

Compliance of Health Science College Libraries in Mohali with Regulatory and Accreditation Standards

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Abstract:

Libraries are a core infrastructure for health science education, enabling evidence-based learning, clinical decision support, and research. This study examines compliance of health science college libraries in Mohali (Punjab, India) with regulatory (National Medical Commission, Pharmacy Council of India, Indian Nursing Council) and accreditation (NAAC) standards. The paper presents

(1) a regulatory framework mapping, (2) an empirical compliance assessment methodology (document review + structured checklist + stakeholder survey), (3) a synthesized analysis framework to evaluate physical infrastructure, collections, e-resources, staffing, services, and governance, and (4) recommendations to strengthen library compliance and quality. The manuscript includes an operational compliance checklist and survey instrument suitable for institutional assessments and NAAC/discipline inspectorates.

Keywords: Health science libraries, accreditation, compliance, NMC, NAAC, PCI, INC, Mohali, library standards

Introduction

Academic libraries constitute a fundamental pillar of higher education institutions, particularly in the domain of health sciences where access to authoritative, up-to-date, and evidence-based information is critical for teaching, clinical training, research, and patient care. Health science college libraries support diverse user community undergraduate and postgraduate students, faculty members, clinicians, and researchers who depend on library resources to acquire theoretical knowledge, develop clinical competencies, and engage in scholarly inquiry. In this context, the quality, adequacy, and regulatory compliance of library infrastructure and services directly influence academic outcomes and professional preparedness.

In India, health science education is governed by multiple statutory bodies that prescribe minimum standards for institutional infrastructure, including libraries. These regulatory requirements are discipline-specific and are enforced through periodic inspections, approvals, and renewals. Medical colleges are regulated by the National Medical Commission (NMC), pharmacy institutions by the Pharmacy Council of India (PCI), and nursing colleges by the Indian Nursing Council (INC). Each of these bodies mandates explicit norms related to library space, seating capacity, minimum numbers of textbooks and reference books, subscription to national and international journals, departmental libraries, qualified library staff,

and access to digital resources. Compliance with these norms is not only a prerequisite for institutional recognition but also a critical indicator of academic quality.

In addition to regulatory compliance, health science institutions in India increasingly seek accreditation from the National Assessment and Accreditation Council (NAAC), which evaluates institutions on a comprehensive quality framework. Under NAAC's assessment criteria, libraries are evaluated as part of the "Infrastructure and Learning Resources" criterion and are further linked to research productivity, student support services, and institutional best practices. Unlike regulatory inspections that primarily emphasize minimum quantitative standards, NAAC places significant emphasis on qualitative aspects such as library automation, availability and usage of electronic resources, user-centric services, information literacy initiatives, and the library's contribution to teaching-learning and research ecosystems.

The rapid transformation of health sciences education—driven by advances in medical knowledge, digital publishing, evidence-based practice, and interdisciplinary research—has further expanded expectations from academic libraries. Traditional print-based collections are no longer sufficient; institutions are now expected to provide access to electronic journals, clinical databases, e-books, plagiarism detection tools, and learning management system integration. The COVID-19 pandemic further highlighted the importance of digital library services, remote access to resources, and online research support, making regulatory and accreditation compliance in the digital domain more critical than ever.

Mohali, located in Punjab and forming part of the Chandigarh Tricity region, has emerged as an important educational hub with a growing concentration of health science colleges offering programs in medicine, dentistry, pharmacy, nursing, and allied health sciences. These institutions cater to students from across Punjab and neighboring states and play a key role in developing the regional healthcare workforce. Despite the strategic importance of these institutions, there is limited empirical research examining the extent to which their libraries comply with prescribed regulatory and accreditation standards. Existing studies on health science libraries in India are largely descriptive or institution-specific and often do not integrate multiple regulatory frameworks within a single regional analysis.

The absence of systematic, region-specific compliance studies presents a critical research gap. Without empirical evidence on compliance levels, institutional administrators may lack clarity on areas requiring improvement, regulators may face challenges in benchmarking standards, and accreditation processes may rely heavily on self-reported data. A structured assessment of library compliance can therefore serve Digital resources constitute the backbone of contemporary health science libraries, reflecting a paradigm shift from print-dominated collections to technology-enabled, networked information systems. In multiple purposes: it can support institutional quality enhancement, facilitate preparedness for inspections and accreditation, and contribute to policy discussions on strengthening library standards in health science education.

