TE Project Based Seminar

Academic Year: 2017-18 Sem – II

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| --- | --- | --- | --- | --- |
| Group Id | Roll No | Name of Student | Contact No | Email Id |
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Name of the Internal Guide:……………………………………………… Contact details:…………………………………………………………………

Name of the External Guide (if Any):…………………………………..

Contact Details :…………………………………………………………………..

TE Project Based Seminar

Academic Year: 2017-18 Sem – II

Finalization of Project Title

Proposed Project Title

**Sr. No.**

**Parameters Remark 1 (Reviewer 1) Remark 2 (Reviewer 2)**

1 Originality of

Idea

2 Innovativeness

3 Scope

4 Feasibility

Finalized Project Title

Name and Signature of Reviewer 1

Name and Signature of Reviewer 2

Name and Signature of Internal Guide

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Name and Signature of External Guide (If any)

TE Project Based Seminar - REVIEW I

Class: T.E. (IT) Academic Year: 20 - 20 Semester-II

Roll No:

Project Title:

Brief Problem Statement:

Feasibility:

Scope:

Documentation:

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| --- | --- | --- |
| Literature Survey | | |
| Paper Title | Summary | Outcome / Challenges / Limitations etc. |
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Name of Internal Guide:

Signature of Internal Guide:

Name of Review Committee Signature of Committee Member

1.

2.

3.

4.

TE Project Based Seminar - REVIEW II

Class: T.E. (IT) Academic Year: 20 - 20 Semester-II

Roll No:

Seminar Title:

Brief about Seminar Title:

Scope:

Documentation:

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Name of Internal Guide:

Signature of Internal Guide:

Name of Review Committee Signature of Committee Member

1.

2.

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TE Project Based Seminar Evaluation sheet (Mock Seminar)

REVIEW III

Academic Year : 2017-18 Sem - II

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Group ID | Roll No | Name of Student | Relevance of Topic (5) | Relevance + Depth of Literature Reviewed (10) | Seminar Report Technical Content (10) | Seminar Report (Language)  (5) | Presentation Slides (5) | Communication Skills(5) | Question answers  (10) | Total  **(50)** |
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Name of Internal Guide: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Internal Guide

Name of Review Committee Signature of Committee Members

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_