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| Department of Biomedical EngineeringBM-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]**

|  |  |  |
| --- | --- | --- |
| [ ]  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**

|  |  |
| --- | --- |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | SignatureConvener Steering Committee | SignatureFYDP Coordinator |

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

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