**Cover page**

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

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

 …………………………………………..

 …………………………………………...

 ……………………………………………

 ……………………………………………

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 local 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 contact person : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

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

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

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

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

Name of the project : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

In case of financial support for the project, source \_\_\_\_\_\_\_\_\_\_\_ \_\_\_ , Amount \_\_\_\_\_\_\_\_\_

The way in which financial support is provided:

 [ ]  Reimbursement by Invoice.

 [ ]  Based on milestones.

 [ ]  The company will provide the necessary tools and equipments.

**Signatures**

 **Party one Party two**

Corporate Representative Project Supervisor

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