**ONLINE APPOINTMENT MANAGEMENT SYSTEM**

by

Ch. SAILAJA (165122635)

Under Guidance of

Mr Anil Kumar

Submitted to the School of Computer and Information Sciences in partial fulfilment of the requirements for the degree of

**Masters of**

**Computer Applications**



**Indira Gandhi National Open University**

**Maidan Garhi**

**New Delhi – 110068.**

# PROFORMA OF PROJECT PROPOSAL

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



**PROFORMA FOR SUGGESTIONS OF MCS-044 PROJECT PROPOSAL**

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

**Enrolment No.: ………………………**

**Study Centre: ……………….……….**

**Regional Centre:……… RCCode:….**

**E-mail: ………….………..…………...**

**Telephone No.: ………………………**

1. Name and Address of the student ………………………..…………………………………….

2. Title of the Project ……………..………..…………………………………………………….

1. Name and Address of the Counsellor……..…………………………………………………….

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

1. Educational Qualification of the Counsellor

(Attach bio-data also)

**(\*in Computer Science / IT only)**

1. Working / Teaching experience of the Counsellor**\*\*** ….………………………………………
2. Software used in the Project…………….. ……………………………………………………...

Signature of the Student Signature of the Counsellor

Date: ………………… Date: …………………….

**Suggestions for improving the Project:**

## CERTIFICATE OF AUTHENTICATED WORK

This is to certify that the project report entitled \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ submitted to **Indira Gandhi National Open University** in partial fulfilment of the requirement for the award of the degree of **MASTER OF COMPUTER APPLICATIONS (MCA)** is an original work carried out by Mr./ Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ enrolment no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ under my guidance. The matter embodied in this project is authentic and is genuine work done by the student and has not been submitted whether to this University or to any other University / Institute for the fulfilment of the requirement of any course of study.

|  |  |
| --- | --- |
| ………………………. | ...…………………………………. |
| Signature of the Student: | Signature of the Counsellor |
| Date: ……………….. | Date: ………………… |
| Name and Address | Name, Designation |
| of the student | and Address of the Counsellor |
| ……………………….. | …………………………………… |
| ……………………….. | ……………………………………. |
| ……………………….. | …………………………………….. |

Enrolment No…………

# ROLES AND RESPONSIBILITIES FORM

**Name of the Project**……………………………………………………..........**Date:**………………

|  |  |  |
| --- | --- | --- |
| **Name of the Team Member** | **\*Role** | **Tasks and Responsibilities** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

Name and Signature of the **Project Team members:**

|  |  |  |  |
| --- | --- | --- | --- |
| 1……………………………….. |  |  | Signature………………………….. |
| 2……………………………….. |  |  | ……………………………………. |
| 3……………………………….. |  |  | …………………………………… |
| 4……………………………….. |  |  | ……………………………………. |

Signature of the Counsellor:……………………… Date: …………….