ROLE SPECIFICATION OF TEAM MEMBERS [Form - 2]

MEMBER 1 Aschi Pat	ida &	HANDIME	
NAME OF ACTIVITY	SOFT	HANDLING M	
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Quiz Management	Week 6	Week8	
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	www.ij	weepiz	Ilault
MEMBER 2		HANDLING MODULE	
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	DEADLINE DATE	DEADLINE DATE	DETAILS OF ACTIVITY (STORY)
	THE PERSON NAMED IN		
MEMBER 3			
		HANDLING M	IODULE
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MENTOR'S NAME & SIGNATURE DR. VIPIN JAIN

NOTE: 1. This form is to be submitted by a team of maximum 4 students in the starting of semester to lab coordinator.

- 2. Every member student must keep a Xerox copy of this form as reference for his / her part in project work.
- 3. Students must provide the detailed list of planned activities along with their completion deadline dates.
- 4. The lab coordinator will check the weekly progress of student against the information provided in this form.