

Client Agreement Form


Name of the organization: Sun Waay Lanka Lab
Organization registration number: W96303
Postal address: 66B/41, SRIMANA VIHARA ROAD, WINDSOR
PARK, KALUBOWILA
Project title/description: Web Based Pharmaceutical distribution System
Student's name with initials: U. Vithusha
BIT registration number: R161517

Hereby we agreed to provide necessary information and support to the above student to carry out an information system development project for our organization during this year.

(A top-management member of the organization)

*Signature: [Signature] Date: 11/04/18
Name: K. CHANDRAKUMAR Official Seal: 
Designation: Director
Contact number (Office): - Contact Number (mobile): 0767685431
e-mail address: sunwaay.lankalab@gmail.com

(A top-management member or an employee of the organization)

*Signature: [Signature] Date: 11/04/18
Name: G. NISHANTHI Official Seal: 
Designation: Employee
Contact number (Office): - Contact Number (mobile): 0775034182
e-mail address: ganisha88@gmail.com

*Client should not be a close relative or a family member of the student.

*Upon successful completion of project the client should be able to issue a letter certifying the suitability of the developed software for the organisation.