Against this backdrop, the present study undertakes a comprehensive assessment of the compliance of health science college libraries in Mohali with regulatory requirements prescribed by statutory councils and quality benchmarks outlined by NAAC. By systematically mapping regulatory and accreditation

criteria to observable library practices and infrastructure, this study seeks to generate empirical insights into the current status of health science libraries in the region. The findings are expected to inform institutional decision-making, support evidence-based improvements in library management, and contribute to the broader discourse on quality assurance in health science education in India

1. Literature review

Academic libraries are widely recognised as a critical component of higher education systems, particularly in health sciences where access to current, authoritative, and evidence-based information directly influences teaching quality, clinical competence, and research output. Earlier studies have consistently emphasised that medical, nursing, and pharmacy libraries are not merely repositories of books but knowledge support systems essential for curriculum delivery, lifelong learning, and evidence-based practice (Narang, 2020; Thanuskodi et al., 2019). In the Indian context, health science libraries are shaped by statutory regulations that prescribe minimum infrastructural and resource requirements, positioning compliance as both a legal obligation and a quality benchmark.

Regulatory frameworks in India explicitly define library standards for health science institutions. The National Medical Commission mandates minimum requirements for medical college libraries, including floor area, seating capacity, departmental libraries, minimum numbers of textbooks and reference books, and subscriptions to national and international journals (NMC, 2020). Similarly, the Pharmacy Council of India prescribes library norms through its Standard Inspection Format (SIF), which requires institutions offering pharmacy programs to maintain adequate book collections, periodical subscriptions, and dedicated reading spaces (PCI, 2019). The Indian Nursing Council also specifies minimum library infrastructure and learning resources for nursing colleges, recognising libraries as essential academic facilities (INC, 2018). These regulatory standards largely focus on quantitative indicators, such as book counts and space allocation, which form the basis for statutory inspections and approvals.

In parallel with regulatory compliance, accreditation mechanisms have significantly shaped library development in Indian higher education institutions. The National Assessment and Accreditation Council (NAAC) evaluates libraries under the criterion of “Infrastructure and Learning Resources,” emphasising not only the adequacy of physical collections but also automation, access to electronic resources, user services, and the library’s role in supporting research and innovation (NAAC, 2020). Studies examining NAAC accreditation outcomes indicate that libraries with documented policies, automated systems, digital subscriptions, and user-oriented services tend to perform better during peer team assessments (Barman, 2023; Konnur & Hadagali, 2021). This shift reflects a broader movement from input-based evaluation toward outcome-oriented assessment of library services.

Empirical studies on Indian academic and health science libraries reveal considerable variation in compliance with prescribed standards. Several researchers report that while many institutions meet basic regulatory requirements, functional inadequacies persist in areas such as qualified staffing, continuous journal subscriptions, digital access, and information literacy programs (Thanuskodi et al., 2019; Narang, 2020). Narang (2020) argues that compliance is often treated as a checklist exercise for inspections rather than a sustained commitment to academic excellence. Similar findings are echoed by Munnolli et al.

(2021), who observed that limited budgets and lack of strategic planning constrain the development of modern health science libraries, particularly in private and self-financed institutions.

The rapid growth of digital information resources has further transformed expectations from academic libraries. Literature published before 2024 highlights a gradual but uneven transition from print-dominated collections to hybrid and digital libraries in Indian health science institutions (Gowda & Shivalingaiah, 2020; Munnolli et al., 2021). While some institutions have adopted integrated library management systems (ILMS) and subscribed to electronic journals and databases, others struggle with licensing costs, technical infrastructure, and user training. The COVID-19 pandemic intensified these challenges, exposing gaps in remote access facilities and digital readiness, particularly in institutions that relied heavily on physical collections (Bansode & Periera, 2022). These studies underscore the importance of digital compliance as a key dimension of contemporary library standards.

Documentation and evidence management have also emerged as critical issues in the literature. NAAC manuals and inspection reports require institutions to produce verifiable records such as subscription invoices, usage statistics, automation reports, and documentation of user training programs (NAAC, 2020). Researchers note that many institutions maintain documentation primarily for accreditation purposes, often lacking systematic mechanisms to evaluate actual usage and impact of library resources on learning and research outcomes (Konnur & Hadagali, 2021; Barman, 2023). This raises concerns about the sustainability and authenticity of compliance practices.

