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|  | **Title :** **Project Registration & Progress Review** | | **FF No. 180** |  |
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| **Department: AIDS** | | **Academic Year: First Year 2024-2025** | | | |
| **Semester :1** | | **Group No. :** | | | |
| **Project Title:** | | | | | |
| **Project Area:** | | | | | |
| **Group Members Details:** | | | | | |

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| Sr. No. | Class & Div. | Roll No. | P.R.No. | Name of Student | Contact No. | Email ID |
| 1 |  |  |  |  |  |  |
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| Name of Internal Guide Contact No. & Email ID: |

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| Project approved / Not approved  **Guide Project Coordinator Head of Department** |

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**FF No** **180**

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**FF No** **180**

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| Group No. | G5 | | |
| Activity | Review Schedule | Progress Review Report submitted | Signature of Guide |
| Review 1 | Mid Sem. Semester | Yes / No |  |
| Review 2 | End of Semester | Yes / No |  |

Format of Progress Review Report:

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| **Review No.: 1 Group No.: G5 Date:** |
| **Progress Review Report** |
| **Signature of Guide:** |

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| **Review No.: 2 Group No.: G5 Date:** |
| **Progress Review Report** |
| **Signature of Guide:** |