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**TECHNICAL APPROVAL COMMITTEE**

**GUIDE APPROVAL FORM**

                                                                                          Date: 24/ 07 / 2024

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Starting Date of Work** | |  | | |
| **Sl. No.** | **Student Name** | **Reg. No.** | **Role** | **Signature** |
| 1 | ARJUNAADITIYAA S | 7376221EC115 | Team Leader |  |
| 2 | RITHISH S | 7376221EC277 | Team Member |  |
| 3 |  |  | Team Member |  |
| 4 |  |  | Team Member |  |
| 5 |  |  | Team Member |  |
| **Applying for the work:** | | Project/Product *(Product must be of commercialized quality)* | | |
| **Title of Work** | | DENTAL CAM | | |

**(To be Filled by Faculty Guide)**

**No. of students:2**

I acknowledge that I will act as a faculty in charge of the aforementioned students and guide them to complete the work by adopting the guidelines provided.

|  |  |
| --- | --- |
| **Lab Name:** **EMBEDDED TECHNOLOGY**  *(In case of Faculty belonging to any special lab)* | **Name of the Faculty Guide:** **SUBHARATHNA N**  **Signature of the Faculty Guide with date\*** |

*\*Any unfilled details will lead to rejection of the submission*

**Idea/Approach Details**

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| --- |
| *Add process flow chart or simulated image of prototype or any relevant image related to your idea* |

*\*Any unfilled details will lead to rejection of the submission*

|  |
| --- |
| *Describe your Idea (Problem Statement) and Proposed Solution* |
| *Describe the features / functions of the proposed work here* |
| *Methodology / Algorithm / Process* |

**Signature of Faculty Guide :**

**Name of the Faculty Guide :**