## Project Use Case & Deployment Confirmation Certificate

This is to formally acknowledge that the following student(s) from K.R. Mangalam University have successfully undertaken and completed an industry-based project under our mentorship, in alignment with the stated objectives and requirements of our organization.

## Project Details:

Project Title: Automatic Appointment Scheduling For Clinic

Domain/Technology Used: UX & UI

Industry Use Case / Business Problem Addressed:

Traditional appointment scheduling in clinics is often manual, time-consuming This leads to inefficient use of staff time, patient dissatisfaction, and operational delays. There is a need for an automated system that can streamline the scheduling process, provide real-time availability, and improve communication between patients and clinic staff.

Expected Outcome/Utility of the Project in Our Organization:

The system greatly enhances the patient experience by offering 24/7 accessibility for booking and automated reminders. This leads to better patient satisfaction and ensures smoother operations, positioning clinics for greater efficiency and service delivery in a digital era.

Student Details:

Name of Student	Enrollment No.	Program	Yea r
Payal	2301360028	Btech CSE UX&UI	2nd
Nandini	2301360031	Btech CSE UX&UI	2nd

## Mentor Declaration & Disclaimer:

- I, the undersigned, hereby declare that:
  - The above-mentioned project has been developed by the student(s) under my guidance and supervision.
  - 2. The project addresses a real-world use case relevant to our organization.

- 3. The student(s) have demonstrated the ability to successfully deploy the solution in a functional or pilot-ready form.
- 4. The developed project has the potential to be adopted/implemented for the intended purpose within our organization.
- 5. All intellectual property rights, confidentiality, or proprietary rights, if applicable, are governed by our internal policies and this document does not transfer any such rights.

## Industry Mentor Details:

Name: Dr. Sandeep Goyal

Designation: Doctor

Organization: Goyal Diagnostics Clinic

Contact Number: 9315392396

Email ID: sandeep.goyallab@gmail.com

Signature & Seal:

OYAL DIAGNOSTIC CENTRE Shankar Market, Near Govt.

School & Nagar Parishad Sohna

Distt. Gurugram (HR) Mob. 9315392396