

# Feasibility Report

Initial Feasibility Report to be filled in by each group under the supervision of supervisor/co-supervisor

Students must consult with respective faculty members for supervision/co-supervision.

You are required to submit only one form against one title.

Please refrain from multiple submissions.

\* Required

## 1. Name of Group Members \*

1. Name1 (press enter)2. Name2 (press enter)3. Name3 (press enter)4. Name4

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## 2. Seat Number of Group Members \*

BM15XX1(press enter)BM15XX2(press enter)BM15XX3(press enter)BM15XX4(press enter)

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## 3. Email Address of Group Members \*

1. [email1@email.com](mailto:email1@email.com) (press enter)2. [email2@email.com](mailto:email2@email.com) (press enter)3. [email3@email.com](mailto:email3@email.com) (press enter)4. [email4@email.com](mailto:email4@email.com)

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**4. Area of Specialisation \***

Select only one

*Mark only one oval.*

- Modelling & Simulation
- Biomaterials & Tissue Engineering
- Neural Network & Neuro Engineering
- Biomechanics and Rehabilitation
- Bioinformatics
- Biomedical Instrumentation
- Robotics
- Medical Imaging & Signal Processing
- Brain Computer Interface
- Other

**5. Please specify in case you have selected "Other" in Area of Specialisation**

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**6. Title of Final Year Project (FYP) \***

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**7. Objectives \***

Write at least one and maximum three objectives that a supervisor want their students to achieve.

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**8. Overview of FYP \***

Write a brief description of the project along with a briefly methodology to achieve the aforementioned objectives

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**9. Name of Supervisor \***

Consult with respective faculty members for supervision/co-supervision prior to submission of this form.

*Mark only one oval.*

- Prof. Dr. Ali Raza Jafri
- Prof. Dr. Farzana Yasmin
- Dr. S.M. Wasim Raza
- Dr. Muhammad Abul Hasan
- Dr. Bilal Ahmed Usmani
- Dr. Nisar Ahmed Shar
- Ms. Rehana Kousar
- Dr. Engr. Eraj Humayun Mirza
- Ms. Tajwar Sultana
- Ms. Madeeha Sadia
- Engr. Mustafain Ali
- Engr. Ahmed Zahid Rao
- Engr. Danish Mujeeb
- Supervisor from Main Campus

**10. Mention the name of Supervisor if outside of LEJ campus**

If supervisor is from LEJ Campus leave blank

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**11. Name of Co-Supervisor (if any)**

Consult with respective faculty members for supervision/co-supervision prior to submission of this form.

*Mark only one oval.*

- None
- Prof. Dr. Ali Raza Jafri
- Prof. Dr. Farzana Yasmin
- Dr. S.M. Wasim Raza
- Dr. Muhammad Abul Hasan
- Dr. Bilal Ahmed Usmani
- Dr. Nisar Ahmed Shar
- Ms. Rehana Kousar
- Dr. Engr. Eraj Humayun Mirza
- Ms. Tajwar Sultana
- Ms. Madeeha Sadia
- Engr. Mustafain Ali
- Engr. Ahmed Zahid Rao
- Engr. Danish Mujeeb
- Others

**12. Mention the name of Co-Supervisor if outside of LEJ campus**

If Co-supervisor is from LEJ Campus leave blank

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**13. Mention the name of external supervisor, research assistant or teaching assistant involved in supervision, if any.**

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**14. Time Required For Project Completion \***

*Mark only one oval.*

- 0-3 Months
- 3-6 Months
- 6-9 Months
- 1 Year or more

**15. Resource Availability \***

you may check as many options as you like  
*Check all that apply.*

- Resources/materials/equipment available at Main Campus
- Resources/materials/equipment available at LEJ Campus
- Resources/materials/equipment can be purchased from local vendors
- Resources/materials/equipment can be purchased from international vendors

**16. Expected expenditure on complete project \***

*Mark only one oval.*

- 1K-10K
  - 10K-20K
  - 20K-30K
  - 30K-40K
  - more than 40K
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