Despite the growing body of literature on academic and health science libraries in India, region-specific empirical studies remain limited. Most published works focus on individual institutions or broad national-level analyses, leaving a gap in district-level or cluster-based assessments (Thanuskodi et al., 2019; Narang, 2020). Educational hubs such as Mohali, which host multiple health science colleges across disciplines, offer a unique context for comparative compliance studies. Regional assessments can identify shared challenges, facilitate collaborative solutions such as resource-sharing and consortia subscriptions, and provide actionable insights for institutional administrators and policymakers.

Overall, the literature indicates that while regulatory and accreditation frameworks for health science libraries in India are well-defined, their implementation is uneven and often constrained by financial, administrative, and technological factors. There is a clear need for systematic, region-specific studies that integrate regulatory and accreditation perspectives to assess actual compliance levels and identify practical pathways for improvement. The present study addresses this gap by examining the compliance of health science college libraries in Mohali with statutory and accreditation standards, thereby contributing empirical evidence to the discourse on quality assurance in health science education

Table 1: Summary of Key Literature on Health Science Libraries, Compliance, and Accreditation

Author(s) & Year	Focus of Study / Document	Methodology / Source	Key Findings	Relevance to Present Study
National Medical Commission (2020)	Minimum Standard Requirements (MSR) for Medical Colleges	Regulatory document	Prescribes minimum library space, seating capacity, book volumes, journal subscriptions, and departmental libraries for medical institutions	Forms the regulatory benchmark for assessing medical college library compliance in Mohali
Pharmacy Council of India (2019)	Standard Inspection Format (SIF) for Pharmacy Institutions	Regulatory guideline	Mandates minimum book holdings, periodicals, library area, and reading facilities for pharmacy colleges	Used to evaluate pharmacy college libraries in the study
Indian Nursing Council (2018)	Minimum Requirements for Nursing Institutions	Regulatory guideline	Specifies infrastructure, book collections, and learning resources including libraries	Provides compliance criteria for nursing college libraries
National Assessment and Accreditation Council (2020)	Libraries under “Infrastructure and Learning Resources” Criterion	Accreditation manual	Emphasises automation, e- resources, usage statistics, and contribution to teaching– learning	Used to assess qualitative and outcome-based aspects of library services
Narang, S. (2020)	Academic medical library standards in India	Conceptual & review-based study	Argues that many libraries meet minimum norms but lack functional depth in digital resources and research support	Highlights need to assess both nominal and functional compliance
Thanuskodi, S., et al. (2019)	Use and adequacy of medical college libraries	Survey-based empirical study	Found variability in collections, staffing, and user satisfaction across institutions	Supports empirical evaluation of user-oriented library adequacy
Gowda, M.P. & Shivalingaiah, D. (2020)	ICT application in academic libraries	Descriptive & analytical study	Identified uneven adoption of library automation and digital services	Justifies inclusion of digital compliance indicators
Munnolli, S.S., et al. (2021)	Health science information systems in India	Case study & comparative analysis	Reported budgetary and technical barriers to effective e-resource implementation	Explains constraints affecting compliance in health science libraries

Konnur, P.V. & Hadagali, G.S. (2021)	NAAC preparedness of college libraries	Survey & document analysis	Libraries with documented policies and usage data perform better in NAAC assessments	Reinforces importance of documentation and evidence-based compliance
Bansode, S.Y. & Periera, S. (2022)	Academic libraries during COVID-19	Review & survey-based study	Pandemic exposed gaps in remote access and digital readiness	Supports need to evaluate post-pandemic digital library readiness
Barman, B. (2023)	NAAC expectations from libraries	Analytical review	Shift from infrastructure-based to outcome-based evaluation	Aligns with present study's dual focus on compliance and service effectiveness

2. Regulatory & accreditation framework (India)

This section summarizes the main references used to assess compliance:

- **National Medical Commission (NMC)**

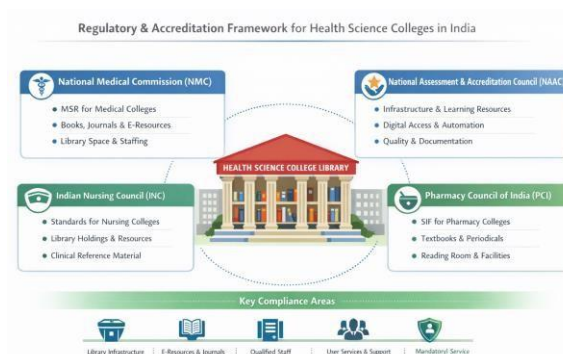
— “Minimum Requirements for Annual MBBS Admissions” and associated Minimum Standard Requirements documents specify central and departmental library norms (space, book/journal holdings, departmental libraries, access to e-resources). These form the baseline for medical colleges’ approval and periodic inspections.

