

# Virtual Labs– IIIT-Hyd: Feedback Form

(Total No. of Experiments Performed)

Name:	Date:
Institute:	Faculty: Student:
Email:	Class/Roll No:
Phone:	Subject:

## Details of first Lab:

Sr.No	Name of the Lab	Name of the Experiment	Does it work (Yes or No)	If No, what is the issue with it?
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

## Details of second Lab:

Sr.No	Name of the Lab	Name of the Experiment	Does it work (Yes or No)	If No, what is the issue with it?
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

## Details of third Lab:

Sr.No	Name of the Lab	Name of the Experiment	Does it work (Yes or No)	If No, what is the issue with it?
1				
2				
3				
4				
5				
6				
7				

8				
9				
10				

Why and how often do you plan to use Virtual Labs?

Specify the problems or difficulties faced while performing the experiments.

What are the most interesting things about the experiments?

What are your suggestions about making them better?

Signature: \_\_\_\_\_

Roll No: \_\_\_\_\_