

FACULTY OF ENGINEERING

FYP REPORT SUBMISSION FORM

A - FYP REPORT SUBMISSION - To be completed by the candidate

NAME: Bashir Tawfig Bashir Abugharsa ID NUMBER: 1181102921

DEGREE: BACHELOR of ENGINEERING (HONS) ELECTRONICS MAJORING in COMPUTER

FACULTY: Faculty of Engineering

TITLE OF FYP REPORT: A Servo Controller for Brushed DC Motor

I wish to submit the above-mentioned FYP report for partial fulfillment of the requirements for the above degree.

I certify that the work has been done by me personally and necessary amendments are carried out accordingly to the comments given and I have not submitted this work elsewhere for the award of any degree or qualification. Due acknowledgment has been made to the work of others.

I also declare that pursuant to the provisions of the Copyright Act 1987, I have not engaged in any unauthorised act of copying or reproducing or attempt to copy / reproduce or cause to copy / reproduce or permit the copying / reproducing or the sharing and / or downloading of any copyrighted material or an attempt to do so whether by use of the University's facilities or outside networks / facilities whether in hard copy or soft copy format, of any material protected under the provisions of sections 3 and 7 of the Act whether for payment or otherwise save as specifically provided for therein. This shall include but not be limited to any lecture notes, course packs, thesis, text books, exam questions, any works of authorship fixed in any tangible medium of expression whether provided by the University or otherwise.

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Signature :		Date: 10-07-2024	4

B – SUPERVISOR & MODERATOR'S APPROVAL - To be completed by the supervisor and moderator

NAME OF SUPERVISOR: Lo Yew Chiong	
I approve the submission of the FYP report.	
Signature and stamp: NAME OF MODERATOR: Cham Chin Leei I approve the submission of the FYP report.	Date: 10/July/2024
Faculty 6	
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C – ACCEPTED FOR THE FACULTY OF ENGINEERI	NG
I have received one bound and one soft copy of the approve	d FYP report and confirm that all relevant parts of this form have
been completed.	
Signature :	Name:
Date :	Designation: