

# F5

Submission Form for

## PROJECT INITIATION

CIIT-ATK-EE-02-F5



Dated: 9-09-2024

### PROJECT INFORMATION:

PROJECT ID		NUMBER OF MEMBERS	3
TITLE	Hybrid Assistive Limb		
SUPERVISOR NAME	Sir Qazi Zia	SUPERVISOR TYPE	INTERNAL
SUPERVISOR EMAIL	<a href="mailto:qazizia@ciit-attock.edu.pk">qazizia@ciit-attock.edu.pk</a>	SUPERVISOR PHONE	03318135936

### PROJECT MEMBERS:

MEMBER NAME	REG. NO.	SIGNATURE
Muhammad Aamir	FA21-BEE-029	
Abdullah Khan	FA21-BEE-005	
Mubashir Aslam	FA21-BEE-002	

### CHECKLIST:

Number of additional pages attached with this form

I/We have attached the finalized **Project Objectives**  
using the form F3A

YES / NO

I/We have attached the finalized **Project Timeline**  
using the form F3B

YES / NO

My/Our supervisor has attested the attached pages

YES / NO

I/We have agreed to initiate this project from today

YES / NO

ALL FORMS SHOULD BE SUBMITTED TO THE PROJECTS COORDINATOR

# F5a

## PROJECT OBJECTIVES

CIIT-ATK-EE-02-F5a



Dated: 20-9-2024

Submit this document as an attachment to the form F3

PROJECT ID		TOTAL NUMBER OF OBJECTIVES	7
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TITLE	Hybrid Assistive Limb

No.	DESCRIPTION OF OBJECTIVE	PRIORITY*
1	The hybrid limb should significantly increase the user's ability to move independently and perform daily tasks.	A
2	The device should provide additional strength to assist with activities that are challenging for the user.	A
3	The hybrid limb should help the user maintain physical activity for longer periods.	A
4	The materials used in the hybrid limb should allow for proper ventilation and prevent discomfort.	A

\*PRIORITY LEVELS

**A**

Must achieve

**B**

Recommended

**C**

Optional

Explain project objective with the help of block diagram and with flow chart (if possible). Add additional pages if required.

ALL FORMS SHOULD BE SUBMITTED TO THE PROJECTS COORDINATOR

# F5b

Submission Form for

## PROJECT MILESTONES

CIIT-ATK-EE-02-F5b



Dated: 20-9-2024

Submit this document as an attachment to the form F3

PROJECT ID

TOTAL NUMBER OF  
OBJECTIVES

TITLE

Hybrid Assistive Limb for Lower Limb Disabilities: Enhancing Mobility, Independence, and Quality of Life

No.	STARTING WEEK DATE	DESCRIPTION OF MILESTONE	DURATION IN WEEK
1	18-09-24	Literature review for FYP proposal plus defence	2 Weeks
2	02-10-24	Data collection from patients with lower limb disabilities	8 Weeks
3	04-11-24	Literature review on hybrid assistive limb technology	2 Weeks
4	11-11-24	Design and prototyping of the hybrid assistive limb	4 Weeks
5	30-11-24	Integration of sensors and actuators	6 Weeks
6	20-01-25	Development of control algorithms	2 Weeks
7	03-02-25	User testing and feedback	2 Weeks
8	17-02-25	Refinement and optimization of the device	2 Weeks
9	03-03-25	Documentation and presentation work	2 Weeks

Supervisor's Signature

ALL FORMS SHOULD BE SUBMITTED TO THE PROJECTS COORDINATOR