Project Work Confirmation Form

Project Title: (Suggested and Approved by Guide and Approval Review Committee Members)					
Project Category	Internal				
Team Members & Department: (Mention in Upper Case Only): (Maximum 4 only)	Register No(s).		Name of the Project Member(s)		
	1. (Team Lead)				
	2.				
	3.				
	4.				
Aim of the Project Work:					
Objectives of this Project Work: (Suggested by Guide and Approval Review Committee)	1.				
	2.				
	3.				
	4.				
	5.				
Expected Outcome(s): (Tick the appropriate option)	Product		Patent	Journal Publication	Conference Publication
	Faculty ID (in Upper Case)	:			
	Name (in Upper Case)	:			
	Designation & Department	:			

Guide Recommendation (Tick the appropriate option)	Approved / Not Approved to Proceed					
	Signature(with d	ate):				
Project Approval: (Office Academics)	(Tick the appropriate option)	Signature (with date):	(Tick the appropriate option)	Signature (with date):		
	Approved		Minor Revision Required			
	Major Revision Required		Disapproved			