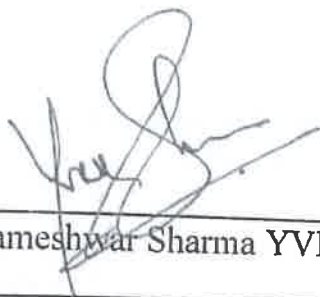


## APPENDIX A: PROJECT COMPLETION REPORT APPROVAL

The undersigned acknowledge they have reviewed the **Project Completion Report** and agree with the approach it presents. Changes to this **Project Completion Report** will be coordinated with and approved by the undersigned or their designated representatives.

Signature:



Date: 30<sup>th</sup> APRIL, 2014

Name:

Dr. Kameshwar Sharma YVR

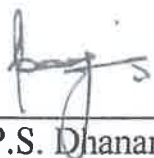
Title:

Assistant Professor

Role:

Principal Investigator

Signature:



Date: 30<sup>th</sup> APRIL, 2014

Name:

Dr. P.S. Dhanaraj

Title:

Associate Professor

Role:

Advisor

Signature:



Date: 30<sup>th</sup> APRIL, 2014

Name:

Dr. P. Hemalatha Reddy

Title:

Associate Professor

Role:

Principal and Convener