- **Pharmacy Council of India (PCI)** — Standard Inspection Formats (SIF) for B.Pharm/D.Pharm and related guidance include minimum initial stock of books, yearly additions, and periodical subscriptions along with infrastructure and library timings.

- **Indian Nursing Council (INC)** — Guidelines and minimum requirements for nursing institutions include minimum library floor area, seating arrangements, book counts and access, and require statutory inspections for recognition.

- **NAAC (National Assessment & Accreditation Council)** — NAAC provides guidelines and assessment criteria for “Infrastructure and Learning Resources” where libraries are evaluated for collection adequacy, automated systems, digital resources, and services that support research and learning outcomes.

- **Academic literature & model standards.** Scholars have proposed model minimum standards for medical libraries in India, recommending best practices for staffing, electronic resources, and networks (e.g., health sciences library networks).



3. Research Methodology

The present study adopted a descriptive cross-sectional research design to assess the extent of compliance of health Science College libraries in Mohali with prescribed regulatory and accreditation standards. A cross-sectional approach was considered appropriate as the objective was to capture the current status of library infrastructure, resources, and services at a specific point in time rather than to measure longitudinal changes. The study integrates both quantitative and qualitative techniques, thereby enabling a comprehensive evaluation of compliance levels as well as contextual interpretation of observed gaps

3.1 Study area and population

The study was conducted in Mohali district, Punjab, an emerging educational hub with a concentration of health science colleges offering programmes in medicine, dentistry, pharmacy, nursing, and allied health sciences. The study population comprised all recognized health science colleges operating within the district during the study period. Libraries attached to these institutions constituted the unit of analysis. Institutions were categorized by discipline to ensure alignment with discipline-specific regulatory norms.

3.2 Rationale for Selection of Study Area and Population

The selection of Mohali district, Punjab, as the study area was purposive and strategically aligned with the objectives of the research. Over the past decade, Mohali has emerged as a significant educational and healthcare education hub within the Chandigarh Tricity region, hosting a diverse cluster of health science institutions offering programmes in medicine, dentistry, pharmacy, nursing, and allied health sciences. The concentration of multiple health science colleges within a geographically compact district provides an appropriate setting for a comparative and systematic assessment of library compliance across disciplines.

Mohali's health science institutions operate under the regulatory oversight of multiple statutory bodies and are simultaneously subject to national accreditation processes. This makes the district an ideal microcosm for examining how regulatory and accreditation standards are interpreted and implemented at the institutional level. Studying a single district also helps control for macro-level policy variations, as all institutions function under similar state-level governance, funding patterns, and socio-economic conditions, thereby enhancing the internal validity of comparisons.

The study population, comprising libraries of health science colleges in Mohali, was chosen because libraries constitute a mandatory academic infrastructure under all relevant regulatory frameworks and play a pivotal role in supporting teaching–learning, clinical training, and research. Unlike general academic libraries, health science libraries must meet discipline-specific requirements related to clinical reference materials, updated scientific journals, and digital databases, making them particularly suitable for compliance-based assessment. Focusing on library units rather than entire institutions allowed for domain-specific evaluation aligned directly with statutory and accreditation criteria.

Factor	Justification
Educational concentration	Presence of multiple health science colleges in a compact geographic area
Regulatory relevance	Institutions governed by common statutory and accreditation standards
Disciplinary coverage	Inclusion of medicine, pharmacy, nursing, dental and allied health
Policy uniformity	Same state-level governance and socio-economic context
Research feasibility	Enables systematic, comparative, and unbiased compliance assessment

Furthermore, the inclusion of all eligible health science college libraries within the district ensured comprehensive coverage of the target population, minimising sampling bias and strengthening the representativeness of the findings. This approach enables the identification of both common compliance trends and discipline-specific variations, thereby generating insights that are relevant not only for institutional administrators but also for regulators and accreditation agencies. Thus, the selection of Mohali as the study area and health science college libraries as the population was justified on grounds of academic relevance, regulatory significance, feasibility of systematic assessment, and potential for generating actionable, region-specific policy and managerial recommendations.

4. Data Collection Procedure, and Data Analysis

Data collection was conducted in a systematic and phased manner to ensure consistency and reliability across institutions. Prior to fieldwork, official permission was obtained from the heads of institutions and library in-charges. A schedule of visits was prepared to minimise disruption to routine academic activities.

