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| Department of Biomedical Engineering  BM-413 Final Year Design Project  **Proposal for the Final Year Design Project** | | | |
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|  | | | |
| **Title** |  |

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| **Domain** | Neuroscience | Rehabilitation | Biomaterials | Robotics | Electronics | Any other  *(Please specify)* |

1. **Nature of Project [Tick all that applicable]**

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| --- | --- | --- |
| New Project OR  Extension of Existing Project | Industrial Collaboration | Funded |
| Other Department Collaboration  (If yes) Department Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Other Academic Institution Collaboration  (If yes) Institution Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

1. **Brief Outline (*Problem Identification and Significance*)**

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1. **Objectives**

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1. **Scope**

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1. **Proposed Methodology**

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1. **Resources Involved**

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1. **Description of Industrial Support (If any)**

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1. **SDGs (If Applicable)**

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| No Poverty | Zero Hunger |
| Good Health and Well-Being | Quality Education |
| Gender Equality | Clean water and Sanitation |
| Affordable and Clean Energy | Decent Work and Economic growth |
| Industry, Innovations and Infrastructure | Reduced Inequalities |
| Sustainable Cities and Communities | Responsible Consumption and Production |
| Climate action | Life Below Water |
| Life on Land | Peace, Justice and Strong Institutions |
| Partnerships |  |

1. **Gantt Chart**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Year | 20\_\_\_\_\_ to 20\_\_\_\_\_\_ | | | | | | | | | | | |
| Months |  |  |  |  |  |  |  |  |  |  |  |  |
| Task 1 |  |  |  |  |  |  |  |  |  |  |  |  |
| Task 2 |  |  |  |  |  |  |  |  |  |  |  |  |
| : |  |  |  |  |  |  |  |  |  |  |  |  |
| Task N |  |  |  |  |  |  |  |  |  |  |  |  |

1. **Details of Project Team**
2. **Students**

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Name | Seat No. | Signature (s) |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

1. **Supervisors / Advisors**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name | Designation & Department | Address & Contact | Signature(s) |
| Supervisor |  |  |  |  |
| Co-Supervisor  (If any) |  |  |  |  |
| Industrial Advisor (If any) |  |  |  |  |

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| **For Office Use Only** | | |
| Project Serial No.: \_\_\_\_\_\_\_\_\_\_  Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature  Convener Steering Committee | Signature  FYDP Coordinator |

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| Proposal Approved | | Not Approved | Returned for Clarification / Modification |
| Comments:  (if any) |  | | |

|  |  |
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|  |  |
|  | (Signature of Chairperson) |
| Date: |  |