Project Work Confirmation Form

Project Title: (Suggested and Approved by Guide and Approval Review Committee Members)	SPEECH ASSISTANT FOR MEDICAL AND HEALTH CARE INSTITUTIONS				
Project Category	Internal				
Team Members & Department: (Mention in Upper Case Only): (Maximum 4 only)	Register No(s).	Name of the Project Member(s)		iber(s)	
	1. 7376224CD 132 (Team Lead)	PRAGALYA · K			
	2.7376722TT137	GAUTHAM S			
	3.		1 1 1 1		
	4.				
Aim of the Project Work:	doctors that could reduce prescription writing interaction. 1. Train a speech model for model				
Objectives of this Project Work: (Suggested by Guide and Approval Review Committee)	2. Develop a partal for doctors to patents. 3. Allows patients to access their Prescription and records.				
	4. Implement strong security scarines for data protection				
	5. Ophimization for real time transumption for real time				
Expected Outcome(s): (Tick the appropriate option)	Product	Patent	Journal Publication	Conference Publication	
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Project Guide: (For Internal Projects: As officially assigned, For External Projects: - Through mutual confirmation by Students and Faculty)	Faculty ID (in Upper Case):				
	Name (in Upper : Case)	(in Upper: MAGESH KUMAR.D			
	Designation & : Department	Ap-11/csE			

Guide Recommendation (Tick the appropriate option)	Approved / Not Approved to Proceed				
	Signature(with a	late):	D. 343	1/8/24	
Project Approval: (Office Academics)	(Tick the appropriate option)	Signature (with date):	(Tick the appropriate option)	Signature (with date):	
	Approved	D. Hugord 21/8/24	Minor Revision Required		
	Major Revision Required		Disapproved		