

Loyola Institute of Technology and Science

PROJECT TITLE APPROVAL FORM

ACADEMIC YEAR :

DEPARTMENT :

YEAR / SEM :

SL.NO	REGISTER NUMBER	STUDENT NAME

PROJECT TITLE:

MOTIVATION OF THE PROJECT WORK (Max 150 words):

OBJECTIVES OF THE PROJECT WORK:

SCOPE OF THE PROJECT WORK:

SUPERVISOR'S APPROVAL COMMENT:

STUDENT'S SIGNATURE

SUPERVISOR'S SIGNATURE

PROJECT COORDINATOR

HOD

