WHITE CANE

A Project Report

Submitted in partial fulfilment of the

Requirements for the award of the Degree of

BACHELOR OF SCIENCE (INFORMATION TECHNOLOGY) SEMESTER-VI EXAMINATION

By

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MAHARASHTRA

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ABSTRACT

This project is about providing a gaming system for blind people. This application will be used by blind people for passing time. By using the application player can improve their reaction time. It can be used for stress relaxations. Voice command will improve the understandable ability of blind person.

Acknowledgment

It gives me a great pleasure to present my project on "WHITE CANE". This is my milestone in B.Sc. Information Technology.

I would like to express my sincere thanks to all the Teachers who helped me throughout the project. I would like to acknowledge the help and guidance provided by our guide Ms. Gauri Ansurkar in all places during the presentation of this project.

I am thankful to our honorable Principal Dr. Vinay Bhole. Onwards my project works, I am also thankful to the staff member of the computer department for their moral supports towards the project.

Thank You

Declaration

I hereby declare that the project entitled, "WHITE CANE" done at Model College, has not been in any case duplicated to submit to any other university for the award of any degree. To the best of my knowledge other than me, no one has submitted to any other university.

The project is done in fulfilment of the requirements for the award of degree of **BACHELOR OF SCIENCE (INFORMATION TECHNOLOGY)** to be submitted as final semester project as part of our curriculum.

PROFORMA FOR THE APPROVAL PROJECT PROPOSAL

(Note: All entries of the proforma of approval should be filled up with appropriate and complete information. Incomplete proforma of approval in any respect will be summarily rejected.)

PNR NO.:		Roll no:
1. Name of the Student		
2. Title of the Project		
3. Name of the Guide		
4. Teaching experience of the Guide		
5. Is this your first submission?	Yes	No
Signature of the Student		Signature of the Guide
Date:		Date:
Signature of the Coordinator		
Date:		

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