Department of Computer Science and Engineering

ZERO REVIEW FORM
FULL SEMESTER PROJECT (19CS2999) (0:0:18)

Semester: VIII   **Date of submission:**

Name and address of the Organization	
For the external project, attach the profile of the Organization	
Duration	From: To:
Title of the Project *Attach the abstract of the project*	
Outcome(s) envisaged: *Please choose at least one (as applicable)*	• SCI/Scopus Journal publication • SCI/Scopus conference publication • Patent • Copyright • Mobile Application in the Google Play store
UNDERTAKING	
I assure you that I will satisfy the project requirements in terms of the outcome mentioned above on or before 20.04.2023. I am aware that my End Semester Viva Voce examination will be scheduled only after the submission of the proof of the same.	
Signed by	

Reg. No	**Name**	**Signature**

Project Guide Details		
Name	**Designation**	**Signature**
(For office use only)		
Signature of PTC	**PID**	**Signature of HOD**