APPLICATION FOR EVALUATION OF FINAL YEAR PROJECT OF BS

TITLE OF PROJECT:

Particulars of Student(s)

Name:	Registration No:
Batch:	Project Allocation Semester:
Phone No:	Email:

Signature of the student: _____

VERIFICATION BY SUPERVISOR

It is certified that the above Student(s) have completed the project work according to the approved specifications and submitted for evaluation and examination. The project report is forwarded for internal viva.

Name of Supervisor: _____

Signature: _____

Date: _____

HoD Signature: _____