ Semester: _____

Program/Designation: _____ Department: _____ Signature: _____

For Office Use Only

Library Incharge: _____ Signature: _____