Graduate Project Registration Form

Academic Year: 2023-2024

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| Project Contact Information | |
| * Project Leader Name: | محمد نبيه محمد عوض عيد |
| * Contact Email: | eid46060@gmail.com |
| * Contact Phone: | +20 102 467 1112 |

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| Project Members Contact Information | | | | |
| **SN** | **Name** | **ID** | **Email** | **Signature** |
| 1 | اسراء عبد الناصر خليل عبد الرحيم جاد | 65739 | ugs.17112@ci.suez.edu.eg |  |
| 2 | محمد نبيه محمد عوض عيد | 61757 | ugs.1225@ci.suez.edu.eg |  |
| 3 | محمود محمد عبد الله احمد | 69091 | ugs.19834@ci.suez.edu.eg |  |
| 4 | منه الله زكريا محفوظ عبادى | 65745 | ugs.1140@ci.suez.edu.eg |  |
| 5 | منه الله عمر السيد | 61993 | ugs.1141@ci.suez.edu.eg |  |
| 6 | ميادة محى الدين سليمان محمود | 61708 | ugs.10706@ci.suez.edu.eg |  |
| 7 | ندى قناوى يحيى احمد الجمل | 61970 | ugs.1149@ci.suez.edu.eg |  |
| 8 | نوران عبده عبد الرحمن نوح | 61931 | ugs.19992@ci.suez.edu.eg |  |

**Note**: Please note that the number of students in each project is greater than 4 students and less than 9 students.

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| Project Detail | |
| English Title | **Advanced Infant Care Technology** |
| Arabic Title | **تكنولوجيا رعاية الرضع المتقدمة** |
| Supervisor | **مروه فكري محمد** |
| Co- Supervisor | **ايمان رضا عبدالرحمن محمد** |
| Brief Description of the Project   * 100 to 200 words. * Provide a concise description of the project's objectives, scope, and significance. | Introducing an innovative application designed to support new mothers in understanding and meeting the needs of their newborns. Utilizing advanced technology, our application decodes your baby's crying, ensuring you are always aware of your baby's needs. In addition to daily health monitoring and weekly development tracking, our app offers a range of entertainment and educational features. We also provide comprehensive medical support, social communication, psychological support, and many other valuable features to assist mothers in nurturing their babies effectively. |

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| Student Declaration |
| I, the undersigned, declare that the information provided in this form is accurate and complete. I understand the responsibilities and commitments involved in undertaking this graduate project. I agree to adhere to the guidelines and deadlines set by the institution and to maintain ethical standards throughout the project. |

Project Leader’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Supervisor Approval |
| I hereby approve the project proposal in this form. I confirm my willingness to provide guidance and support to the student throughout the project's duration. |

Supervisor's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co- Supervisor's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Final Approval |
| This undergraduate project details has been approved by the Computer Science Department Council under number -----. |

Head of Department's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_