**National Grassroots ICT Research Initiative**

**Final Year Project (FYP) Recommendation Form**

**University/Institute Detail:**

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| Name of University/Institution |  | Physical Address: |  |
| Telephone & Fax No: |  | Discipline: |  |
| City: |  | Province: |  |
| **Recommended Project Details:-** |
| Project Supervisor Name and Designation: |  | Contact Details: | Email:Cell NoOff No: |
| Project Supervisor Qualification: |  | No of Publications of Supervisors: |  |
| Students Name(s): | 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Students Mobile No: | 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Students CGPA | 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Students Email: | 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Degree Programme/ Title: |  | Area of Specialization: |  |

**Final Year Project Details:**

|  |  |
| --- | --- |
| 1. **Project Title:**
 |  |
| 1. **Project Start Date:**
 |  |
| 1. **Project Finish Date:**
 |  |
| 1. **Project Summary (less than 200 words)**
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|  |
| 1. **Project Objectives:**
 |  |
| *
*
*
 |
| 1. **Project Implementation Method**
 |  |
|  |
| 1. **Key Milestones of the Project with dates**
 |  |
| S.No | Elapsed time since start of the project | Milestone | Deliverable |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| Please add rows if required |
| 1. **Final Deliverable of the Project:**
 | (Please tick one of the following) |
|  Hardware System |  Software System |  HW/SW integrated system |
|  Software Simulation results |  Comparative Study |  Theoretical Design/Architecture |
| Simulator Design |  Other Please specify |  |
| 1. **Please Specify Technical Detail of Final Deliverable**
 |  |
|  |
| 1. **Equipment required for making prototype/working model:**
 | (please indicate in tabular form the required equipments along with estimated cost) |
|  |
| 1. **Benefits of the Project**
 | (Please specify Direct/Indirect beneficiaries) |
|  |

1. Name & Signature of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| 1. Name & Signatures of HOD:
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