



University of Engineering & Technology, Taxila

Department of Mechanical Engineering

Phone: 051-9047668

Fax: 051-9047690

DATE: _____

Final Year Project (FYP) Registration Form

Title: _____

(Use Capitals letters)

Sr. #	Student Name	Reg. #	Mobile #	Email
1		-ME-		
2		-ME-		
3		-ME-		
4		-ME-		
5		-ME-		

To be filled by Advisor

Advisor Name: _____

Designation: Professor/ Associate Professor/ Assistant Professor/ Lecturer

Nature of Project: Experimental/ Simulation/ Designing/ Industrial problem

Core Area of Project: Thermal/ Design/ Energy

Approximate cost of project: PKR. _____

Funds* needed from department: PKR _____

(* Funds distribution is subject to availability and allocation by the Chairman MED)

Advisor Signature: _____

Tentative Timeline/Schedule of Project:

Month	Task/Work to be completed
September 20--	
October 20--	
November 20--	
December 20--	
January 20--	
February 20--	
March 20--	
April 20--	
May 20--	
June 20--	

For office use only

Project No._____

Advisor Quota:_____

Remarks:
Please receive the profile file.

FYP Director