A

Seminar Report On

**[Your Title]**

Submitted by

***Your Name [2405112120000]***

as

Partial fulfilment of Semester II of Master of Computer Applications

for A.Y. 2024-2025

Under the Guidance of

[Guide Name]

Submitted To Department of MCA

Faculty of IT & Computer Science Parul University





**CERTIFICATE**

This is to certify that **Mr./Ms./[Student Name], 2405112120000.** student(s) of Master of Computer Applications has/have satisfactorily completed the Seminar on **“Title Name”** as fulfillment of MCA Semester II.

Seat No. Date of Submission:

Internal Guide Coordinator - MCA

**Department of MCA Faculty of IT & Computer Science**

**PARUL University, Vadodara**