MINOR PROJECT RECORD - (B. Tech. Final Year)				
Project Review - Assessment Form – III				

For Office Use Only ================➤➤			Approval for Binding	Expert Member
	100% Completion of Project & Paper submission with **hard binding**.		Certificate issued (Y / N)	

For Office Use Only ================➤➤	R-1	R-II	R-III	SR-1

Project Title	
Name of Supervisor	
Name of Reviewer	
Research Paper Title (if any)	

ASSESSMENT (10 Marks)			
	Student 1 (S1)	**Student 2 (S2)**	**Student 3 (S3)**
Registration No:-			
Name :-			
Signature :-			

Category	Comment by supervisor (if any)	Marks	S1	S2	S3
Presentation (Clarity, Communication & Confidence)	PPT mandatory	/ 1			
Project Objectives (Clarity of Aim and Scope etc)	Must align with title	/2			
Methodology (Process, Tools and Design etc)	Include Proposed work flow	/ 1			
Implementation & Documentation (Report Progress~100%)	Show working modules / prototypes	/ 3			
Punctuality, Regularity, Hard Work, Role & Responsibility, Following Plans etc.	Assessed by Supervisor	/ 1			
Planned Tasks/ Report/ Research Paper/ Plagiarism Report etc	Verified through evidence	/ 2			
* To be filled up by the Reviewer only	*Total*	/ 10			

Supervisor Remarks (If any):-

*Special Remarks for PROJECT EXPO Trail: -

For Office Use Only	Signature Project Reviewer	Signature of Supervisor
	*Fill all details very carefully otherwise responsibility is yours.	*Fill all details very carefully otherwise responsibility is yours.*

Fill this form and get it signed by Project Reviewer and Project Supervisor.

MINOR PROJECT BTECH					
Project Supervisor -Assessment FORM					
For Office Use Only ================= ➢➢DATE	1st - REVIEW	2nd- REVIEW	3rd REVIEW	SUPERVISOR	Total
➢➢Name					
Name of the Supervisor				Group. No.	
Project Title					
PROJECT ASSESSMENT (10 Marks)					
Category	Details	Marks	Marks	Marks	
	Student Name				
	Reg. No.				
Attendance	Punctuality	/ 1	/ 1	/ 1	
Presentation	Clarity Presentation Skills	/ 1	/ 1	/ 1	
Understanding of Project	Introduction Problem Background Project Goals and Objectives Project Scope Project Methodology	/ 2	/ 2	/ 2	
System Demonstration	System Development and Implementation	/ 3	/ 3	/ 3	
Project Group Work	Organization & Team Work	/ 1	/ 1	/ 1	
Project Quality	Originality	/ 1	/ 1	/ 1	
Question & Answer	Ability to justify, answer firmly	/ 1	/ 1	/ 1	
* To be filled up by the Supervisor	*Total*	/ 10	/ 10	/ 10	

Supervisor Name:-

Supervisor Signature:-

Contact No.:-

For Office Use Only)	*Name of Project Coordinator/ Examiner*	*Signature of Project Coordinator/ Examiner*