

Name: _Shashank Chauhan_ Student ID: _104168546_

Checklist of Tasks Completion *(please tick each one as appropriate)*

Assessment item	Completed
Comment and readme file	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/>
Task 1.1:	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/>
Task 1.2:	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/>
Task 1.3:	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/>
Task 2.1:	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/>
Task 2.2:	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/>
Task 2.3:	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/>
Task 3.1:	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/>
Task 3.2:	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/>
Task 3.3:	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/>
Task 4.1:	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/>
Task 4.2:	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/>
Task 4.3:	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/>

You should provide further details if “NO” or “PARTIALLY” is ticked.

Defects / Uncompleted tasks: