

Name: **Dibbo Barua Chamak** Student ID: **105299366**

**COS 80021 Project 2 Checklist** of Tasks Completion *(please tick each one as appropriate)* You should provide further details if “NO” or “PARTIALLY” is ticked.

Assessment item	Completed
Comment and readme file	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/>
<b>Task 1:</b>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/>
<b>Task 2.1</b>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/>
<b>Task 2.2</b>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/>
<b>Task 2.3</b>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/>
<b>Task 2.4</b>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/>
<b>Task 3.1</b>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/>
<b>Task 3.2</b>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/>
<b>Task 3.3</b>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/>
<b>Task 3.4</b>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/>
<b>Task 3.5</b>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/>
<b>Task 4.1</b>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/>
<b>Task 4.2</b>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/>
<b>Task 4.3</b>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/>
<b>Task 4.4</b>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/>
<b>Task 4.5</b>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/>
<b>Task 4.6</b>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/>
<b>Task 4.7</b>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/>
<b>Task 5.1</b>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/>
<b>Task 5.2</b>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/>
<b>Task 5.3</b>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/>