**DECLARATION**

I hereby certify that the work which is being presented in this Project Report entitled **“Project Title”,** in partial fulfilment of the requirement for the degree of **Bachelor of Science in Information Technology** submitted to the Department of Computer Science (School of Sciences) of Noida International University, Plot No-1, Sector-17A, Yamuna Expressway, Gautam Budh Nagar, Uttar Pradesh- 201310, is an authentic record of my own work carried out during a period from 01-02-2024 to 01-05-2024 under the supervision of

**Professor Dr. Yazdani Hasan Computer Science Department**.

The matter presented in this project report has not been submitted by me for the award of any other degree elsewhere.

Name & Signature of Candidate:

Sadhvi Yadav

Roll No.: SS/BS-IT/2102/004

**Certificate**

This is to certify that:

Ms. Sadhvi Yadav D/o Satya Prakash Yadav Enrolment No. **21101060427** Roll No. SS/BS-IT/2102/004 has worked on <Title of Project>. This project is part of partial fulfilment of requirement for the degree of **Bachelor of Science in Information Technology.**

To the best of my knowledge and belief, this is the original work and has not been submitted for any other degree in any other university.

Date :

Place:

**Signature**

**(Supervisor’s Name)**

Department, Designation

**Signature**

**(HoD Name)**

Department, Designation

**Acknowledgement**

The work leading to this Project has been carried out by me as a scholar. I am highly indebted to my revered supervisor(s), <Name of Supervisor> for their untiring support, encouragement and able guidance at each and every step throughout this project.

Further, I find no words to express my heartfelt thanks to <Name of Supervisor> for supervising this work so diligently and delightfully. It has indeed been a privilege to carry out this project work under their guidance.

Above all, I pay my reverence to the almighty God.

Name & Signature of student:

Sadhvi Yadav

## NOIDA INTERNATIONAL UNIVERSITY

## College Web Site

### Project report submitted

### in partial fulfilment of requirement for the degree

of

Bachelor of Science in Information Technology

**Name of the student: Name of the Supervisor:**

**Sadhvi Yadav Dr. Gagan Tiwari**

**Enrolment No. 21101060427 Designation: Professor**



## (School of Sciences)

## Plot No. – 1, Sector – 17 A, Yamuna Expressway,

## Gautam Budh Nagar, Uttar Pradesh – 201310

**Month, Year**