Questionnaire

Status of Children Libraries in Assam: An analytical study (To be filled by librarian/library in charge) [Please tick ($\sqrt{}$) wherever necessary]

A. General Information
a. Name of the library:
b. Year of establishment:
c. Address:
d. The library is under: Government/NGO/Trustee/Autonomous (Please tick)
1. About the Librarian
a) General Qualification:
b) Professional Qualification:
2. Staff in the library (Mention the number and academic/professionals qualifications)
a. Professional No
b. Semi-professional No
c. Non-professional No
3. Do you follow any classification scheme? Yes No
If yes, which scheme is used
B. Users in the Library
a) Total no. of Registered User in the library?
(Please give the details of the registered users as follows)
b) On an average, daily visitors in the library?
c) Library working hour. From to
C. Print Resources in the Library:
a) Total no. of Books:
b) No. of Magazines subscribing:
c) No. of Newspapers subscribing:
D. Learning aid Facilities
a) Indoor Games facility (please specify)
h) Outdoor Comos facility

c)	Computers for children:		
d)	Computers with Internet :		
e)	No of TV Sets:		
f)	Total number CD and DVD:		
g)	Others (Please specify):		
f) Do you provide internet facility to children? Yes No			
	If yes, number of PCs having Internet Connections for children		
E. Is yo	our library computerized? Yes No		
If ye	es, what software is used for library computerization?		
F. Serv	vice rendered by the library to the user		
a)	Book Lending: Yes No		
b)	Story telling: Yes No		
c)	Reading For others: Yes No		
d)	Reading Facility: Yes No		
e)	Other services (please specify):		
G. Any	y future plan (Mention details)		
Place:			
Date:	Name and Signature of the Librarian / Library	C	
Date:	Name and Signature of the Librarian/Library i/	Ċ	

Thank you for providing the information and complete the questionnaire. Information provided by you shall be kept confidential and shall be used for research purpose only.