



**SCHOOL OF COMPUTER AND INFORMATION SCIENCES
IGNOU, MAIDAN GARHI, NEW DELHI – 110 068**

II. PROFORMA FOR THE APPROVAL OF MCA PROJECT PROPOSAL (MCSP-232)

(Note: All entries of the proforma of approval should be filled up with appropriate and complete information. Incomplete proforma of approval in any respect will be summarily rejected.)

Project Proposal No :..... <p align="center"><i>(for office use only)</i></p>	Enrolment No.: Study Centre: Regional Centre:..... RC Code:..... E-mail: Mobile No :
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1. Name and Address of the Student:
2. Title of the Project***:
3. Name and Address of the Guide:

- | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Ph.D* | M.Tech.* | B.E*/B.Tech.* | MCA | M.Sc.* |
| 4. Educational Qualification of the Guide:
(Attach bio-data also) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- (*in Computer Science / IT only)**

5. Working / Teaching experience of the Guide** :

*(**Note: At any given point of time, a guide should not provide guidance for more than 5 MCA students of IGNOU)*

6. Software used in the Project*** :
- (*** Please refer to section VIII of these guidelines)*

7. Is this your first submission? ☐ Yes ☐ No

Signature of the Student
Date:

Signature of the Guide
Date:

For Office Use Only

Name:.....

☐
☐

Approved Not Approved

.....
 Signature, Designation, Stamp of the
 Project Proposal Evaluator
 Date:

Suggestions for reformulating the Project:



INDIRA GANDHI NATIONAL OPEN UNIVERSITY

Maidan Garhi, New Delhi – 110068

School of Computer and Information Sciences

Phone : 29572902

Project Trainee Letter (MCSP-232)

Date: _____

This is to certify that Mr / Ms _____
with Enrolment No. _____ is a final year student of the Master of Computer Applications (Programme Code: MCA_NEW), Indira Gandhi National Open University (IGNOU), and is required to do a final semester project work in his/her final year starting from January/July session. Her / His project must be undertaken in a software development Organization/ Industry/Research Laboratory under the supervision of a guide, preferably from the same organization with the educational qualifications and experience mentioned in the MCSP-232 project guidelines. During her/his course of study, the student has studied and gained knowledge on various Computer Science courses such as Design and Analysis of Algorithms, Object Oriented Analysis and Design, Discrete Mathematics, Accountancy and Financial Management, Computer Networks, Software Engineering, Data Mining and Data Warehousing, Artificial Intelligence and Machine Learning, Data Science and Big Data, Cloud Computing & IoT, Image processing, Mobile Computing. S/he has hands on experience in C programming, Internet Technologies, JAVA, Python, R programming etc. S/he may please be given a chance to work in your esteemed organization and complete her/his project work. I ensure you a sincere and quality output from him. The experience gained by this project work, not only benefit the student to partially fulfil the requirements of the Master of Computer Applications of IGNOU, but also lay a foundation for her/his future career.
Looking forward to your positive response, support and cooperation.

**Signature, Name of the Regional
Director/ARD/DD with Date and Stamp**

X. CERTIFICATE OF ORIGINALITY

This is to certify that the project report titled _____
submitted to **Indira Gandhi National Open University** in partial fulfilment of the requirement
for the award of the degree of **MASTER OF COMPUTER APPLICATIONS**, is
an authentic and original work carried out by Mr. / Ms. _____
with Enrolment No. _____ under my guidance.

The matter embodied in this project is genuine work done by the student and has not been
submitted whether to this University or to any other University / Institute for the fulfilment of the
requirements of any course of study.

.....
(Signature of the Student)

Date:

Name and Address
Of the student

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Enrolment No.....

.....
(Signature of the Guide)

Date:

Name, Designation
& Address of the Guide

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