*Example of the Title Page*

**TITLE OF THE PROJECT REPORT**

**BY**

**Student’s Full Name**

**Student’s T.U. Registration No.**

**College Roll No.**

Name of the Campus/College

*A Project Report Submitted to*

**Faculty of Management, Tribhuvan University**

in partial fulfillment of the requirements for the degree of

**Bachelor of Information Management(BIM)**

Place

Month/Year

**STUDENT DECLARATION**

(On plain paper)

This is to certify that I have completed the Project entitled “(title of the project)” under the guidance of “(name of the guide)” in partial fulfillment of the requirements for the degree of **Bachelor of Information Management** at Faculty of Management, Tribhuvan University. This is my original work and I have not submitted it earlier elsewhere.

Date: Signature:

Name:

**CERTIFICATE FROM THE SUPERVISOR**

This is to certify that the project entitled “ ” is an academic work done by “ ” submitted in the partial fulfillment of the requirements for the degree of **Bachelor of Information Management** at Faculty of Management, Tribhuvan University under my guidance and supervision. To the best of my knowledge, the information presented by him/her in the project report has not been submitted earlier.

Signature of the Supervisor

Name

Designation Date

**APPROVAL SHEET**

This is to certify that the project titled **[Title of the Project ]** submitted by **[Student Name ]** has been examined and approved .In our opinion, it meets the required scope and quality standards for a project submitted in partial fulfillment of the requirements for the degree of **Bachelor of Information Management (BIM).**

**Approval Panel:**

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No.** | **Name**  | **Designation** | **Signature** |
| **1** | **Supervisor Name** | **Project Supervisor** |  |
| **2** | **Program Coordinator/Head Name** | **Program Coordinator** |  |
| **3** | **Internal Examiner Name** | **Internal Examiner** |  |
| **4** | **External Examiner Name** | **External Examiner** |  |

Date of Defense:……………………..

Department: [Department Name]

Faculty: [Faculty Name]