



Department of Civil Engineering
CE-409 Final Year Design Project
Proposal for the Final Year Design Project

Title	
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Domain	Domain 1	Domain 2	Domain 3	Domain 4	Domain 5	Domain 6

1. Nature of Project [Tick all that applicable]

<input type="checkbox"/> New Project OR <input type="checkbox"/> Extension of Existing Project	<input type="checkbox"/> Industrial Collaboration <input type="checkbox"/> Funded
<input type="checkbox"/> Other Department Collaboration (If yes) Department Name _____	<input type="checkbox"/> Other Academic Institution Collaboration (If yes) Institution Name _____

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

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3. Objectives

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4. Scope

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

[illegible]

**10. Details of Project Team****i. Students**

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

ii. Supervisors / Advisors

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

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Project Serial No.: _____		
Dated: _____	Signature Convener Steering Committee	Signature FYP Coordinator

<input type="checkbox"/> Proposal Approved	<input type="checkbox"/> Not Approved	<input type="checkbox"/> Returned for Clarification / Modification
Comments: (if any)		

(Signature of Chairperson)

Date: _____