



Division of Biotechnology

ZERO REVIEW FORM

for

PROJECT BASED LEARNING

Register No. Name:

Name of the Course Instructor:

Semester:

Name of the Course:

Course Code:

Tentative Title of the Project:

TRL (Min 4.0)

Expected Outcome:

Signature of the Student

Signature of the Course Instructor

Forwarded by
Curriculum Coordinator

Approved by HOD