

## Declaration & Undertaking Form

### Mini Project I / II

Project Title:

Speech Assistant for Medical And health care  
Institutions.

Reg No

Name of the Student

- |                        |                     |                       |
|------------------------|---------------------|-----------------------|
| 1. <u>7376221CD132</u> | <u>PRAGALYA . K</u> | (Team Lead: Member 1) |
| 2. <u>7376222TT137</u> | <u>GAUTHAM . S</u>  | (Member 2)            |
| 3. _____               | _____               | (Member 3)            |
| 4. _____               | _____               | (Member 4)            |

It is hereby declared that

1. All information furnished in this application is true, complete and correct to the best of my/our knowledge and belief.
2. I/We also certify that this project has not previously been submitted for assessment in any academic progress, and was not copied in part or whole or otherwise plagiarized the work of other persons / previously completed projects reports / thesis / publications.
3. The work to be carried out by me/us in this project is not repeating /matching with any other projects carried out by the students of any other departments.
4. In case of observing any discrepancy in the above aspects, during any stage of the project work, project registration will be canceled..

Signature of the member 1  
(Team lead)

Signature of the member 2

Signature of the member 3

Signature of the member 4

Project ID : 26S5MIN254

Guide Name, Designation, and Department:

Signature of Project Guide

MAHESH KUMAR . J

CS10767

AP-II / CSE