



SRM University-Delhi-NCR
Projects Committee
Computer Science & Engineering Department

Project Group Number : _____

Date & Time : _____

MINOR PROJECT - (<input type="checkbox"/> B. Tech.)			
Minor Project Binding Approval Certificate			
For Office Use Only =====			
Name of Supervisor			
	Co-Guide (if any) :-		
Project Title			
	Student I	Student II	Student III
Student Role*			
Registration			
Name			
Signature			
Category	Comment		
Complete and Accepted			
Incomplete			
Not Accepted			
<p>This is to certify that the project submitted and presented by the above –mentioned students(s) is</p> <p style="text-align: center;"> <input type="checkbox"/> COMPLETE & ACCEPTED <input type="checkbox"/> INCOMPLETE <input type="checkbox"/> NOT ACCEPTED </p> <p>and the draft of graduation project report has been corrected from all content flaws, typing errors and language mistakes.</p> <p>Supervisor Name :-</p> <p>Signature :-</p> <p>Date :-</p>			
For Expert Remarks (If any):-			
For Office Use Only)	Signature of Project Supervisor Signature of External		Signature of HDD Signature of Project Coordinator