Date: 06/12/23

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Academic Year: 2023 – 24 | | | | | | | |
| Class: Computer Science and Information Technology (Final Year – 8th Semester) | | | | | | | |
| Project Group Id: 08 | | | | | | | |
| **PRN No.** | | **Name of Student** | **E-mail Address** | | | **Contact** | |
| 2001106064 | | Rushikesh Shinde | [rushikeshshinde212002@gmail.com](mailto:rushikeshshinde212002@gmail.com) | | | 8928687327 | |
| 2001106041 | | Anish Zaveri | [anishvimalzaveri@gmail.com](mailto:anishvimalzaveri@gmail.com) | | | 9867291174 | |
| 2001106043 | | Saad Mujawar | saadmujawar844@gmail.com | | | 8390870786 | |
| 2001106076 | | Rohit Kadganche | [rohitmkadganche@gmail.com](mailto:rohitmkadganche@gmail.com) | | | 8080628526 | |
| Proposed Project Topics: | | | | | | | |
| 1. Securing and Authenticating Electronic Healthcare Records through Blockchain Technology | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| **Sr. No.** | **Parameter** | | | **Title 1** | **Title 2** | | **Title 3** |
| 1. | Significance/Applicability (10 Marks) | | |  |  | |  |
| 2. | Innovativeness (10 Marks) | | |  |  | |  |
| 3. | Scope (10 Marks) | | |  |  | |  |
| 4. | Feasibility (10 Marks) | | |  |  | |  |
| 5. | Applicability (10 Marks) | | |  |  | |  |
|  | **Total** | | |  | ` | |  |
| Remarks (If Any) | | | | | | | |
| 1. Name and Sign of Expert 1: | | | | | | | |
| 1. Name and Sign of Expert 2: | | | | | | | |
| 1. Name and Sign of Project Coordinator (Please verify Specialization Mapping of statement): | | | | | | | |

**Approved: Yes / NO**