**DEPARTMENT OF INFORMATION TECHNOLOGY**

**III YEAR B. TECH COMPUTER SCIENCE -CYBER SECURITY PROGRAM MINOR SPECIALIZATION-MINI PROJE CT DETAILS FORM**

**The Minor Specialization are as follows**(Tick on the opted minor specialization)

1. Advanced security systems
2. Blockchain technology
3. Data analytics
4. Computational intelligence

**STUDENT DETAILS:**

|  |  |
| --- | --- |
| **Reg No** |  |
| **Name** |  |
| **Section** |  |
| **Program Name** |  |
| **Current Semester** |  |
| **Contact number** |  |
| **Learners E mail ID** |  |

**Min9 Project Details**

|  |  |
| --- | --- |
| **Guide Name** |  |
| **Project Tittle** |  |
| **Signature of the guide** |  |
| **Group Project** | YES/NO |

**DECLARATION**

I hereby declare that , being bonified and regular student of MIT,Bengaluru doing my B.Tech-CS-Cyber security Program and currently in

semester whose further details are mentioned in the above table.

I will be doing the minor project whose details are given above and shall abide by the relevant rules and regulations of the institution.

Date: Signature of the Student with Full Name

**DEPARTMENT OF INFORMATION TECHNOLOGY**

**III YEAR B. TECH COMPUTER SCIENCE -CYBER SECURITY PROGRAM MINOR SPECIALIZATION-MINI PROJE CT DETAILS FORM**

**The options for Minor Specialization are as follows:**

1. Advanced security systems
2. Blockchain technology
3. Data analytics
4. Computational intelligence

**STUDENT DETAILS:**

|  |  |
| --- | --- |
| **Reg No** |  |
| **Name** |  |
| **Section** |  |
| **Program Name** |  |
| **Current Semester** |  |
| **Contact number** |  |
| **Learners E mail ID** |  |

**DECLARATION**

I hereby declare that , being bonified and regular student of MIT,Bengaluru doing my B.Tech-CS-Cyber security Program and currently in

semester whose further details are mentioned in the above table.

I hereby declare that I will opting out from minor specialization and will not be doing the mini project as part of the requirements for minor specialization .I am solely responsible for the decision taken and shall abide by the relevant rules and regulations of the institution.

Date: Signature of the Student with Full Name