**TITLE OF THE PROJECT**

**COMMUNITY SERVICE PROJECT REPORT**

**Submitted by**

**Student Name– 992200XXXX**

**Student Name – 992200XXXX**

**in partial fulfillment for the award of the degree**

**of**

**BACHELOR OF TECHNOLOGY**

**IN**

**COMPUTER SCIENCE AND ENGINEERING**



**SCHOOL OF COMPUTING**

**COMPUTER SCIENCE AND ENGINEERING**

**KALASALINGAM ACADEMY OF RESEARCH**

**AND EDUCATION**

**KRISHNANKOIL 626 126**

November 2024

**DECLARATION**

We affirm that the project work titled **“TITLE OF THE PROJECT”** being submitted in partial fulfillment for the award of the degree of **Bachelor of Technology in Computer Science and Engineering** is the original work carried out by us. It has not formed part of any other project work submitted for the award of any degree or diploma, either in this or any other University.

Student Name

992200XXXX

Student Name

992200XXXX

This is to certify that the above statement made by the candidate is correct to the best of my knowledge.

Date:

Signature of supervisor

**Guide Name**

**Associate/Assistant Professor**

**Department of Computer Science and Engineering**



**BONAFIDE CERTIFICATE**

Certified that this project report **“TITLE OF THE PROJECT”** is the bonafide work of “**STUDENT NAME (992200XXXX), STUDENT NAME (992200XXXX)…”** who carried out the project work under my supervision.

|  |  |
| --- | --- |
| **Guide Name** | **Dr. N. Suresh Kumar** |
| **SUPERVISOR** | **HEAD OF THE DEPARTMENT** |
| **Associate/Assistant Professor** | **Professor & Head** |
| Computer Science and Engineering | Computer Science and Engineering |
| Kalasalingam Academy of Research and Education | Kalasalingam Academy of Research and Education |
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| Virudhunagar District. | Virudhunagar District. |

Submitted for the Project final review and Viva-voce held on …………………….

**Internal Examiner External Examiner**

**ACKNOWLEDGEMENT**

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**SCHOOL OF COMPUTING**

**COMPUTER SCIENCE AND ENGINEERING**

**PROJECT SUMMARY**

|  |  |  |
| --- | --- | --- |
| Project Title |  | |
| Project Team Members (Name with Register No) |  | |
| Guide Name/Designation |  | |
| Program Concentration Area |  | |
| Technical Requirements |  | |
| Engineering standards and realistic constraints in these areas | | |
| **Area** | **Codes & Standards / Realistic Constraints** | **Tick** ✓ |
| Economic |  |  |
| Environmental |  |  |
| Social |  |  |
| Ethical |  |  |
| Health and Safety |  |  |
| Manufacturability |  |  |
| Sustainability |  |  |

**ABSTRACT**

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**INTERNAL QUALITY ASSURANCE CELL**

**PROJECT AUDIT REPORT**

This is to certify that the project work entitled “TITLE OF THE PROJECT” categorized as an internal project done by STUDENT NAME 1, STUDENT NAME 2, STUDENT NAME 3 of the Department of Computer Science and Engineering, under the guidance of GUIDE NAME during the Even semester of the academic year 2023 - 2024 are as per the quality guidelines specified by IQAC.

(Office use)

**Quality Grade**

**Deputy Dean (IQAC)**

**Administrative Quality Assurance Dean (IQAC)**