**Cover page**

Project Name: …………………………………………….. Academic Year: …………………………

Group Members: …………………………………………. Department Name: ……………………….

…………………………………………..

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……………………………………………

……………………………………………

Supervisor Name: ……………………………………………

**Format:**

* Single space, Times New Roman.
* 12 pt,
* Maximum 1 page.

**Abstract Body:**

**Items must be provided in the Abstract:**

* Why do you think this project is important?  Please explain the significance of this

Project in brief.

* In your point of view what are the important aspects that should be covered in the project?
* Objective(s): In your view, please explain the main objectives of the project.
* Methodology:  Give a brief outline of the application development process.
* Had this project been done before? Are there any similar applications available today?
* **Note:** Please deliver this abstract early to ensure that your Project has been approved by the department’s projects committee. **Registration will not be done without this approval.**

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**Project’s Abstract:**

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**Beneficiary form**

* **This form is filled out by the representative of the corporate who is maintaining contact with the team group of the project .**

Note: This item is to be filled out merely in the case of envisaging a real problem in the local market.

**As per the attached project abstract, please fill in the followings:**

Name of corporate/ Institution : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Name of the corporate representative : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Representative Job title : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Representative email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ . Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_

Project supervisor email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_. Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_.

Name of the corporate contact person : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

Project title : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Duration of contact with the team group : \_\_\_\_\_\_\_\_\_\_\_\_.

In case of financial support provided to the students , source \_\_\_\_\_\_ , Amount \_\_\_\_\_\_\_\_\_

The way in which financial support is provided:

Reimbursement based on invoice approved by project supervisor.

Based on milestones detailed as follows:

1. ……………………………………………………
2. ……………………………………………………
3. ……………………………………………………

The beneficiary will directly provide the necessary parts, tools and equipments.

Note: Both parties are committed to the rights of intellectual property.

**Signatures**

**Party one Party two**

Corporate Representative Project Supervisor

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