SCHOOL OF COMPUTER AND INFORMATION SCIENCES
IGNOU, MAIDAN GARHI, NEW DELHI - 110 068

II.   PROFORMA FOR THE APPROVAL OF MCA PROJECT PROPOSAL (MCSP-060)

(Note: All entries of the proforma of approval should be filled up with appropriate and complete information.
Incomplete proforma of approval in any respect will be summarily rejected.)

Project Proposal No :…………………..
(for office use only)

Enrolment No.: ……..175596952………
Study Centre:.. St John College, Agra (2702)..
Regional Centre:..NOIDA RC Code:.39…
E-mail: …secureak20@gmail.com..……
Mobile/Tel No.: …7579660767…………

1.   Name and Address of the Student: ..ARJUN KUMAR……………………………………….
..ADD:-..HOUSE NO 31/100 RAWLI AGRA-282001(U.P).

2.   Title of the Project***:   e-MEDICAL INFORMATION MANAGEMENT SYSTEM

3.   Name and Address of the Guide: ..Mr. Amresh Kumar Amar………………………………

..ML24/1, CAMP AREA , Air Force Station Agra-282001 (U.P)

Ph.D*	M.Tech.*	B.E*/B.Tech.*	MCA	M.Sc.*

4.   Educational Qualification of the Guide:
(Attach bio-data also)

(*in Computer Science / IT only)

5. Working / Teaching experience of the Guide**:**10 Years experience in IT fields as a web application developer,
DBA, Network, Administrator & Professional IT Instructor……………………………………………………
(**Note: At any given point of time, a guide should not provide guidance for more than 5 MCA students of IGNOU*)

6. Software used in the Project***:………**PHP & MYSQL (XAMPP SERVER)**………………
    (*** Please refer to section VIII of these guidelines)

7.   If already pursued BCA/BIT from IGNOU, mention the title of the project (CS-76) and the s/w
     used:……………**N/A**…………………………………

8. Project title of the Mini Project (MCS-044) and the s/w used:**ONLINE GRIEVANCE MANAGEMENT PORTAL**
(OGMP) S/W USED: **PHP & MY SQL**…………….

9. Is this your first submission?   ☐ Yes   ☐ No

Signature of the Student   Signature of the Guide
Date: Sep 22   Date: Sep 22

For Office Use Only   Name:……………………………...............

☐   ☐   ………………………………………….
                                                                        Signature, Designation, Stamp of the
                                                                        Project Proposal Evaluator
Approved   Not Approved   Date: …………………..

Suggestions for reformulating the Project: