



NIIST BHOPAL

**NRI INSTITUTE OF INFORMATION  
SCIENCE & TECHNOLOGY  
DEPT. NAME: MASTER OF COMPUTER  
APPLICATION**

**FORM  
NO**

NIIST/A/42

**BRANCH**

MCA

**MAJOR/MINOR PROJECT INITIATION  
REQUEST FORM**

**REV. NO**

0

**SEMESTER**

**(SESSION : \_\_\_\_\_ )**

**REV. DT**

30/06/2011

**NAME OF THE PROJECT:** \_\_\_\_\_

<b>GROUP MEMBERS:</b>	1. _____	ROLL NO: _____
	2. _____	ROLL NO: _____
	3. _____	ROLL NO: _____
	4. _____	ROLL NO: _____
	5. _____	ROLL NO: _____

**PROJECT INITIATION DATE:** \_\_\_\_\_

**PROBABLE DATE OF COMPLETION OF THE PROJECT:** \_\_\_\_\_

**OBJECTIVE:** \_\_\_\_\_

**SCOPE:** \_\_\_\_\_

**BRIEF DESCRIPTION OF PROJECT**

**ACTIVITY PLAN:**

S.N.	WORK BREAKDOWN STRUCTURE/MODULES	PROJECT TEAM MEMBER, RESPONSIBLE	PROPOSED DATE FOR COMPLETION

**PLATFORM TO BE USED:-**

**HARDWARE:-** \_\_\_\_\_ **SOFTWARE:-** \_\_\_\_\_

**SIGNATURE OF PROJECT TEAM MEMBER**

\_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

**LAST DATE OF SUBMISSION OF THE FINAL PROJECT REPORT:** ...../...../.....

**REVIEW BY: -**

**PROJECT GUIDE/COORDINATOR**

**HEAD OF THE DEPARTMENT**

**PROJECT REVIEW DATES (PROJECT TEAM SHOULD GET THEIR PROJECT REVIEWED  
REGULARLY AND OBTAIN SIGNATURE OF THE FACULTY): -**

R.N	REVIEW DATE	REMARK	SIGNATURE OF THE FACULTY