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|  | **Khidmat Proposal Form** |

**Section 1: Metadata**   
 *to be filled by the student*

* 1. **Project Information**​ to be filled by the student

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| **Title:** Development of a Database Management System | |
| **Start:** June 2024 | **End:** August 2024 |

**1.2. Student(s) Information**

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| **Name:** Eman Fatima | **ID:** 08595 |
| **Cell:** 0336-8903932 | **Batch:** 2026 |
| **Name:** Fakeha Faisal | **ID:** 08288 |
| **Cell:** 0321-8776250 | **Batch:** 2026 |
| **Name:** Muhammad Ibad Nadeem | **ID:** 08440 |
| **Cell:** 0305-2505689 | **Batch:** 2026 |

**1.3. Client Information**

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| **Organization Name:** The Paws Rescue | **Contact:** (+92) 330 2580030 |
| **Address:** Next Street to Adam jee Coaching Center, Shahra-E- Ayesha, Faisal Cantonment, Karachi, Karachi City, Sindh | |
| **Supervisor:** Anum Rafiq / Ahmed Bilal | **Cell:** (+92) 3357466219 |
| **Email:** info@thepawsrescue.com | |



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**Section 2: The Project**   
 *to be filled by the external supervisor*   
**2.1. Project Description:** ​*Please provide a brief introduction of the project including its scope.*

**2.2. Expected Deliverables:** ​*Please list the expected outcomes at the end of this project, e.g. a working prototype of the solution, a report, or the expected contribution to be made by the participant(s).*

**2.3. Planned Schedule:** ​*Kindly list the start/end dates and the timeline for the achievement of any intermediate milestones.*



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**2.4. Modus Operandi:** ​*Kindly explain the mode of operation i.e., how often and for how long should the student*

*should visit your site, can they work remotely, how you will supervise them*

**2.5. Comments:** ​*Kindly mention any special requirements you expect and/or any comments you might have.*

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name and signature of student  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ N Name and signature of external supervisor  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ N Name and signature of internal supervisor | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location and date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location and date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location and date |

