

PROJECT REGISTER

Academic Year:

Department: Batch:					Academic Year:	
					Semester:	
Nam	e of Project	::				
PROJECT GROUP						
SI. No.	SR. No.	Name	Semester	Signature	PROJECT DETAILS	
				Signature of		
(Name and Designation)				Project Guide		
		RECOMMEN	NDATIONS OF HOD			
Date	:					

Note: Original is submitted to Project coordinator and copy is maintained by the student group