

# PROJECT WORK

Registration Form



KNOWLEDGE RESOURCE CENTRE, THIRUVANANTHAPURAM  
CENTRE FOR DEVELOPMENT OF ADVANCED COMPUTING

1. Name (in BLOCK Letters)	
2. Gender	Male / Female
3. Date of Birth	
4. Name of Course undergoing	B.Tech / B.E M.Tech/MCA /M.Sc
5. College Address	
6. Name of University	
7. No. of semesters completed	
8. Percentage of marks: Sem 1      Sem 2      Sem 3      Sem 4      Sem 5      Sem 6	
9. Address for Communication	Tel:      Mob:
10. Permanent Address	
11. Project Period	
12. Project Title	
13. The software required for the proposed project	
14. Software Skills	
15. Name of Parent / Guardian	
16. Contact Address of Parent / Guardian	Tel:      Mob:

[ Registration Fee of Rs 2000/- has to be paid at the time of registration and balance amount to be paid at the time of joining of the project ]

### Declaration

If selected for project work, I agree to abide by the rules and regulations of the centre. I understand that the result of the project work will be the physical and intellectual property of C-DAC. I am responsible for my own safety while inside C-DAC premises and shall follow all safety precautions and understand that C-DAC shall not be liable to pay any compensation for any personal injury caused by an accident in the course of my work in C-DAC. I also agree to pay the fee fixed by C-DAC authorities in lump sum towards utilization of infrastructural facilities for the duration of the project work and know that the Fee once paid (including Registration Fee) is non-refundable at any cause. I will not disclose to anyone any technical information relating to the project without prior permission from C-DAC.

Place:

Date:

Signature:

Name:

RECOMMENDATION

*I recommend.....for pursuing his/her project work at your organization. The particulars furnished above by the student are true. During the project period at your organization, he/she will abide by the rules and regulations stipulated by you. The total period available for doing the project is from .....to .....*

*We guarantee proper conduct of the student and we understand that we are liable to compensate any damage/loss that may be caused by the student to C-DAC in the course of the project work.*

*Signature.....  
(Head of the Department)*

*Name of the Institution:*

*(Office seal)*

*Date.....*

*(For C-DAC use only)*

*Project :*

*Duration :*

*Name  
Department and  
Signature of Guide :*

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*Payment details :*

<i>Reg:</i>	
<i>Bal:</i>	

*Forwarded to:*

*The Co-ordinator (Student Project)  
KNOWLEDGE RESOURCE CENTRE  
CENTRE FOR DEVELOPMENT OF ADVANCED COMPUTING(C-DAC)  
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