

University of Karachi  
Department of Computer Science  
Form Title : **FINAL YEAR PROJECT /THESIS REGISTRATION FORM**

Student Name:		Contact No:
Student ID:		Email Address:
Student Name:		Contact No:
Student ID:		Email Address:
Student Name:		Contact No:
Student ID:		Email Address:
Student Name:		Contact No:
Student ID:		Email Address:
Category	<input type="checkbox"/> Final Year Project	<input type="checkbox"/> Thesis
Domain / Areas of Interest	<input type="checkbox"/> Computer Architecture	<input type="checkbox"/> Operating Systems
	<input type="checkbox"/> Networking	<input type="checkbox"/> Theory of Computer Science
	<input type="checkbox"/> Web Development	<input type="checkbox"/> Artificial Intelligence
	<input type="checkbox"/> Social Networks	<input type="checkbox"/> Finance and Business Applications
	<input type="checkbox"/> Databases	<input type="checkbox"/> Software Engineering
	<input type="checkbox"/> Computer Graphics	<input type="checkbox"/> Image Processing
	<input type="checkbox"/> Computer Vision	<input type="checkbox"/> Machine Learning
	<input type="checkbox"/> Data Sciences	<input type="checkbox"/> Others _____ .
		<input type="checkbox"/> Others _____ .
Proposed Project Title		
Supervisor Name(s):		
<b>Rules and Regulations for Student</b>		
<p>1. I hereby affirm that the originality and authenticity of the Final Year Project to be undertaken will be upheld. The report/thesis and/or the system that I submit at the conclusion of the Final Year Project will be the result of my own investigations and efforts.</p> <p>4. I understand that cheating and plagiarism constitute a serious impact on my future and career. It will not only result in a failing grade for the Final Year Project but subject me to further disciplinary actions.</p> <p>5. I hereby agree to abide by all the rules and regulations set by uok, including all written/verbal instructions from the FYP supervisors/coordinators and promote the good name of Department of Computer Science and University of Karachi.</p>		
Student Signatures:	Supervisor Signature:	
Date:	Date:	

**Note: After your supervisor signed the form, (a) keep 1 copy for yourself, (b) pass the original copy to respective department Office.**