

**QA-AR-Form 6**

Frequency: Every Year

Date:

**Institute Academic Quality Assurance Cell****Academic (Research)****B. Tech. Major Projects**

Name of the Department: -----

S. No.	Project ID	Acad. Year	Title of the Project	Name & Enroll. no. of the Student	Name(s) of faculty involved (Supervisor)	Publications if any (nos.) IJ/NJ/IC/NC/No
1						
2						
3						
4						

IJ: International Journal; NJ: National Journal; IC: International Conference; NC: National Conference; No: None

(Name and Signature)