



## UROP Project Consent Form

Dear Sir/Madam,

We are requesting you to mentor us for the UROP project.

(Write 2-3 lines about your interest area for the UROP Project)

We are interested in developing a face recognition model which will verify the individuals based on their facial features under the guidance of Dr. Mudassir Rafi.

Thanking you,

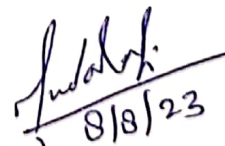
Student-1: Roll Number and Signature AP21110011282 - D. Om Sai  
Student-2: Roll Number and Signature AP21110011305 N. Umamaheswar Reddy  
Student-3: Roll Number and Signature AP21110011314 T. Sai Charan Teja  
Student-4: Roll Number and Signature AP21110011337 M. Vikram

UROP Project ID: (Will be assigned by Faculty, e.g. UROP\_2021\_PROJECT\_NUMBER\_faculty\_email\_id)

UROP\_2021\_3\_mudassir.r@srmap.edu.in

Tentative UROP Project Title: Face recognition

Faculty Name and Signature with Date

(Dr. Mudassir Rafi)   
8/8/23