** Department of IT**

**Major Project Confirmation Form**

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| --- | --- | --- | --- | --- |
| **Team Name** | Project X | | | |
| **Guide Name** | Dr Suresh Sankaranarayan | | | |
| **Team Lead Name, Phone number and Mail ID** |  | | | |
| **Title of the Project** | Advanced Traffic Management | | | |
| **Team Members Names** | Name 1 | Name 2 | Name 3 | Name 4 |
| Sarthak Gupta | Sumeet Omalur | Swasti Sumedha Tiwari | Tanya Mishra |
| **Team Members Reg Nos** | Reg No of Name 1 | Reg No of Name 2 | Reg No of Name 3 | Reg No of Name 4 |
| RA1611008010368 | RA1611008010384 | RA1611008010686 | RA1611008010526 |
| **Internship Yes/No** | Consent of Name 1 | Consent of Name 2 | Consent of Name 3 | Consent of Name 4 |
| No | No | No | No |
| \* **Internship Proof Submitted both in hard copy and soft copy Yes/No** | \*Consent of Name 1 | \*Consent of Name 2 | \*Consent of Name 3 | \*Consent of Name 4 |
| No | No | No | No |
| **\*\* Conflict Of Interest submitted Yes/No** | \*\*Consent of Name1 | \*\*Consent of Name2 | \*\*Consent of Name3 | \*\*Consent of Name4 |
| No | No | No | No |
| **Assurance of no duplication of the Project across IT Panels Yes/No** | Consent of Name 1 | Consent of Name 2 | Consent of Name 3 | Consent of Name 4 |
| Yes | Yes | Yes | Yes |
| **Abstract of the Project in only 6 points. Each point can have 1 or maximum 2 lines on each** | Advanced Traffic Management system is an integrated solution to manage highway and city traffic through real time information collection, processing, analysis and finally dissemination to the users, concerned agencies and stake holders. To ensure round the clock safety, it is of prime importance to provide real time and precise information to users about the road condition, traffic situations, incidents and weather conditions on the highways and city roads. It is also important to make interventions for smooth, safe and efficient traffic movement by providing rescue and relief to the users to avoid distress. We will also understand the incorporation of Machine Learning algorithms and Artificial Intelligence which will be used to obtain the required statistics. Using Data Analysis, work will be done with various data sets to understand the pattern at each interval so that a suitable outcome can be reached. | | | |

**Signature of each member of the team: 1. 2. 3. 4.**

\* **Hard copy details:** To be submitted to Panel. 1. Attach a plain sheet and write these details Your Name, Reg No, Phone number Mail ID, Company Name, Period of Internship, Via SRM Placements: YES/No, If not via SRM, then how did you come to know or apply etc. along with the internship proof 2. Get the OD form (Get it from DTP) filled with again a set of internship proofs (This is second copy to be submitted separately to your Faculty Advisor on the day of enrolment) attached to it with proper attestations from all the authorities provided in the form. **Soft copy details:** All that mentioned in point 1 to be sent as Mails to: Ms.Meenakshi (Internship Coordinator) Meenakshi K <meenaksk@srmist.edu.in>, Faculty Advisor, Your Guide, Both Faculty Panel Experts with CC to ([**geethag@srmist.edu.in**](mailto:geethag@srmist.edu.in)**)** and me (**kayal.jayavel@gmail.com**)

\*\*Verified with all Project titles across Panels and assure that our Project is not duplicated in any form.

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**Conflict of Interest and Acceptance Letter**

We students of Team name ………………………………………………………… agree to work as a team throughout till

the successful completion of our project. We are completely ok and agree with these students (Mention Name and

Reg no of Students going for internship)……………………………………………………………………………………………………………………..

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and also be a part of our team in the major project. We would split the workload equally well in advance and carry

our responsibility with sincerity, so that we do not end up in undue conflicts between us. We assure you, we at any

cost will not raise complaints about each other, as we have thought of everything meticulously before partnering as

a team. And we above students going for internship assure that our absence will never affect the quality of project

work as a team and will never quote this as an excuse for not contributing equally for the project work. We know,

the minute we agree to come together as a team it is our duty to abide the rules and work hard to achieve the end

goal as a team whatsoever.

**And I will read all the mails sent with proper attention and care and follow with due respect. I will not be lazy to read materials and content sent to me related to major project and will never state my ignorance of not checking mails as an excuse for untimely and delayed events.**

**I will have regular interaction with my guide at frequent intervals (as decided by my guide) and maintain a record for the same. And will always contact my teachers through mail and give them enough time to scrutinize and reply, and will not contact in other unofficial medium unless they have permitted us to reach out in other medium of communication.**

**Team Name:**

**Guide Name: Guide Signature (To confirm that the student met you)**

**Panel:**

**Faculty Panel Experts Name:**

**Team Lead Name and Signature** followed by **reg no, mail ID, Phone number** :

1.

**Team Members Name and Signature** followed by **reg no, mail id, Phone number**:

2.

3.

4.