**Project Approval Form Group No.:113**

**Course: B. Tech (CSE) Session: 2023-24**

**Project Title: Health Care Website**

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| **Project Group Details** | | | | | | | |
| **#** | **University**  **Roll No.** | **Sec** | **Class**  **Roll No.** | **Student’s Name** | **CPI**  **(Up to VI Sem)** | **Mob. No.** | **Sign** |
| 1. | 201500306 | A | 30 | Ishika Chaturvedi | 8.56 | 8273226054 |  |
| 2. | 201500088 | A | 7 | Anikate Agrawal | 9.57 | 9358817798 |  |
| 3. | 201500122 | K | 6 | Anuj Verma | 7.37 | 8979294166 |  |
| 4. | 201500475 | K | 18 | Pop Singh | 7.70 | 8279947276 |  |

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| --- | --- | --- | --- |
| **Supervisor’s Details** | | | |
| **Name** | **Designation** | **Contact No.** | **Project Meeting Time** |
| Dr. Neeraj Varshney | Associate Professor,  Assistant Director IQAC | 9897821984 | 1.  2. |

***ABSTRACT***

(150 words)

Health is Wealth. Latest covid19 pandemic showed the greatest flaws of our health care system i.e., overcrowding and lack of modernization.

To provide each and every individual the basic health facility we have come up with the idea to make a health care website hosted on cloud server where anyone will be able quickly check personal health based on symptoms using a model trained on machine learning algorithm. High accuracy and quick results will greatly benefit all users that too at no cost.

Doctors all over the world will be able to help their patients contact them by using this website. Users will also be able to book an appointment with doctors on this platform by creating an account. They will be allowed to edit their profile and appointments. Users will be provided with reviews and feedback facilities too. The website will also serve as a general awareness tool for most of the diseases.

Supervisor’s Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

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Panel’s Suggestions/Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Details of Project Approval Panel** | | | |
| **#** | **Panel Member’s Name** | **Approved (Yes/No)** | **Sign** |
| **1.** |  |  |  |
| **2.** |  |  |
| **3.** |  |  |

**Date**: (**Signature of Project In-charge**)