



PARUL UNIVERSITY
FACULTY OF ENGINEERING AND TECHNOLOGY
CSE-IEP DEPARTMENT

Student Evaluation Card (7th semester)

Project Group Identification	7IEP__
Project Title	
Type of Project	Industry/In house
Name of Project Supervisor	

SR No	Name of the Students	Enrollment Number	Department
1			
2			
3			
4			
5			

Sr. No.	Comments given by Internal Review Panel	Modification done based on Comments (To be filled by Supervisor)
Particulars	Internal Review Panel	
	Expert 1	Expert 2
Name:		
Sign:		



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PROGRESS AND MEETING CARD OF PROJECT

A.Y-2025-2026	BRANCH:_____.	SEMESTER:	7th	
GROUP ID: 7IEP_				
TITLE OF THE PROJECT:				
NAME OF PROJECT SUPERVISOR (INTERNAL):				
NAME AND CONTACT NO. OF INDUSTRY MENTOR (IF ANY):				
INDUSTRY PARTICULARS (IF ANY):				
SR NO	ENROLLMENT NO	NAME OF THE STUDENT	MOBILE NO	

WEEK NO	Meeting Date	DETAILS OF WORK DONE	SIGNATURE OF STUDENT	SIGNATURE OF SUPERVISOR
WEEK 01				
WEEK 02				
WEEK 03				
WEEK 04				

WEEK 05				
WEEK 06				
WEEK 07				
WEEK 08				
WEEK 09				
WEEK 10				
WEEK 11				
WEEK 12				
WEEK 13				
WEEK 14				
WEEK 15				
WEEK 16				
Comments from H.O.D: Satisfactory/ Unsatisfactory			Sign. of HOD	