



# COMSATS Institute of Information Technology, Attock

Department of Computer Science

## Project Registration Form

FORM-A

1. Project Title:

2. Student(s) Information:

Reg No.	Name	E-mail ID	Cell Phone #

**I shall not be using any unfair means to complete my degree project and I admit that Plagiarism is a professional sin, which I shall not use and if do so, will accept the consequences.**

Reg #

Name:

Signature / Date: \_\_\_\_\_

Reg #

Name:

Signature / Date: \_\_\_\_\_

The undersign is willing to supervise the above mentioned project.

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of FYP Secretary

\_\_\_\_\_

Signature of FYP Convener

\_\_\_\_\_