

UNIVERSITY OF ENGINEERING & TECHNOLOGY, PESHAWAR  
**DEPARTMENT OF MECHANICAL ENGINEERING**

Phone: 92-91-9222217 Fax: 92-91-9216663

Email: chairmech@uetpeshawar.edu.pk

**Dated:** \_\_\_\_\_

**FINAL YEAR PROJECT**

**INSTRUCTIONS TO STUDENTS:** Consult your supervisor before filling this form. Fill the form completely, except Project Number, Choose a short title of the project that describes the project adequately. In the description section, explain briefly what you want to achieve. Attach a clear figure / diagram, if necessary.

**Important:** The project will be the ownership of the Department of Mechanical Engineering

**Project Title** \_\_\_\_\_

**Short Description:** \_\_\_\_\_

**Signature of Supervisor** \_\_\_\_\_

**Name of Supervisor** \_\_\_\_\_

**List of Students**

Registration No.	Name of Student	Signature

Chairman,  
Mechanical Engineering Department