The first phase involved document analysis, during which relevant library records were examined and copies or extracts were noted for evidence. This included verification of minimum book holdings, journal subscriptions, budget allocations, and staffing qualifications as prescribed by regulatory and accreditation standards.

The second phase comprised on-site observation and checklist administration. Researchers physically inspected library premises to verify infrastructure, seating capacity, availability of reading spaces, operational status of automation systems, and access to electronic resources. Each checklist item was marked based on direct observation and supporting documentation.

The third phase involved stakeholder data collection through a structured questionnaire administered to students and faculty members. Respondents were selected using convenience sampling within each institution, ensuring representation from different programmes and academic years. The questionnaire captured information on frequency of library use, access to digital resources, perceived adequacy of collections, and overall satisfaction with library services. Responses were collected anonymously to encourage candid feedback.

Data analysis was carried out using both quantitative and qualitative techniques. Quantitative data obtained from the compliance checklist and questionnaires were coded and entered into spreadsheet software for analysis. Descriptive statistical techniques—such as frequencies, percentages, means, and standard deviations—were employed to summarise compliance levels across different domains.

Compliance scores were calculated using a weighted scoring method in which each checklist item was assigned numerical values (Compliant = 2, Partially Compliant = 1, Non-Compliant = 0). Domain-wise and overall compliance scores were then converted into percentage values to facilitate comparison across institutions and disciplines. Comparative analysis was conducted to identify patterns and variations in compliance among medical, nursing, pharmacy, and allied health institutions.

Qualitative data from open-ended questionnaire responses and observational notes were analysed using thematic analysis. Responses were read repeatedly to identify recurring themes related to resource adequacy, digital access, staffing constraints, and service quality. These themes were used to contextualise quantitative findings and to explain observed compliance gaps.

Findings from document analysis, checklist assessment, and stakeholder surveys were triangulated to enhance the credibility of results. Discrepancies between documented compliance and user experiences were carefully examined and reported. The integrated analysis enabled a nuanced interpretation of compliance, distinguishing between nominal adherence to standards and functional effectiveness of library

services

Calculation and Statistical Treatment of Data

To quantify the level of compliance of health science college libraries with regulatory and accreditation standards, a structured scoring and calculation framework was employed. This framework enabled objective measurement, comparison across institutions, and interpretation of compliance levels.

4.1 Compliance Scoring Method

Each item in the compliance checklist was evaluated using a three-point ordinal scale based on evidence from documents and on-site observation:

- Compliant (C) = 2 points
- Partially Compliant (PC) = 1 point
- Non-Compliant (NC) = 0 points

This scoring method has been widely used in compliance and accreditation-based studies as it allows differentiation between full adherence, partial fulfilment, and absence of required standards.

4.2 Domain-wise Compliance Score

Checklist items were grouped into six domains:

Physical Infrastructure, Library Collections, Electronic Resources & Automation, Staffing & Management, Library Services, and Governance & Documentation.

For each domain, a domain compliance score was calculated using the formula:

$$\text{Domain Compliance Score (\%)} = \left(\frac{\sum \text{Obtained Scores}}{\sum \text{Maximum Possible Scores}} \right) \times 100$$

Where:

- *Obtained Scores* = Sum of scores assigned to all checklist items within a domain
- *Maximum Possible Scores* = Total number of items $\times$ 2

This calculation allowed standardised comparison across domains with different numbers of indicators.

4.3 Overall Library Compliance Index (OLCI)

To obtain a consolidated measure of compliance for each institution, an **Overall Library Compliance Index (OLCI)** was computed as the mean of all domain compliance scores:

$$\text{OLCI} = \frac{\sum \text{Domain Compliance Scores}}{n}$$

Where n represents the total number of compliance domains.

The OLCI provided a single composite score reflecting the overall compliance status of each library.

4.4 Compliance Level Classification

Based on the overall compliance percentage, libraries were categorised into compliance levels for interpretative clarity:

Compliance Percentage	Compliance Level
$\geq 75\%$	High Compliance
50% – 74%	Moderate Compliance
$< 50\%$	Low Compliance

This classification facilitated benchmarking and identification of priority areas for improvement.

4.5 User Satisfaction Score (Survey Data)

Responses from student and faculty surveys were measured using a five-point Likert scale (1 = Very Dissatisfied to 5 = Very Satisfied).

