



Centre for Converging Technologies
University of Rajasthan, Jaipur-302004(Rajasthan)
Performa for M. Tech X Semester Project Work/Training
(Batch-2009)



1. Name of the student: _____
2. Name of Father: _____
3. E mail : _____ Mobile: _____
4. Enrollment no.: _____
5. Title of the Project/ training: _____

6. Duration (minimum 90 working days): ____Months____ Days (From _____ to _____)
7. Institute /Company /Industry: _____
8. **Details of Guide** : Name: _____
Designation: _____
Official Address: _____
_____ Pin Code _____
Official email (working) Id:
Mobile no.: _____ Tel no. _____
9. **Details of Director /Authority /HOD/Project Manager:**
Name: _____
Designation: _____
Official Address: _____
_____ Pin Code _____
Official email (working) Id:
Mobile no.: _____ Tel no. _____
10. Any other relevant information : _____

11. I will be available for examination on and after _____

Place:

Date:

Signature of the student

Note: The student is required to submit a Certificate of Project work/Training (of minimum 90 working days) carried out from the Guide/ Head/ Manager/ Authority of Institution/ Company and one copy of Report in bound form. Two more copies of the Report are to be submitted at the time of Examination.

CERTIFICATE

This is to certify thatS/o / D/o..... a student of M. Tech. X Semester at Centre for Converging Technologies, University of Rajasthan, Jaipur has carried out his/her project work/Training entitled, “-----” under my supervision fromto ,2014 (minimum 90 working days) as per his/her requirement for X semester project work/training M. Tech. Converging Technologies.

Place:

Name: (_____)

Date:

Signature of Guide/Head/Manager/Authority

(with official Seal)