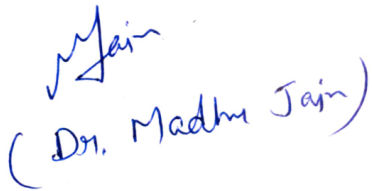


CERTIFICATE

This is to certify that the work titled “**MOBILE HEALTH COMPANION**” submitted by “**Nitya Kapur**” (21102123) in partial fulfillment for the award of degree of B. Tech of Jaypee Institute of Information Technology, Noida has been carried out under my supervision. This work has not been submitted partially or wholly to any other University or Institute for the award of this or any other degree or diploma.

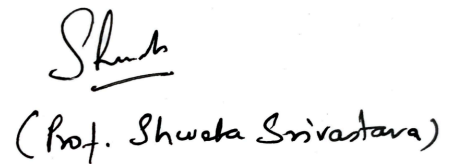


(Dr. Madhu Jain)

Name of Supervisor: **Dr. Madhu Jain**

Designation: Associate Professor

Date: 9th May, 2025



(Prof. Shweta Srivastava)

(**Prof. Shweta Srivastava**)

HOD-ECE