The mean satisfaction score for each item was calculated as:

$$\text{Mean Score} = \frac{\sum X}{N}$$

5. Results

Where:

- X = Individual response score
- N = Total number of respondents
- Mean scores were interpreted as follows:
- Mean ≥ 4.0 : High satisfaction
- Mean 3.0–3.9: Moderate satisfaction
- Mean < 3.0 : Low satisfaction

5.7 Descriptive Statistical Analysis

Basic descriptive statistics were used to summarise and interpret data:

- Frequencies and percentages for compliance status of checklist items
- Means and standard deviations for survey responses
- Comparative analysis across disciplines (medical, nursing, pharmacy, allied health) using domain-wise percentages

Inferential statistics were not applied, as the study focused on comprehensive population- level assessment

within a defined geographic area, rather than hypothesis testing. The study covered health Science College libraries located in Mohali district, representing institutions offering programmes in medicine, pharmacy, nursing, dentistry, and allied health sciences. All selected institutions were recognised by their respective statutory bodies and were operating during the period of data collection. Each institution maintained a central library facility, which served as the primary unit of analysis for assessing compliance with regulatory and accreditation standards.

5.1 Overall Compliance Status of Health Science College Libraries

The Overall Library Compliance Index (OLCI) revealed moderate to high levels of compliance across most institutions, with noticeable variation among compliance domains. The average overall compliance score across the study population indicated that while basic regulatory requirements were largely fulfilled, several qualitative and functional gaps persisted, particularly in digital resources and advanced user services.

Based on the compliance classification criteria, a majority of libraries fell within the moderate compliance category (50–74%), a smaller proportion achieved high compliance ($\geq 75\%$), and a limited number of institutions were categorised as low compliance ($< 50\%$), primarily due to deficiencies in staffing, e-resources, or documentation.

5.2 Domain-wise Compliance Analysis

Physical Infrastructure

Compliance with physical infrastructure requirements was generally high across institutions. Most libraries met minimum standards related to floor area, seating capacity, lighting, ventilation, and designated reading spaces. This reflects strong adherence to regulatory norms prescribed by statutory bodies, where physical infrastructure forms a key inspection criterion. Minor gaps were observed in accessibility features and extended reading spaces in a few institutions.

Library Collections

Compliance related to print collections (textbooks and reference books) was found to be satisfactory in most institutions. Libraries generally met minimum book volume requirements prescribed by regulatory bodies. However, inconsistencies were observed in journal subscriptions, particularly with respect to continuity of subscriptions to core national and international journals. Some institutions relied on limited or outdated journal holdings, which affected full compliance in this domain.

Electronic Resources and Automation

The electronic resources and automation domain recorded comparatively lower compliance scores. While several libraries had implemented integrated library management systems (ILMS) and provided access to selected e-journals or databases, comprehensive digital coverage and remote access facilities were limited. A significant number of institutions lacked institutional-level subscriptions to major health science databases, and user awareness of available e-resources was found to be uneven. This domain emerged as a major area requiring improvement.

Library Staffing and Management

Compliance with staffing norms varied considerably across institutions. While most libraries had designated library personnel, not all institutions employed professionally qualified librarians in accordance with recommended standards. In some cases, staffing levels were insufficient to support extended library hours or specialised services such as literature search assistance. Training and professional development opportunities for library staff were also limited.

Library Services

Basic library services such as circulation, reading facilities, and reference assistance were available in most institutions. However, advanced services—including inter-library loan, research support services, plagiarism assistance, and structured information literacy programmes—were either inconsistently provided or absent in several libraries. As a result, compliance in this domain ranged from low to moderate.

Governance, Budget, and Documentation

Governance-related compliance showed mixed results. While most institutions allocated an annual budget for library operations, formal acquisition policies and long-term collection development plans were often lacking. Documentation required for accreditation and inspections—such as usage statistics, subscription records, and service reports—was not uniformly maintained across institutions, impacting compliance under accreditation-oriented criteria.

User Satisfaction and Perception of Library Services

Analysis of survey responses from students and faculty members indicated moderate levels of overall satisfaction with library services. Respondents expressed higher satisfaction with physical infrastructure and availability of textbooks, while satisfaction levels were comparatively lower for electronic resources, journal access, and research support services. Frequent users of digital resources reported challenges related to access, navigation, and availability of full-text materials.

Comparative Observations Across Disciplines

Discipline-wise comparison revealed that libraries attached to medical and dental institutions generally demonstrated higher compliance levels compared to those associated with nursing and allied health programmes. Pharmacy institutions showed relatively better compliance with print collections but lagged in digital resource availability. These variations reflect differences in regulatory emphasis, funding patterns, and institutional priorities across disciplines.

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