

TOFU CART

A
*Community Service Project Report Submitted in Partial fulfilment of the Requirement for the
Award of the Degree of*

**BACHELOR OF TECHNOLOGY
IN
ELECTRONICS AND COMMUNICATION ENGINEERING**

Submitted by

K.SUNIL ACHARI(209Y1A0468)

P.CHANDRALEKHA(209Y1A04A5)

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Under the Guidance of

Sri.Md. MAHABOOPASHA,M. Tech., (Ph.D.),

Assistant Professor

Department of Electronics and Communication Engineering



DEPARTMENT OF ELECTRONICS & COMMUNICATION ENGINEERING

**K.S.R.M.COLLEGE OF ENGINEERING
(AUTONOMOUS)**

(Approved by AICTE, New Delhi & Affiliated to JNTUA,Ananthapuramu)

(Accredited by NAAC, New Delhi)

(An ISO 9001:2018,14001:2004 Certified Institution)

KADAPA – 516003 (A.P.)

2022- 2023

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CERTIFICATE

This is to certify that the Community Service project report entitled “TOFU CART is being submitted by L.V.SAIRAM(209Y1A0477), P.CHANDRALEKHA(209Y1A04A5), R.BHARATHI(209Y1A04B7), K.SUNIL ACHARI(209Y1A0468), G.HARI KRISHNA (209Y1A0461) to K.S.R.M. College of Engineering (AUTONOMOUS), Kadapa in partial fulfilment of the requirements for the award of the degree of “BACHELOR OF TECHNOLOGY” in “ELECTRONICS AND COMMUNICATION ENGINEERING” is a bonafide record of the Community Service project work carried out by them under our supervision during the period 2022-2023.

Project guide:

**Sri. Md. Mahaboob Pasha, M.Tech., (Ph.D.),
Assistant Professor,
Dept. of E.C.E.**

Head of the Department:

**Dr. G. HEMALATHA, M.Tech., Ph.D.
Professor & HOD,
Dept. of E.C.E.**

Date:

Signature of the Expert

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**Program Book for
Community Service Project**

Name of the Student:

Name of the College:

Registration Number:

Period of CSP: From: To:

Name & Address of the Community/Habitation:

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Community Service Project Report

Submitted in accordance with the requirement for the degree of.....

Name of the College:

Department:

Name of the Faculty Guide:

Duration of the CSP: From To.....

Name of the Student:

Programme of Study

Year of Study:

Register Number:

Date of Submission:

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Student's Declaration

I,.....,a student ofProgram, Reg. No.of the Department of....., College do hereby declare that I have completed the mandatory community service from..... to.....in (Name of the Community/Habitation) under the Faculty Guideship of....., (Name of the Faculty Guide), Department of.....in College.

(Signature and Date)

Endorsements

Faculty Guide

Head of the Department

Principal

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Certificate from Official of the Community

This is to certify that (Name of the Community Service Volunteer) Reg. No..... of Name of the College) underwent community service in (Name of the Community) from..... to

The overall performance of the Community Service Volunteer during his/her community service is found to be (Satisfactory/Good).

Authorized Signatory with Date and Seal